# NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

TO: Honorable Members of the Assembly Committee on Health

FROM: State Representative Nancy VanderMeer

DATE: February 5, 2020

SUBJECT: Testimony in Support of Assembly Bill 575

Thank you Chairman Sanfelippo for holding a hearing on AB 575 today and thank you to fellow members of the Assembly Committee on Health for being here. As I'm sure you're familiar with, Physician Assistants (PAs) are critically important healthcare professionals. They are extremely important to maintaining and increasing access to primary care, especially in underserved/rural parts of the state.

Over 2,700 PAs practice in Wisconsin, working with physicians to provide quality, cost-effective team-based care to patients across the state. PAs practice in every area of medicine performing activities such as physical exams, diagnosing and treating illnesses, assisting in surgery, and prescribing medication. This proposal attempts to maintain and increase access to high quality medical care for Wisconsin patients by reducing workforce barriers for physician assistants. In addition, this bill updates Wisconsin's PA laws to allow PAs to maximize their contribution to the care continuum by fully utilizing their scope of education and training in order to provide quality care to those that need it, all the while maintaining a strong connection with their physician colleagues.

In addition, the primary components of this legislation include:

- **Changing the PA/Physician relationship from "supervision" to "collaboration."**
  The bill would not create independent PA practice. PAs would still be required to practice in collaboration as part of a healthcare team including a physician. Collaboration would be required to take the form of either a written collaborative agreement or under the overall direction and management of a physician. Collaboration would simply allow more flexibility at the practice site and would optimize team-based care. The proposal would allow practice to be determined at the practice level by a PA's individual education, training, and experience.

- **Preserving the PA scope of practice.**
  The bill would not expand the PA scope of practice. Under the bill, a PA's scope of practice would be limited by his or her education, training, and experience and determined in the practice setting, as it is today.

- **Eliminating the 1-to-4 Physician-to-PA ratio requirement.**
  Physician/PA ratios arbitrarily limit the number of PAs practicing in Wisconsin and create gaps in care, especially in rural areas with fewer physicians.

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# NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT


*(Wisconsin Council on Medical Education & Workforce. 2018 Healthcare Workforce Report. https://static1.squarespace.com/static/5a3ac16af14aa15aede6d0ed/t/5b48b65faa4a997984be0b1c/1531491941742/WCMEW+2018+Workforce+Report.pdf)*

In closing, I'd like to point out that this legislation was drafted in collaboration with, and with input from the Wisconsin Academy of Physician Assistants, and the Wisconsin Hospital Association, the Wisconsin Medical Society and other specialty provider groups. Both organizations, on behalf of their members, are supportive of this legislation. On a personal note, I'd like to add that this legislation is meaningful to me and my constituents, I believe, because as alluded to previously, Physician Assistants are essential components to healthcare delivery in rural parts of the state, where my constituents and I reside.

I think that one of the best things we can do as a legislative body is to remove barriers to care by allowing and encouraging healthcare professionals to provide care where it's needed. That may be an oversimplification, but we've proven that we have the desire and the ability to do so. Just this session, with your support, we re-authorized the Interstate Medical Licensure Compact and during the previous legislative session we entered our state into the Enhanced Nurse Licensure Compact. Both of these efforts made it easier for healthcare providers to provide care where it's needed. In addition, we've proven that we can do that while still not compromising quality of care or sacrificing the integrity of standards placed upon healthcare providers and professionals, both internally and externally. This proposal is obviously a bit different than the compacts, but I think there are a number of similarities, especially relating to outcomes.

Again, thank you for the opportunity to be here today and the opportunity for a public hearing on this legislation.


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**STATE SENATOR KATHY BERNIER**
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Thank you, Chairman Sanfelippo and members of the Health Committee for holding this public hearing on Assembly Bill 575.

Assembly Bill 575, known as the Collaboration and Rural Expansion of Services (CARES) Act, modernizes Wisconsin's physician assistant (PA) laws.

According to the Wisconsin Council on Medical Education and Workforce, Wisconsin could face a shortage of as many as 4,000 physicians by 2035. With that in mind, physician assistants (PAs) are crucial in maintaining and increasing access to primary care, especially in underserved rural areas of the state.

The CARES Act, AB 575, changes the relationship of the PA from being supervised by a physician to working in collaboration with a team that includes a physician. Collaboration would be required in the form of either a written collaborative agreement with a physician or a PA would practice under the overall direction and management of a physician.

Additionally, under the bill, the PA's employer, such as a hospital or clinic, may place whatever additional practice requirements upon the PAs before collaboration, to ensure quality of care and patient safety is maintained.

The CARES Act does not expand the PAs scope of practice. Under AB 575 the PAs practice would be limited by their education, training, and experience and determined in the practice setting, as it is today. AB 575 does not allow for an independent PA practice.

The CARES Act eliminates the four to one physician-to-PA ratio requirement. This ratio limits the number of PAs practicing in Wisconsin and creates a gap in care, especially in rural areas where there are fewer physicians.

The CARES Act allows the PAs to be regulated by a Medical Examining Board-affiliated credentialing board.

In crafting this legislation, we worked very closely with the Wisconsin Academy of Physician Assistants the Wisconsin Hospital Association, both of which support the legislation, and the Medical Society, which stands neutral.

I encourage you to vote for Assembly Bill 575 as it updates Wisconsin's PA laws to allow PAs to work to the full potential of their education, training, and experience, and provides quality care to those who need it.

# State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

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Date: February 5, 2020

To: Representative Joe Sanfelippo, Chair
Representative Tony Kurtz, Vice Chair
Members of the Assembly Committee on Health

From: Richard B. Wicka, Chief Legal Counsel
Office of the Commissioner of Insurance

Subject: AB 575 and the Injured Patients and Families Compensation Fund ("PCF" or "Fund")

This memorandum is intended to provide a brief overview of current PCF coverage for Physician Assistants (PAs) and the Fund's view as to PCF coverage under AB 575. This is a general overview of coverage and whether coverage exists is often dependent upon the specific facts of a case. This memorandum is for informational purposes and PCF does not have a position on AB 575.

## Current Law

Currently, PAs are not among the list of mandatory or optional Fund participants under Wis. Stat. § 655.002. PAs are considered "health care provider employees" pursuant to Wis. Stat. § 655.005 and are eligible for Fund participation if they are employed by a Fund-eligible participant. Mandatory Fund participants include physicians, nurse anesthetists and organizations (partnerships, corporations, hospitals, etc.) who operate for the primary purpose of providing the medical services of physicians or nurse anesthetists.

PAs working within the scope of their employment and providing health care services in collaboration with a physician, or under the direction and supervision of a physician or nurse anesthetist, are therefore currently eligible for Fund Coverage as an employee. PA's are not eligible for coverage if they are employed or working under a contract for an employer not eligible for Fund coverage.

In summary, under current law, a PA has Fund coverage as an employee if they are working within the scope of their employment for a Fund participant. PAs are not eligible for stand-alone coverage and are not covered if their employer is not a Fund participant.

## AB 575

The proposed legislation would allow PAs, if certain conditions are met, to provide health care services in collaboration with physicians or nurse anesthetists. AB 575 does not add PAs to the list of mandatory or optional participants in the Fund. Therefore, PCF coverage would not be changed by the proposed bill and would continue to depend on the PA being an employee of a Fund-participant. PAs who are not employed by a Fund participant, would **not** be eligible for Fund coverage. PAs would continue to have coverage if they are an employee of a Fund participant.

WISCONSIN ACADEMY of PHYSICIAN ASSISTANTS

To: Chairperson Sanfelippo
Members, Assembly Committee on Health

From: Eric M. Elliot, DMSc, PA-C
WAPA. Chair, Legislative & Government Affairs Committee

Date: February 5, 2020

RE: Support for Assembly Bill 575

Thank you for the opportunity to testify in support of Assembly Bill 575, the Wisconsin CARES Act. I would also like to thank Representatives VanderMeer, Edming and Considine and Senators Bernier, Kooyenga and Hansen for authoring this legislation.

My name is Eric Elliot. I am a former president and the current Chair of the Wisconsin Academy of PAs Legislative & Government Affairs Committee. I hold a doctorate in Medical Science from the University of Lynchburg where I completed a fellowship in internal medicine. I received my PA degree from the University of Nebraska Medical Center & School while attending the U.S. Army Inter-service PA program. I am a veteran of the Army and Air Force, a combat veteran and a retired New Hampshire National Guard officer where I served as clinician, a supervisor and as the director for joint medical planning for Army and Air. For the last several years, I have practiced in disability medicine conducting comprehensive medical evaluations and forensic reviews of disabled veterans and service members. For obvious reasons, I share a special connection with my patient population and my patient population shares a special connection with me. For many veterans, a physician assistant served as their primary medical officer or battalion surgeon. PAs provided lifesaving measures during combat operations. For many service members, PAs served as their primary care provider and cared for their spouses and children in the garrison environment.

The roots of the PA profession are strongly tied to the military medical community. Our PA profession was created over half-century ago when the nation was facing a serious physician shortage similar to the crisis predicted today. Much like today, no areas suffered more than rural communities. In response, the first PA medical program was created based on experience gained from the fast-track training of physicians during World War II. Former military corpsman and medics were selected for the initial cohort of PAs. What began as a small pilot program soon spread across the country. In Wisconsin, early graduates of the Marshfield clinic PA program integrated into rural practices and have provided care for generations of Wisconsin families, often serving as their primary care provider. For decades, PAs proved invaluable in expanding access to high-quality healthcare to rural and underserved communities.

Nobody can dispute that medicine has changed over the past half-century. The small-town independent physician practice has given way to large healthcare systems and has resulted, for the first time, in the majority of physicians working as employees. Many physicians have migrated away from rural Wisconsin to metropolitan areas and suburbs. Many have left their rural primary care positions to seek well-staffed family practice settings in our cities and larger communities. Many more have sought careers in specialty practice.

While profound changes have occurred in the delivery of healthcare over the past 50 years, the laws and regulations governing PA practice here in Wisconsin have failed to keep up with changes in how medical care is delivered in Wisconsin today and have become a barrier to PAs performing the very mission for which they were created, expanding healthcare access to those in need. In recent years, we have heard from new graduates being turned away from rural health care positions. We heard from experienced PAs being forced out of their primary care practices due to physician retirements and vacancies because there were not enough physicians in the practice to maintain the 1:4 physician:PA ratio required in Wisconsin. A major rural Wisconsin healthcare employer explained that the problem is our own practice laws and recommended that we get to work on fixing them. They copied and pasted Med Chapter 8, the section of Wisconsin Administrative Code governing PA practice in the body of an email and wrote, "this is why". They cited antiquated supervision requirements such as the 1:4 physician to PA ratio and the 15-minute contact rule. They pointed out confusing rules about PAs delegating to ancillary staff. They explained that the unnecessary restrictions had become far too cumbersome and, in some cases, impossible to satisfy, particularly in rural areas. They pointed out that our nurse practitioner colleagues here in Wisconsin and the PAs in neighboring states do not work under such unnecessary restrictions. We also heard from staffing agencies unable to utilize PAs to fill their *locum tenens* positions because of the regulations prohibiting Wisconsin PAs from serving as independent contractors, one of the fastest growing segments of PA employment nationwide. The problem is real. While we were hard at work on this bill, research from Duke University demonstrated that opportunities previously advertised to Wisconsin PAs were now being preferentially advertised to our nurse practitioner colleagues. While we heard of national PA growth projections of 30 percent or more, we watched the growth rate of our own licensed PAs go from 8.1% in 2017 to 6.8% in 2018 and down to 4.6% in 2019.

Since its inception, the Wisconsin PA profession has had very little presence and no authority with the regulatory board that governed and disciplined PAs. PA practice regulations have not kept up with the needs of our patient population and profound changes in health care delivery over the last 50 years. Our practice rules were written in the days of typewriters and key punch machines. Today's PAs work in a world of virtual medicine where they have instant access to vast resources of evidence-based literature and possess the ability to conduct real-time specialist consultations right from the palm of their hand. PA practice is a healthcare profession with a unique role in medicine. As such, PA regulation and discipline should be conducted by professional peers with an intimate knowledge of PA education, standards and competencies. Rest assured, this concept is not new. States such as Arizona, Indiana, Iowa, Massachusetts,

Rhode Island, Utah and others have functioned well, for years, with PA examining boards. Here in Wisconsin, we are confident that converting the current PA Advisory Council to a PA Affiliated Credentialing Board will ensure patient safety, maintain regulatory relevance and will prevent unnecessary legal pitfalls of one profession exercising regulatory control over another profession. Equally important, the affiliated credentialing board will preserve the historic relationship between PAs and our physician colleagues.

Having mentioned the historic relationship between PAs and our physician colleagues, I would be remiss if I failed to mention the much appreciated cooperation from the Wisconsin Hospital Association, the Wisconsin Medical Society, and their associated specialty physician groups in achieving compromise language to move the CARES Act forward and serves as a true example of how hospitals, PAs and physicians can collaborate in the best interest of our patients and the future of Wisconsin healthcare. I sincerely appreciate all of the time WHA, WMS, and the specialty physician groups have spent with us to achieve consensus.

The CARES Act moves Wisconsin from the antiquated supervisory model to a collaborative model utilized by our nurse practitioner colleagues for decades. The collaborative practice model reflects the true relationship between PAs and physicians. Many of our surrounding states have already moved forward with many of the changes we seek through the CARES Act. In Michigan, Public Act 379, dropped ratios and adopted a collaborative model of physician participation in 2016. Illinois moved to collaborative practice in 2017 with passage of Senate Bill 1585 and many other states have made similar changes in recent years. Alaska adopted the collaborative model back in 1986. In 2013, the Veterans Administration, the largest single civilian employer of PAs in the world, enacted collaborative practice for PAs including those working in medical centers and community clinics throughout Wisconsin. Last year, the Indian Health Service also adopted collaborative practice.

From creating opportunities for PAs to volunteer and respond to emergencies to creating opportunity for full utilization of PAs in under-served communities, the CARES Act promises much-needed, commonsense solutions.

Thank you for your attention and I ask for your support of the CARES Act.

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TO: Members of the Assembly Committee on Health

FROM: Ann Zenk, Vice President – Workforce & Clinical Practice
Matthew Stanford – General Counsel
Kyle O'Brien, Senior Vice President – Government Relations

DATE: February 5, 2020

RE: WHA Supports AB 575 – Physician Assistant Licensure (CARES Act)

WHA is pleased to support AB 575 which removes regulatory prescription and complexity for physician assistants, physicians, hospitals, and health systems, and enshrines team-based care delivery principles and quality safeguards, including the continued, necessary involvement of physicians in the delivery of care by Physician Assistants.

Advancing team-based care delivery and optimal utilization of Wisconsin's health care workforce to advance high quality, accessible health care are key priorities for WHA's member hospitals and health systems. As health care has evolved, so have our health care teams. Physician Assistants are a key part of team-based care delivery that is central to the high quality care provided by WHA's hospitals and health systems.

We appreciate the Wisconsin Academy of Physician Assistants efforts to seek our input on their proposal as early as 2018. WHA has had a history of developing and pursuing legislation to reduce unnecessary regulatory complexity and burden impacting modern, team-based care models while also preserving safeguards to preserve Wisconsin's high quality care, including legislation that removes outdated regulations limiting physician assistant and nurse practitioner practice.

Working with our members, including WHA's Physician Leaders Council made up of hospital and health systems CMOs and other physician leasers, WHA found areas of alignment and areas of concern with the Wisconsin Academy of Physician Assistant's initial draft. Over the course of multiple weeks, at the Wisconsin Academy of Physician Assistants' invitation, WHA shared language and ideas with the Academy to address initial concerns.

The end result of those productive discussions and modifications of the initial 2018 draft is this bill that we are comfortable in supporting as a good balance of reducing regulatory burden on physician assistants, physicians, hospitals, and health systems, while also preserving the important role of physicians in a team based care delivery model and other safeguards to preserve high quality care in Wisconsin.

If you have any questions, contact Kyle O'Brien, Senior Vice President Government Relations, at kobrien@wha.org or (608) 274-1820.

Testimony for CARES Act
February 5, 2020

Chairman Sanfilippo and members of the Committee, I am a physician and health care team member, and I am here today to testify in favor of Assembly Bill 585.

I am a specialist in general obstetrics and gynecology, practicing in Northeastern Wisconsin. I am a Wisconsinite by birth and a proud graduate of the University of Wisconsin School of Medicine and Public Health. I have a special interest in mentoring and supporting our medical workforce, and I care deeply about rural and underserved populations. For these reasons and many others, I am here today to support my physician assistant colleagues and the CARES Act.

I have worked closely in teams with health care providers from different backgrounds, including physicians, nurse practitioners, and physician assistants. Each team is unique, designed to suit our practice styles, personal interests and, most importantly, patient needs. When Kim and I worked together, alongside a nurse practitioner and other physicians, we enjoyed a collaborative environment that optimized each of our individual strengths and allowed us all to practice at the top of our licenses, using resources efficiently and improving access to care as well as patient satisfaction. We could be nimble in our practice - when we recognized that a patient was better suited to see a different provider, we arranged a warm hand off to ensure that our patient received the best possible care from the most suitable team member. Over time, we continually molded our care team to best fit our own talents and the needs of our patients.

We also have the good fortune to train students from the Medical College of Wisconsin - Green Bay and the University of Wisconsin WARM (Wisconsin Academy of Rural Medicine) in Northeastern Wisconsin, we host a Family Medicine residency training program, and we work with a variety of other learners. These students work closely with, and learn from, physicians as well as physician assistants and nurse practitioners, emphasizing early in training the importance of a collaborative approach to patient care.

This bill will allow each individual team to create a collaborative relationship based on organizational resources, regional needs, and workforce capabilities instead of the current restrictive environment that leads to gaps in care and underutilization of our well-trained providers.

No where in Wisconsin do we need effective health care teams more than in our rural communities where we are experiencing painful, growing shortages of health care providers. We know that utilization of physician assistants in rural and underserved areas declined by 37% between 2015 and 2018 while utilization of nurse practitioners

has increased, in these same areas during the same time period, by 66%. It appears that restrictive practice laws are a major impediment and contribute significantly to this alarming statistic. In fact, nearly half of the physician assistants that we train here in Wisconsin, with Wisconsin taxpayer dollars, seek employment in other states, often citing a lack of employment opportunity in Wisconsin.

I am a physician, but I can't practice alone. Without my team - colleagues to share an opinion, an extra hand, or a level of expertise that I don't possess - I simply can't provide the comprehensive, quality care that my patients deserve. The most effective teams that serve our communities best are unique, collaborative, and determined where they are best understood - at the practice level.

Respectfully submitted,

Kristin Lyerly, MD, MPH, FACOG

Progressive℠
Community Health Centers

January 9, 2020

RE: Letter of Support for the Wisconsin CARES Act – Petition to Wisconsin Legislators

To Whom It May Concern,

As a Wisconsin healthcare administrator and physician who values team-based care, I urge you to learn more about physician assistants (PAs) and the Wisconsin Collaboration and Rural Expansion of Services Act (CARES Act). This legislation will increase access to care, protect patients and allow each practice to determine how their team performs best.

PAs are highly educated members of the healthcare team and positively contribute to the health of the patients we serve. The Wisconsin Council on Medical Education and Workforce (WCMEW) recently found that Wisconsin could face a shortage of as many as 4,000 physicians by 2035. PAs are well poised to mitigate this shortage and now is the time to improve current laws which create barriers to PA practice.

The evolving medical practice environment requires flexibility in the composition of team members to meet the needs of patients. In my experience, having PAs on the team allows us to provide better care and greater access to patients. I find that PAs are fiercely and consistently committed to team practice and I am confident that they do not seek to practice independently. To the contrary, they are committed to working as a team with their collaborative physician.

Current PA rules create excessive and costly regulatory burden in an already busy practice environment. They are outdated and do not contribute to the health or well-being of our patients. In fact, these regulations have caused health administrators to decline hiring PAs. This only lessens access to care for patients. Surrounding states have already implemented legislative updates and, unlike Wisconsin, are seeing increased hiring and utilization of PAs. Their gain becomes our loss as homegrown Wisconsin clinicians leave the state for better practice environments elsewhere. Further, the CARES Act allows PAs to have practice parity with nurse practitioners, allowing employers to choose from the widest possible applicant pool.

I have reviewed the Wisconsin Academy of Physician Assistants (WAPA) law modernization recommendations and goals. I believe they reemphasize a commitment to team practice while calling for necessary regulatory changes that will benefit physicians, PAs and most importantly their patients. I strongly urge the Wisconsin Medical Society, the Wisconsin Hospital Association and my state legislators to support WAPA and the Wisconsin CARES Act. With the passage of this bill, our patients and the healthcare system both win.

Sincerely,

Dr. Allison Kos, DO
Chief Medical Officer


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Statement in Support of the Collaboration and Rural Expansion of Services Act

Jan 13, 2020

Thank you for this invitation to testify in support of the CARES Act.

I am a physician, Board Certified in Family Medicine. I have been licensed since 1986, and Board Certified since 1989. I worked for two years in Arizona, then for 23 years in New Mexico for the Navajo Area Indian Health Service. Since June 2018, I have worked at the Redcliff Community Health Center in Bayfield, Wisconsin. All of my professional work has been in a rural setting.

The Red Cliff Community Health Center is a Federally Qualified Health Center serving both our native and non- native community of several thousand people in northern Bayfield County. Our facility provides not only an Outpatient Clinic, but Dental, Pharmacy, Mental Health, Physical Therapy, Community Health, and Optometry all under one roof. We are, therefore, a good example of the Medical Home Model. Our Outpatient Clinic is staffed by four providers. Khou Xiong, is our full time Physician Assistant. She has worked for RCCHC for over 8 years. We also have a full time Pediatrician, a full time Nurse Practitioner, and I work part time.

During my years in clinical medicine, I have worked with hundreds of medical providers, including countless Physician Assistants and Nurse Practitioners. The vast majority of these providers were well trained, competent in their field, hard- working, and dedicated to their patients and to quality health care. Each individual provider brings a unique set of skills, a unique set of strengths to their work. However, we all, physicians as well as PAs and NPs have areas where we have less experience or knowledge. It is also a fact that the complexity of the practice of medicine and the complexity of the patients' illnesses have both dramatically increased since I started practice. Consequently, we all, physicians as well as PAs and NPs, spend a substantial amount of time each day looking things up to solve a medical problem or treat an illness accurately. Also, all primary care providers, physicians, PAs and NPs rely heavily on specialist referrals for the problems that are out of our personal scope of practice.

In rural Wisconsin, New Mexico and the entire U.S., we face a critical shortage of primary care providers. In my years of work in New Mexico, it was impossible to staff all of our clinics without allowing PAs and NPs to work independently. Unless the power went out, they had the same access to the phone and the internet that physicians would have, and with experience, they functioned well independently, within their scope of practice. Here in Wisconsin, Khou Xiong is working across the hall from me, but she works independently every day, whether I am there or not. We consult with each other as needed. It is not logical that she cannot put an IUD in, inject a joint, or insert a nexplanon, each a simple office procedure which she has been trained to do, and which she is experienced in doing, without physician supervision.

In a specialty or surgical care setting, PAs and NPs work very closely with physicians. Patients often see both the PA/NP and the physician, or there will be very close supervision of the PA/NP work by the specialist. In rural primary care clinics, we are providing primary care. We are not providing surgical care. We are not providing specialty care. Therefore, not only is it impossible to staff rural clinics without allowing both PAs and NPs to work independently, it is not necessary. Rather, their scope of practice should be determined by their education, training and experience.

Finally, I invite you all to be creative and open minded in your approach to the crisis in access to health care in rural Wisconsin. The following are suggestions to help meet that challenge.

-- Provide all rural clinics in Wisconsin ready access to an internet based, peer-reviewed medical data base. The best data bases are very expensive for small clinics to afford. A state-wide subscription could be negotiated with Up to Date, for example, which clinics might then be able to afford. Quality of care improvements are immediate when providers have ready access to such a program.

-- Loan repayment programs are extremely successful historically at attracting medical professionals to areas of need. Federal loan repayment programs exist, but they are limited, and not as easy to qualify for as they should be. State support for rural clinics to help them qualify for federal loan repayment programs, and/or a Wisconsin Rural Health loan repayment program would attract health care providers who often choose more lucrative settings for purely financial reasons.

-- Increased state support of recruitment for rural health clinics. We are competing against each other to attract health professionals. Recruitment is hard for small rural clinics to budget for adequately.

-- Accept Medicaid expansion through the Affordable Care Act. In New Mexico, during my last few years there, the state accepted Medicaid expansion through the ACA. In spite of having our professional staff decrease by 50% over 2 years, due to the rural medicine provider shortage, our billing intake went up by 30%! Caring for the uninsured, and absorbing the cost of that care is a tremendous financial burden, an expense which has resulted in the closure of thousands of rural hospitals and clinics nation-wide.

Thank you so much for everything you do for our state.

Ann Reitz, MD
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## Red Cliff Tribal Council

January 13, 2020

Dear Honorable Members of the Wisconsin State Senate,

As the Tribal Chairman for the Red Cliff Band of Lake Superior Chippewa, I am writing this letter in full support of the CARES Act.

Our tribal clinic is a small community health facility with FQHC status. We service both clients of Native American ancestry and non-natives from the surrounding communities who desire to get their primary health care closer to home. The next three closest primary care clinics are Essentia Health and Chequamegon Clinic in Ashland, WI, which are both over 20 miles away, and NorthLakes in Iron River, WI, which is over 50 miles away. Within our clinic, Dr. Ann Reitz is medical director and the supervising doctor for Khou Xiong, our physician assistant. We also have Carol Nyman, a nurse practitioner, and Dr. Tiffany Darling, who is our pediatrician. Because of the unique qualifications that each of our providers brings into our clinic, we are able to offer a full spectrum of primary health care services, from age 0 to end-of-life care. With only four medical providers covering a 1,200 square mile radius, it is paramount that each provider can practice to the full extent of his or her training.

I support the passage of the CARES Act into law because of what it would translate into in terms of healthcare access and stability for our communities. All patients have a right to equal access to healthcare. It is unfair to ask patients to drive a longer distance when our own provider(s) can offer the same services much closer to home. Beyond that, there are individual patient factors, such as access to transportation and financial stability, and external factors, such as wintry conditions and spring floods, that commonly affect travel up here.

In summary, I am advocating for the passage of this Act as it will help eliminate many health inequities for our communities.

Sincerely,

Richard "Rick" Peterson
Tribal Chairman, Red Cliff Band of Lake Superior Chippewa
715-779-3700
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Red Cliff Community Health Center

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Dear Members of the Senate,

My name is Diane Erickson. I am the Clinic Administrator for the Red Cliff Community Health Center. I am writing this letter in support of Khou Xiong, our PA, and the CARES Act.

I am aware of the different components of the Act. The one that directly impacts us here is the amendment to current law that allows each medical provider to practice to the full scope of his or her training. Here in Red Cliff, we struggle to recruit well-qualified, culturally humble medical providers. We are impacted by the national shortage of primary care providers especially acutely due to our rural setting. For this reason, it is imperative that any physician assistant we hire be allowed to practice according to his or her training and not that of the supervising physician. The current staffing is one family physician along with Khou, our PA, and a nurse practitioner. If the physician were to leave suddenly, you can imagine how crippling this would be for our clinic and our patients.

This was the experience in 2016 when the Medical Director left employment and recruitment was challenging. The next closest primary care clinics are at least 30 minutes away for many of our patients. This scenario also has financial implications. The Tribe is required to refer and pay for outside for care, for its members, if it cannot be provided on site. This would have a devastating impact and does not effectively serve the local medical community.

The more services a provider can offer, the more desirable he or she is as a candidate for any medical practice, but especially for ours. All specialty clinics are at least 40 minutes from Red Cliff. Many of our patients do have to go all the way to Duluth, MN, 1.5 hours away. When one of our providers can offer a particular service, eliminating the need for a referral, it benefits everybody: the clinician keeps up on his or her training, the patient can access services closer to home, our clinic draws more patients and the specialty clinic is not overloaded with referrals that could easily be offered at the primary care level.

Sincerely,

Diane Erickson

Diane Erickson
Clinic Administrator for the Red Cliff Community Health Center
715-779-3707
derickson@redcliffhealth.org

*Caretakers of the medicine, protectors of your health*

January 13, 2020

Dear Congressmen/Congresswomen

As a patient of Khou Xiong, PA-C, I am writing to ask for you support in the CARES Act and change the outdated regulations placed on the way Physicians Assistants can care for their patients.

I have been a patient of Khou Xiong PA-C since 2012, I have been provided excellent care by Khou she is very proficient in her medical knowledge and skills. It is a disadvantage to my health care and all patients when Khou is unable to perform a procedure that she has done successfully in the past, because her Supervising Doctor does not practice the same skills. We as patients, will have to travel 45 miles round trip to obtain services that Khou is very capable of but can not practice due to current regulations. Please take into consideration and make the appropriate changes to the current regulations to the way Physician Assistants can practice in the Wisconsin.

Sincerely,

Lisa Cadotte

Lisa Cadotte
P.O. Box 1438
Bayfield, WI 54814

Assembly Bill 575 relating to: regulation of physician assistants February 5, 2020

Dear Chairman Sanfelippo and Assembly Committee on Health,

Thank you for having this hearing.

My name is Gretchen Considine. I have been lucky enough to be a PA for 25 years. I would like to give you an example of why the current definition of scope of practice needs to be changed. I split my practice between family medicine and psychiatry. As a result I have experience with psychiatric medications above and beyond my family medicine colleagues. I do not say this to brag but to let you know that when the family MD's I practice with come to me for advice - and they do - and I give them that advice, by the letter of our current statute I am practicing out of the scope of my practice.

Here's what Med Chapter 8 says:
"A PA's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician."

Mental health resources are scarce where I practice. It may take up to a year for a patient to be seen by a psychiatrist, therefore I am happy to offer advice based on my experience and training. As you know most people with poor mental health will be diagnosed and treated in the primary care setting. My collaborating/supervising physicians are glad to have me as a resource as I am happy to have them as my resource in those areas where they are more expert.

I think the CARES bill is a good one. I appreciate your consideration. I have a heart for the undeserved and I believe this bill will facilitate care for some of the most vulnerable people in our great state.

Gretchen Considine PA-C, MS

NEIGHBORHOOD
- Family Clinics -
Affordable ~ Accessible

NFC-North
1526 Rose Street
La Crosse, WI 54603
608-781-9880

NFC-Sparta
128 S Water, Suite B
Sparta, WI 54656
608-351-2820

NFC-Viroqua
1316 Bad Axe Court
Viroqua, WI 54665
608-637-8111

*Fax number for all locations: 608-783-5426*

May 6, 2019

To Whom It May Concern,

Neighborhood Family Clinic provides affordable and accessible care to the La Crosse area and surrounding communities. Physician assistants are valued members of our health care team and contribute to the health of the patients we serve throughout western Wisconsin. Our clinics are located in rural and suburban areas in Viroqua, Sparta and La Crosse with expansion in the near future to West Salem, Onalaska and Tomah.

Physician assistants have helped fill the gap in primary and specialty care in Wisconsin for over 40 years. Their support is needed even more so now with the lack of primary care physicians, especially in rural and underserved areas. We have a successful collaborative team model in the utilization of physician assistants and I agree with the Wisconsin Academy of Physician Assistants (WAPA) legislative efforts to modernize practice regulations to streamline care for our patients.

I have worked with physician assistants collaboratively for many years and know that they provide high quality care, are safe and effective medical care practitioners, and increase access to care for our underserved populations. The modernization of physician assistant laws will allow them to work to the top of their licensing, education and experience while allowing flexibility of team care at the practice level.

I have reviewed the WAPA's law modernization and legislative goals. I believe they reemphasize physician assistant's commitment to team-based practice while calling for necessary regulatory changes that will benefit physicians, physician assistants and most importantly - our patients at Neighborhood Family Clinics. I strongly urge the Wisconsin Medical Society, the Wisconsin Hospital Society and our state Legislators to support WAPA and its efforts with modernization of Wisconsin's physician assistant laws.

I also extend and open invitation to Governor Evers, WMS, WHA , and state legislators to come visit Neighborhood Family Clinics and view our unique model of care that is impacting all aspects of the rural, indigent, uninsured and underserved patients in our area.

Sincerely yours,

Teddy L. Thompson, MD

See Addendum

**Wisconsin CARES**

**Update Physician/PA relationship from "supervision" to "collaboration"**

- More accurate description of current practice, would not change day-to-day practice
- Eliminates many current administrative burdens that do not increase patient safety
- Parity with NPs in Wisconsin

**Eliminate language that implies physician liability for PA care**

- Ensure that the physician/PA relationship is sustainable into the future
- Has been cited as reason NPs are hired preferentially over PAs in some areas

**Scope of practice determined by PA's individual education, training, and experience**

- Ensures PAs can continue to provide the care they are trained to give despite changes in coworkers
- Continue to use established practices such as credentialing and privileging in determining scope

**Eliminate ratio requirements to increase flexibility at practice level**

- Allows more PAs to move into traditionally underserved areas of WI
- Ratio has not been demonstrated to improve patient safety, arbitrary number
- Allows these decisions to be made by those who know their staff best
- Parity with NP practice

**Authorize PAs to participate in disaster/volunteer activities without specific physician collaboration but within a PA's scope**

- Allows WI to maximize its use of highly trained health professions in these settings
- Removes delays in care due to paperwork

**Allow PAs to self-govern their profession**

- Update the relationship with WI Medical Examining Board
- Ensures that those most knowledgeable about the profession are involved in its regulation
- Prevents ongoing stagnation of laws/regulations of the profession
- Parity with other health care professions including NPs, PT/OT, pharmacists, others

**Allow PAs to be self-employed**

- Self-employment is not synonymous with independence.
- A collaborative relationship would be maintained

**Allow recognition of federal supremacy for PAs employed by the VA and Uniformed Services**

**Direct reimbursement by third party payors (except Medicare)**

- PAs are the only health care profession not uniformly reimbursed by third party payors
- Cited as reason for PAs not being allowed to manage their own panel of patients
- Cited as reason for preferentially hiring NPs

5/6/19

February 3, 2020

Dear Wisconsin Legislators,

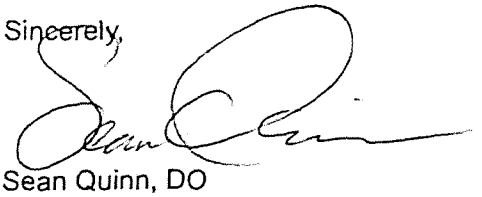
My name is Dr. Sean Quinn. I'm a board-certified emergency medicine physician at Waukesha Memorial Hospital. I am writing in support of SB 515 / AB 575, the CARES Act. I work with physician assistants (PAs) everyday. I trust the work they do and the care they provide to patients.

My own daughter recently required urgent medical attention. I felt most comfortable taking my daughter to see a PA for the care she needed. I called Melissa Malloy, PA-C, and after confirming she was working in the emergency department that evening, I asked that she evaluate and treat my daughter. Melissa provided excellent care, which included a skilled procedure.

I am writing this letter with my family's personal experience to demonstrate how much I trust the PAs I work with. PAs are safe, qualified and competent medical providers. I support this legislation because it allows for continued collaboration between physicians and PAs but eliminates some of the outdated administrative barriers that limit access to quality healthcare.

Someday, you or your family members may also require urgent medical care. If you are fortunate enough to be treated by a PA, you will be well cared for. We need this legislation to ensure PAs can continue to provide high quality care throughout the state of Wisconsin. Please support the CARES Act, SB 515 / AB 575. Thank you for your consideration.

Sincerely,



Sean Quinn, DO
Emergency Medicine Physician
Emergency Medical Associates - Waukesha, WI
Voting Address: 1655 Barrington Woods Dr, Brookfield, Wisconsin, 53045

4 February 2020

RE: Written Testimony in Support for the Wisconsin CARES Act – Assembly Bill 575

To Whom It May Concern,

As a Wisconsin physician who values access to care, I urge you to support the Wisconsin Collaboration and Rural Expansion of Services Act (CARES Act) legislation which will increase access to care, protect patients, and allow each practice to determine how best to provide care.

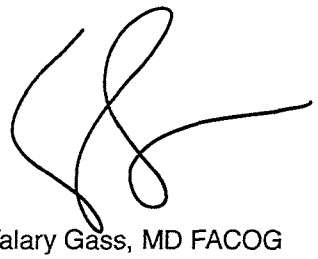
In my experience, Physician Assistants (PAs) and Nurse Practitioners (NPs) function similarly and have similar depth of educational background and training. Current Wisconsin law treats them differently, favoring NPs. The CARES Act will bring both classes of APC onto the same footing.

In medicine, each practice environment is unique. Each member of the team brings something to the table. As with all healthcare professionals, individual practices should be able to determine, within each setting, how to function best as a team while caring for Wisconsin's patients. The CARES Act allows for this adaptability. In a healthcare team where a PA needs more oversight, the individual practice will determine their best model to continue to provide for optimal patient safety while increasing access to care. PAs are not requesting independent practice, but better opportunities for collaboration with physician colleagues as afforded to NPs.

As physicians, our years of education and training can combine with the contributions of NPs and PAs to provide excellent care throughout the state. The Wisconsin CARES Act will help eliminate artificial barriers between NP and PA practice models. To meet the current and future needs of Wisconsin's healthcare system, this new bill is set to optimize support for patients, physicians, PAs, office staff and administrators, thereby increasing the number of patients who can receive necessary care each day.

With the passage of this bill, our patients and healthcare in Wisconsin both win.

Sincerely,



Valary Gass, MD FACOG

1798 Garnet Ct

Menasha, WI 54952

Wisconsin License 64376-20

February 2, 2020

To Wisconsin Legislators:

I am a board-certified psychiatrist at Crossroads Counseling Center. I am writing in support of SB 515 / AB 575, the CARES Act. This legislation allows for continued collaboration between physicians and physician assistants but eliminates some of the outdated administrative barriers that limit access to quality healthcare.

PAs are highly educated practitioners who are trained on the medical model. PAs are important members of the healthcare team. The scope of PA practice has not changed with this legislation. This bill does not create independent PA practice. For these reasons and others, I support the SB 515 / AB 575, the CARES act. Thank you for your consideration.

Sincerely,

Atit Desai, MD

OROZCO TESTIMONY

Mr. (Madam) Chairman and Members of the Committee. My name is Jennifer Orozco, I'm a Physician Assistant and the Director of Advanced Practice Providers for more than 400 PAs and APRNs at Rush University Medical Center in Chicago. Additionally I am a founding faculty, Assistant Professor and former Director of Clinical Education for the Rush PA Program.

In 2017, the Illinois House and Senate passed legislation to modernize the practice of PAs and change the definition of a physician's role from "supervision" to "collaboration." Part of the reason for this change was to modernize the true definition of the PA-physician relationship and update outdated, antiquated laws that were created in the 1960s at a time where we practiced medicine very differently. The word "supervision" is confusing to PAs, physicians and their patients and does not accurately represent current PA practice. This bill was supported across Illinois and passed both the Illinois Senate and House unopposed at 52-0 and 116-0, respectively. Changing from "supervision" to "collaboration" has not resulted in any negative results in Illinois and there is no move to overturn the legislation. In fact, it is now widely accepted practice and Illinois is focused on discussing broader healthcare issues affecting patients, their families and their communities.

In addition to several states transitioning to collaborative practice, over the past several years, PAs in various federal agencies have transitioned to collaborative model – many of whom are treating patients here in Wisconsin (e.g., the Veteran's Health Administration, the Indian Health Service, and Department of State).[19-21] Our regional neighbors in Michigan and Indiana have already transitioned to the collaborative model and Alaska adopted the collaborative model back in 1986.[23] Regarding Illinois' transition to collaboration, Dr. Nestor Ramirez, the then-President of the Illinois State Medical Society, remarked that patients are best served by physician-led teams of professionals practicing within the scope of their licensure, and physicians work collaboratively with PAs and other allied healthcare professionals to ensure that the care provided is of the highest quality".[19] Changing the terminology to collaboration, he emphasized, merely "brings the language of the Physician Assistant Practice Act in line with that of other licensure acts".[19]

Additionally, The Centers for Medicare and Medicaid Services have proposed rule changes to allow for the transition to PA collaborative practice. Recently, the President signed an executive order addressing Medicare changes allowing PAs to practice at the top of their licenses and reducing burdensome and unnecessary supervision requirements for physicians. DHS Secretary Alex Azar stated that the order will help with rural practices that suffer the most from provider shortages.[24]

In Illinois, over 3200 PAs are valued members of the modern healthcare team with demonstrated high quality, safe patient outcomes who value their collaborative physician relationship to best serve patients and other members of the healthcare team.

I thank you for your time and consideration on this very important issue affecting Wisconsin patients, their families and their communities and I ask that you support the SB515.

Randolph B. Waskin MD
323 S. 18th Ave.
Sturgeon Bay, WI 54235

February 4, 2020

RE: AB 575

Good day to all:

I am writing today to ask the Assembly to pass the Collaboration and Rural Expansion of Services (CARES) Act, AB 575. This historic legislation modernizes Wisconsin's PA practice laws and increases patient access to healthcare across our state.

I have been a practicing physician in Wisconsin since 1992 and have spent my entire career in rural and underserved locations in the state. I am board certified in both Family Medicine and Emergency Medicine. At many points in my career I have had the pleasure and privilege of working with Physician Assistants and have always been impressed with the depth and breadth of their education, experience, and skill. I strongly disagree with the position taken by the groups opposing the CARES Act. Rather than creating unsafe practice conditions, the CARES Act will better align Wisconsin law with what is currently and should be happening in medical facilities throughout the state.

Some organizations have argued that, by moving from a supervisory relationship with physicians to a collaborative relationship like that of nurse practitioners, PA's will somehow become a danger to patients and will suddenly be practicing in an unsafe manner. This argument is completely without merit; it has no basis in fact. The truth of the matter is that the supervisory requirements for PA's have been gradually relaxed to the point where our relationship is, in practical terms, already more collaborative than it is supervisory. The PA's I work with in the ED make their own independent assessment of a patient's condition, formulate their own diagnostic strategy and subsequent treatment plan, and execute those plans without any real time input from the physician on duty unless they ask for it. Each PA practices to his or her highest level of competence and confidence, but NO ONE is EVER pressured or required to do anything that they feel they are not capable of doing safely and effectively. Plus, in the ED environment, we are all constantly monitoring and cross-checking each other. I monitor what the nurses are doing, they monitor me and remind me when I forget to order something, and all the other professionals involved, from pharmacists to paramedics to respiratory therapists and rad techs, are constantly providing input and feedback on patient care. Our PA's are an integral part of that team and participate fully in the system of checks and balances that allows us to maintain an extraordinarily high level of safety and effectiveness in a very dynamic environment. Simplifying the regulatory burden by moving to collaboration vice supervision won't change that.

It is important to examine the difference in training between PA's and nurse practitioners to understand why PA's are, in many instances, actually better equipped to practice independently than their NP counterparts. For the most part, PA's enter their training with a bachelor's degree in some related field, and they start out with the intent to become physician assistants. Their curriculum is developed by physicians, their didactic courses are taught by or under the supervision of physicians, and most importantly, their clinical training is for the most part under the direct tutelage of practicing physicians. So, simply put, when they graduate, PA's think like doctors and act like doctors because they were trained by doctors. This gives them the ability to communicate with us effectively and to understand what we need from them to take care of our patients safely, effectively, and efficiently. And, since no PA is seeking to practice fully independently, the professional tension that sometimes exists between physicians and NP's is largely absent.

NP's, on the other hand, by definition have to be RN's first, and although a brand new RN-BSN could theoretically matriculate into NP training, doing so would defeat the whole purpose of why and how NP's evolved in the first place. NP's evolved from highly skilled nurses with years of broad clinical experience who wanted something more professionally, and because it is assumed that modern NP students are superbly skilled and have great clinical experience, their clinical training requirements are somewhat less structured and less rigorous than the requirements PA's have to meet. (I have proctored students from both professions over the years, so I have direct personal experience backing my claims) When the NP student doesn't possess that superb skill set and broad clinical experience, things sometimes don't go so well once they graduate. And if the goal is to get people trained more quickly to ameliorate the shortage of primary care providers, the problem just gets worse, because the only way to train NP's quickly is to take them straight out of nursing school and put them into NP programs taught mostly online for which they are ill-prepared.

The CARES Act will also give PA's the ability to regulate themselves professionally via a PA Board affiliated with and subordinate to the Medical Board. I firmly believe in professional self-determination, and I think it only makes sense that no one knows better what the expectations of practicing PA's should be than the PA's themselves. Passing this act will give PA's the same professional regulatory structure enjoyed by almost every other profession in the state. As a physician, I deeply resent it when some governmental agency or legislative body tries to tell me what I can and cannot or should or should not be doing in the practice of my profession. The PA profession has long ago proven that it doesn't need us to tell it how to conduct its business. They have earned our respect and our trust, and should be given the right of self-determination commensurate with that respect and trust.

The CARES Act is supported by the Wisconsin Academy of PAs (WAPA) and includes input from Wisconsin physician assistants (PAs), physicians, healthcare administrators, and other stakeholders (including the Wisconsin Hospital Association).It serves as a comprehensive update to the statutes governing PAs, which have seen little change since 1976.

The CARES Act will increase patient access to care (especially in high need rural and underserved areas), plus it will decrease the costs and burdens on Wisconsin's healthcare system. The CARES Act will eliminate unnecessary administrative burdens for PAs and physicians; determine an individual PA's scope of practice by their own education, training, and experience; and eliminate the restriction on the number of PAs a physician is permitted to work with.

Wisconsin needs to catch up to its peers in Minnesota, Michigan, Illinois and Indiana who have already passed similar legislation. If Wisconsin legislators want to increase patients' access to high-quality and cost-effective medical care then PAs in Wisconsin need your support today.

Simplifying, standardizing, and modernizing PA practice will make a huge impact on improving healthcare for patients in our state. I urge you to support the CARES Act.

Very respectfully,

Randolph B. Waskin, MD
Sturgeon Bay, WI

February 3, 2020

Dear Wisconsin Legislators,

My name is Dr. Sean Quinn. I'm a board-certified emergency medicine physician at Waukesha Memorial Hospital. I am writing in support of SB 515 / AB 575, the CARES Act. I work with physician assistants (PAs) everyday. I trust the work they do and the care they provide to patients.

My own daughter recently required urgent medical attention. I felt most comfortable taking my daughter to see a PA for the care she needed. I called Melissa Malloy, PA-C, and after confirming she was working in the emergency department that evening, I asked that she evaluate and treat my daughter. Melissa provided excellent care, which included a skilled procedure.

I am writing this letter with my family's personal experience to demonstrate how much I trust the PAs I work with. PAs are safe, qualified and competent medical providers. I support this legislation because it allows for continued collaboration between physicians and PAs but eliminates some of the outdated administrative barriers that limit access to quality healthcare.

Someday, you or your family members may also require urgent medical care. If you are fortunate enough to be treated by a PA, you will be well cared for. We need this legislation to ensure PAs can continue to provide high quality care throughout the state of Wisconsin. Please support the CARES Act, SB 515 / AB 575. Thank you for your consideration.

Sincerely,

Sean Quinn, DO
Emergency Medicine Physician
Emergency Medical Associates - Waukesha, WI
Voting Address: 1655 Barrington Woods Dr, Brookfield, Wisconsin, 53045

February 3, 2020

Dear Wisconsin Legislators,

My name is Terry McMillan, MD. I am an emergency medicine physician with Emergency Medical Associates. I also serve as the advanced practice provider liaison for our physician-owned group in Waukesha, Wisconsin. I serve as a main point of contact for medical resident education as well as PA and NP student education.

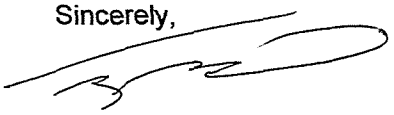
As an emergency medicine physician, I collaborate with both physician assistants and nurse practitioners. In our group, we employ 14 PAs and 2 NPs. It is quite evident to me that the training of physician assistants is superior to the training of nurse practitioners. PAs are trained on the medical model, mirroring physician training. PAs are taught complex procedural skills, critical medical decision making skills and extensive pharmacology and safe prescribing practices. For these reasons, I believe PAs are at least equally qualified, if not more qualified, to assume a collaborative relationship with physicians.

In fact, the physicians in our group currently collaborate regularly with our PAs. Typically, new PAs and NPs are under close observation for the first few months - similar to how we manage resident physicians. We hold PAs, NPs and resident physicians to the same standards and expectations. Attending physicians typically evaluate the majority of a new PA/NP's patients and closely review their assessments and documentation. Once the PA or NP can demonstrate competence under close observation, they then see and manage patients more autonomously. Our experienced PAs frequently train the resident physicians to perform skilled procedures. PAs are well trained to request additional physician support when needed, and do not hesitate to seek physician input when indicated.

The majority of the PAs in our practice autonomously manage skin and soft tissue injuries and infections, orthopedic injuries, urologic and gynecologic emergencies, ear/nose/throat conditions, amongst others. Our experienced PAs also autonomously manage cardiovascular, intra-abdominal emergencies, surgical and neurologic emergencies while never hesitating to seek additional support when needed.

For these reasons and others, I support the SB 515 / AB 575, the CARES Act. Thank you for your consideration.

Sincerely,



Terry McMillan, MD
Emergency Medicine Physician
Advanced Practice Provider Liaison
Emergency Medical Associates - Waukesha, Wisconsin

Chairperson Sanfilipo and Members of the Assembly Health Committee,

I sincerely appreciate the opportunity to testify in support of SB 515, the CARES Act.

My name is Steve Medlin D.O. I have several roles, including be employed by Aurora Health as the medical director for the Hematologic Malignancies and Stem Cell Transplant program. In my role as a physician, I am practicing at Aurora St. Luke's in Milwaukee. I also work as an inspector for the international accreditation program for stem cell transplant programs.

I have worked with Physician Assistant's in my various roles for the last 13 years continuously. These roles have been as a direct supervisor but also at a health system level and as a medical director.

I am intimately familiar with a day to day medical practice using a collaborative agreement with both Physician Assistants as well as Nurse Practitioners. I have served in leadership in several transplant programs and all of these programs have depended on collaborative agreements from these providers. I would state that the practice of medicine in stem cell transplant programs in most medical centers hinges on the inclusion and integration of these providers. Accrediting bodies such as the Foundation for the Accreditation of Cellular Therapy (stem cell transplant accreditation) anticipate this and have developed standards to reinforce the inclusion of these valuable providers. The key to the success of their inclusion is collaboration.

Good collaboration is no accident. This is accomplished by development of specific competencies in relation to individual physician assistants. Each provider must be assessed and deemed competent in their practice, wherever that might be. Specific guidelines for competence can be taken from the American Board of Medicine for procedures or for other surgical or sub-specialty boards as relevant. In this way, the individual can develop and maintain competence and their continued competence is not dependent of what physician happens to supervise them that day.

It puts the responsibility of assessment of competence and developing a collaborative agreement on the employing health system or provider/provider group. This process is very similar to what we already do for physicians with credentialing and is intuitive. With collaborative agreements, providers will maintain competence and if they stop practice in a specific area or performing a specific procedure, a yearly or every other year re-evaluation and assessment will address this appropriately (taking away procedures or clinical tasks if not performed regularly). Likewise, new skills must have documented experience and be signed off on by the physician and group.

This does not expand a PA's scope of practice nor allow independent practice. In fact, the collaborative physician would sign off on the request and re-evaluation of yearly or every two year competency assessments. The practice of medicine must continue to live within and under the purview of the physician to maintain safety. Collaborative practice agreements deliver the best of both worlds, quality care with excellent oversite at a competitive price that helps maintain higher provider to patient ratios.

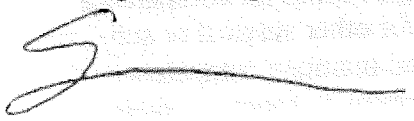
If this were approved today, I would be able to add additional PA's to my practice. With these PA's, once my training program is complete and they have gone through the required education, I document their abilities by direct and chart review of their performance. Then, they are allowed to practice collaboratively. Patients are staffed as needed, and notes for all patients are sent to me or my partners to review. The onboarding process is 1 year and myself or other physicians in my group are directly involved. Having built and maintained several large programs, I can state that this works exceptionally well and using PA's or NP's is the current staffing model of all of my prior programs.

An excellent aspect of this bill is that practice permissions are flexible. Some practices may need exceptionally detailed knowledge from their providers, the competencies and collaborative agreements can dictate what specifically is allowed. Other practices may have a basis in procedures, which can easily be dealt with using the exact same process. Example, a specific number of mole removals must be accomplished appropriately prior to competency being established and the individual being allowed to these independently. In short, the competency/collaboration agreements fit the job and are directed by the collaborative physician and/or the health group.

In conclusion, I support this bill because it helps provide the highest level of care to the residents of Wisconsin. All providers need to practice at the highest level of their training in the safest way possible. Collaborative agreements with yearly or every other year assessments will ensure these things happen.

I am available should questions arise.

Thanks again to the committee members and to committee Chairperson Bernier for holding this hearing and being the lead author of the bill.



**Stephen Medlin, DO** FACP

Medical Director, Hematologic Malignancies and Stem Cell Transplant

Clinical Adjunct Professor, SMPH-Department of Medicine

University of Wisconsin School of Medicine

Advocate Aurora Health

Vince Lombardi Cancer Clinic

Aurora St. Luke's Medical Center

2900 W. Oklahoma Avenue

Milwaukee, WI 53215

O: 414.649.6642

P: 414.557.7634

February 4, 2020

Dear Chairperson Sanfilipo and Representatives of the Health Committee,

About a year ago, I left the urgent care, where I worked for 17 years, to take a side step into a fast care position (retail medicine). I did this to take a breather from the challenges of our brand of urgent care. In the urgent care setting, I was able to use the physician of the day as my supervisor for my shift.

In the Froedtert fast care department, we have a family practice physician as our medical director. She is the sole supervising physician in the department. When I started in the department we had about 13 nurse practitioners and one other physician assistant; I became the second physician assistant. After I started two more physician assistants were hired as optional part-time employees.

At one point last year, we had an opening, so I suggested that our department consider hiring a physician assistant. Per my recollection, my department supervisor (non-medical) mentioned something to the effect "we need to keep the 4:1 ratio in mind as we hire other providers." As a result of this conversation, I took it upon myself to use one of my urgent care physicians as my supervising physician to remove myself from my medical director's 4:1 ratio.

Obviously, our department's numbers paint a clear picture. We now have about 21 nurse practitioners and 5 physician assistants (2 in our department, 3 optional part-time). Our urgent care shows a similar situation, many more nurse practitioners work in the department compared to the number of physician assistants.

About a two years ago, most of the Froedtert APP job listings named primarily nurse practitioners. After writing a letter to the president inquiring about this practice, the listings slowly changed to both NPs and PAs.

I firmly believe that eliminating the ratio will help to balance hiring practices. It is imperative that this law be passed soon.

Thanks,
Anne Anderson, PA-C

5532 North Bay Ridge Avenue

Rep. Sanfilipo and Members of the Assembly Health Committee:

I've been in Health Care for more than 25 years now: 1st as a medical assistant and now as a practicing PA for nearly 20 years. I can't imagine having picked anything else for my career. With that being said, there have many challenges. After completing the necessary prerequisites with excellent GPAs, PAs must apply to and be accepted into PA programs which are competitive to get into. After completing our training which includes didactics and clinical preceptorships, we take national certification exams, and to maintain our certification, we are required to accumulate and log 100 continuing medical education hours very 2 years and periodically take challenging recertification exams: requirements very similar to those for physicians.

I was raised in a rural community in Southwestern Wisconsin. The majority of my practice has been spent in a rural environment. There is a lot of difficulty attracting providers, especially physicians to rural communities. It is even more difficult to keep them. Often after getting a few years of experience, they move on to larger cities and facilities. Advanced Practice Providers, both PAs and NPs have helped fill the void where needed, and are accepted and valued by the patients in these small communities often naming us as their primary care providers. Patients trust us. They trust us to take care of them and their families. If you asked the typical patient, they may not know the difference in the training between a physician, PA or NP and really see no difference in how we work. Yet for some reason, NPs have a more favorable, more marketable profession. NPs are employed with collaborative agreements, while PAs are employed with supervisory agreements. At my facility, there are 3 times as many NPs as there are PAs. I really believe that it is due to the difference between collaboration and supervision. There is less burden liability for physicians who sign collaborative agreements with NPs vs supervisory agreements with PAs, and as a result, NPs are being hired preferentially. There have been no changes to PA legislature in 40 years, and they are long overdue. Neighboring states have already adopted more favorable legislature.

We know from many studies that there is a significant rate of burn out among physicians. I have heard so may times, that physicians feel the burden of supervisory responsibilities which increases their professional liability. They feel they are putting themselves on the line for every decision that we make. Changing the laws governing PAs can help ease the burden. It would put the burden of liability on PAs and make us responsible for the medical decisions we make. We can make decisions based on our level of experience and be held accountable for them at the practice level. We can consult with our collaborative physician or refer patients to specialists when needed just like we do now. Facilities have peer review processes in place to hold all providers accountable for medical decisions. Allowing PAs to self govern at the state level will not change the standard that we are held accountable to at work with our employers and patients.

Other states have already successfully voted in legislature similar to what Wisconsin PAs are asking for. NPs have been practicing in Wisconsin with these favorable considerations for years. To my knowledge, there are no studies showing that clinical outcomes have been adversely affected in states that have changed to more favorable legislation for PAs. Indeed, the trend nationally is more towards collaborative relationships. We have a Presidential order calling for equal reimbursement from Medicare for comparable services provided by physicians and APPs. Medicare will largely defer to state guidelines for reimbursement., and we all know how slow they typically are to change. The legislature being proposed today not only benefits the 2600 practicing Wisconsin PAs, but our physicians, employers, and patients. Please support SB 515.

Sincerely,

Michelle Reisen-Garvey, PA-C
17885 County Rd F
Darlington, WI 53530

November 2, 2018

To Whom It May Concern,

Physician assistants (PAs) are valued members of the healthcare team and contribute to the health of the patients we serve throughout Wisconsin. PAs have helped to fill the gap in multiple healthcare specialties and settings for over 40 years in our state. Today, there is a lack of qualified medical providers and a shortage of physicians in Wisconsin so their support is needed now more than ever.

Therefore, I fully support the Wisconsin Academy of PA's (WAPA) legislative agenda to optimize team practice and I concur the regulations that govern PA practice are due for modernization.

PAs are already working in a collaborative care team model and regulatory language should reflect this relationship. The evolving medical practice environment requires flexibility in the composition of teams and the roles of team members to meet the needs of patients. This is why the WAPA is calling for laws and regulations that authorize PAs to practice without an agreement with a specific physician—enabling practice-level decisions about collaboration. Research has proven the cost-effective, high quality care that PAs provide is safe, effective and extends access.

Current PA rules create excessive and costly regulatory burdens in an already busy practice environment. They are archaic and do not contribute to the health or well-being of our patients. In fact, they have caused some administrators to decline hiring PAs in favor of similar providers with fewer administrative burdens, thus lessening access to care for patients. Surrounding states have already implemented legislative updates and unlike Wisconsin, are seeing increased hiring and utilization of PAs, thereby increasing access to care. It is important that PAs have parity in their practice laws with Nurse Practitioners so that employers can choose from the widest possible applicant pool.

I have reviewed the Wisconsin Academy of PA's law modernization recommendations and goals. I believe they reemphasize PAs' commitment to team practice while calling for necessary regulatory changes that will benefit physicians, PAs and most importantly – their patients. I strongly urge the Wisconsin Medical society, the Wisconsin Hospital Association, and our State Legislators to support WAPA and its efforts with modernization of Wisconsin's PA laws.

Sincerely,

Erin Huebschman, MD
Family Practice Physician
Grant Regional Health Center

**Grant Regional Health Center**
507 South Monroe Street ♦ Lancaster, Wisconsin 53813
608-723-3236 (fax) 608-723-3354

November 2, 2018

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Sincerely,

Dave Smith, MBA, FACHE
CEO/President
Grant Regional Health Center

**Grant Regional Health Center**
507 South Monroe Street ♦ Lancaster, Wisconsin 53813
608-723-3236 (fax) 608-723-3354

February 3, 2020

To Wisconsin Legislators:

I work with Physician Assistants in my practice in Abdominal Transplant/Hepatology at Advocate Aurora Health. I am writing in support of SB 515 / AB 575, the CARES Act. This legislation allows for continued collaboration between physicians and physician assistants but eliminates some of the outdated administrative barriers that limit access to quality healthcare.

PAs are highly educated practitioners who are trained on the medical model. PAs are important members of the healthcare team. The scope of PA practice has not changed with this legislation. This bill does not create independent PA practice. For these reasons and others, I support the SB 515 / AB 575, the CARES act. Thank you for your consideration.

Sincerely,

Siddesh Besur, MD

February 3, 2020

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Sincerely,

Moises Garcia, MD

February 3, 2020

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Sincerely,

Vikram 02/03/2020

Vikraman Gunabushanam, MD

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Sincerely,

Jacob Clendenon, MD

February 3, 2020

To Wisconsin Legislators:

I work with Physician Assistants in my practice in Waukesha, WI at the Waukesha Employee Health and Wellness Center. I am writing in support of SB 515 / AB 575, the CARES Act. This legislation allows for continued collaboration between physicians and physician assistants but eliminates some of the outdated administrative barriers that limit access to quality healthcare.

PAs are highly educated practitioners who are trained on the medical model. PAs are important members of the healthcare team. The scope of PA practice has not changed with this legislation. This bill does not create independent PA practice. For these reasons and others, I support the SB 515 / AB 575, the CARES act. Thank you for your consideration.

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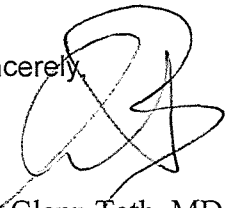

Dr. Glenn Toth, MD

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Sincerely,

Ajay Sahajpal, MD

INFINITY®
HEALTHCARE
An Envision Physician Services Affiliate

January 14, 2020

Dear Legislator,

I am writing today to ask that you support the Collaboration and Rural Expansion of Services (CARES) Act, SB 515 and AB 575, authored by Sens. Bernier, Kooyenga, and Hansen and Reps. VanderMeer, Edming, and Considine. This historic legislation modernizes Wisconsin's physician assistant (PA) practice laws and increases patient access to healthcare across our state.

As Director of Advanced Practice Provider Services for Infinity Healthcare, I am happy to report that the CARES Act is also supported by our group which has provided emergency medical care to Wisconsin patients for over 40 years utilizing more than 100 PAs. We know firsthand the difficulty of staffing rural emergency departments. We have capable and highly trained PAs who are ready to provide this care but unfortunately are often limited by outdated practice laws. Particularly in rural areas, we are often limited by how many PAs we can employ due to ratio requirements which have not been shown to improve patient safety or care.

The hiring process for PAs is much more burdensome than for our partner nurse practitioners (NPs). The CARES Act will ease regulatory burden in hiring PAs. Although Infinity Healthcare employs and appreciates both PAs and NPs, PAs have more emergency medicine training during their education program and are often more ready to hit the ground running upon graduation.

As an employer, it is very important that we participate and regulate the scope of practice of our providers. The CARES Act will allow us to oversee this at the group level where we are deeply familiar with the PA's capabilities and training rather than a one-size-fits all approach at the state level. By allowing PAs to work to the full potential of their education and experience, patients will benefit.

PAs enjoy a collaborative relationship with out partner physicians. I have been fortunate to personally be a part of this team on both the clinical and administrative level. PAs look forward to continue to work side by side with physicians to provide excellent care.

Wisconsin needs to catch up to its peers in neighboring states who have already passed similar legislation. Simplifying, standardizing, and modernizing PA practice will make a huge impact on improving healthcare for millions of patients in our state. I urge you to support the CARES Act (SB 515 and AB 575) and co-sponsor this historic legislation.

Sincerely,

Carleen M Freesmeier, PA-C, MPAS
Director of Advanced Practice Provider Services
Infinity Healthcare, Inc.
111 E. Wisconsin Avenue Suite 2100
Milwaukee, WI 53202
cfreesmeier@infinityhealthcare.com

February 4, 2020

Chairperson Sanfilipo and Representatives of the Assembly Health Committee:

I am writing in support of CARES AB 575.

The words "up North" probably conjure up a different vision for everyone. For some maybe it's a trip to Door County. When I lived in Pleasant Prairie my neighbors said Up North was somewhere in the Fox Valley. For our neighbors in Illinois it may just mean a trip north over the border. For others, its memories of their weekend or summer vacation spent on the water at a family cottage or property in the Northwoods to only return to their residence in a more populated area of Wisconsin. It all depends on your perspective. But for me "up North" is now and always has been home.

A recent report in the Washington Post noted that it is estimated that less 2% of medical school graduates across the Unites States want to practice in communities of a population less than 25,000. I am a lifelong resident of the Northern Wisconsin, as is my husband, and both of our respective extended families. He is a paramedic and when I graduated from PA school in 2005, we had no doubt that we wanted to return to the area where we grew up to practice. So as you can imagine, I not only experienced the changing landscape of rural Wisconsin medicine as a provider, I have also experienced it as a patient.

I spent my first 8 years of my career in family medicine seeing patients across their lifespsan, from newborns through geriatrics, including well-child visits, acute care visits, adolescent medicine, managing chronic medical conditions, performing minor office procedures, and women's health. I then transitioned to urgent care and emergency medicine for the next 4 years.

In April 2017, due to change in life circumstances and the change in the culture of medicine in Northern Wisconsin, I made the transition to the internal subspecialty of gastroenterology. I was happy to join an independent physician owned practice that values providing care to patients in rural areas. GI Associates is based out of Wausau and has 10 adult gastroenterologists, 3 NP and 2 other NP. We are currently the only group to provide gastroenterology services to patients north of highway 29 to the Upper Penninsula of Michigan (basically the northeast ¼ of the state) by providing outreach clinics at Rhinelander and Woodruff, which I staff without direct physician oversight on site. I perform colorectal cancer screening consults as well as consults a variety of GI symptoms and ongoing treatment for chronic GI conditions including but not limited to Crohn's disease, ulcerative colitis, esophageal motility disorders, GERD, cirrhosis, pancreatitis, hepatitis, and functional bowel disorders including irritable bowel syndrome and chronic constipation. Based on my education and experience, I have also had the pleasure of extending my practice to include pediatric gastroenterology patients over the past 18 months. However, in December 2019, our long time and sole pediatric gastroenterologist of over 20 years retired. (One of our NP's also saw limited pediatric patients but due to her experience did not see children under the age of 2 and had other limitations on the type of pediatric patients she could see). She also does not provide outreach services.

Due to the way Wisconsin laws are currently written, a PA's scope of practice may not exceed the scope of his or her supervising physician and therefore when our pediatric gastroenterologist retired, so did my ability to continue to providing care to our pediatric GI patients since we do not have any other pediatric gastroenterologists on staff. We have been searching for an additional pediatric gastroenterologist for the past 6 years. According to NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) a quarter of children's hospitals report vacancies of 12 months or longer for pediatric gastroenterologists. Shortages mean many patients must travel long distances or wait weeks, sometimes months, to see a specialist. My group is not a children's hospital but rather a privately owned, large group practice in central Wisconsin. Currently across the United States, fewer and fewer residents are choosing

careers in pediatric subspecialties with approximately only 90 expected to complete pediatric gastroenterology residencies annually, again with almost all seeking positions at children's hospitals.

So all of the pediatric patient's that I have been following for the past 18 months, have established relationships with them and their families are now going to be forced to seek gastroenterology care by an alternative provider, at a facility substantially further distance away since the only pediatric gastroenterologists in the state are in Marshfield, Madison and Milwaukee. This is not because my training, experience or education has changed but simply because the physician with whom I used to collaborate with, in most instances "by phone" on the rare occasion when I needed to is no longer available. As a PA for nearly 15 years treating pediatric patients from 3 days old on, in a variety of settings as noted above, most often without a physician on site because of my rural practice environment, I know the meaning of collaboration well. I whole-heartedly respect and appreciate my physician colleagues and know that my role or education does not equal nor supersede theirs. However, I also feel that there is plenty my education, training and experience does offer. For these pediatric GI patients, the majority of them do not need endoscopic (procedural) evaluation and could continue to be evaluated and managed close to home. And for those that can't be, I'm confident that I could collaborate with another pediatric gastroenterologist at a distant facility just the same as I have been in my current relationship while allowing patients remain close to home. Unfortunately, I am afraid that many of these patients will be lost to follow-up because their access to care will be lost as well as the cost to travel to alternative gastroenterology services will be too great.

In turn, we will likely see an increase in these patient presenting to their primary care providers and emergency departments for symptom exacerbations. Additionally, diseases such as fatty liver disease which is being more commonly diagnosed in the pediatric population due to the prevalence of childhood obesity will go undetected. Unaddressed, it can lead to severe liver dysfunction and ultimately liver failure requiring transplant. Similarly, 1 in 4 patients with inflammatory bowel disease, such as Crohn's, is diagnosed under the age of 20 and can require a lifetime of care. Inappropriately or inadequately treated, these patients can have multiple hospitalizations and surgical resections of their intestines leading to malabsorption and other longstanding complications.

The CARES act is so important to address issues such as the one I am facing. The term "supervision" really is archaic and does not now, nor has it ever reflected the relationship I have with the physicians I work with since I became a PA 15 years ago. Our relationship is one of earned, mutual respect and is truly collaborative, and one which I deeply value. Additionally, this legislation would allow scope of practice to be determined at the practice level, taking into consideration the education, training and experience of the individual PA to make sure that access to services for patients is not reduced or limited.

Thank you for considering,

Jennifer L. Black, MSPAS, PA-C
1910-023
Former Northern Region Representative and WAPA Board Member

GI Associates
411 Westwood Drive
Wausau WI 54401

ProHealth Care

**Contact:**
Jeff Squire
Chief Corporate Affairs Officer
Jeff.Squire@phci.org
262-928-8080

**POSITION STATEMENT**

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**Collaboration and Rural Expansion of Services (CARES Act)**
**2019 Assembly Bill 575**
**2019 Senate Bill 515**

ProHealth Care supports this important legislation to update existing laws governing Physician Assistants (PAs) that have remained relatively unchanged for 40 years.

Simplifying, standardizing and modernizing PA practice statues will increase access to high-quality and cost-effective health care for residents across the state and decrease the cost on Wisconsin's health care system.

The CARES Act will:

- Eliminate unnecessary administrative constraints by updating the physician/PA relationship from supervisory to collaborative, which more accurately reflects the current environment where physicians and PAs partner to provide care
- Allow the more than 2,600 PAs in Wisconsin to practice at the top of their license and have their scope of practice be determined by their individual education, training and experience
- Lift the physician/PA ratio requirements allowing PAs to work autonomously without the additional burden of hiring more physicians
- Address Wisconsin's projected statewide primary care physician shortage by incentivizing utilization of PAs to increase access to safe, high-quality care
- Permit direct reimbursement from third party payors (except Medicare) for care provided by PAs, providing a long-term, sustainable option for addressing the primary care physician shortage
- Expand PAs scope of practice to more closely align with and provide parity with other advanced practice health care professionals (i.e. nurse practitioners)
- Allow Wisconsin to catch up to its peers in Illinois, Indiana, Michigan and Minnesota who have already passed similar legislation.

AB 515

**~~SB 515~~ Physician Testimony by Ann Bartos Merkow MD 2/5/2020**

AB 515

Thank you for the opportunity to testify in support of ~~SB 515~~, the CARES Act.

My name is Dr. Ann Bartos Merkow and I have been a practicing physician for 40 years after graduating from UW medical school. I completed my Internal Medicine residency at Boston City Hospital and Hennepin County Medical Center in Minneapolis and when my husband finished his training we chose to come back to Wisconsin. My undergraduate degree is a BS in Nursing from UWM. I am a general Internal Medicine physician and Medical Director at QuadMed, managing the on-site primary care clinics for Quad/Graphics including our Wisconsin clinics in West Allis, Sussex and Lomira as well as for other clinics across the nation. I chose Primary Care because I wanted to be on the front lines of patient care.

I have worked with Physician Assistants for 23 years. I have interviewed and hired numerous PAs and NPs across the nation. My husband, Steve is an Orthopedic surgeon and also has PAs in his practice.

I support the Cares Act bill because I believe PAs are the solution to primary care in rural and underserved areas. These areas cannot support a fulltime physician who typically needs to pay back enormous student loans in a healthcare system that rewards physicians financially based on production for the most part. I have also noticed that PA schools emphasize treatment of underserved patient populations in their training. Another reason I support the bill is because it allows both the PA and the physician to practice at the highest level of their licensure. I value the PAs with whom I work and I believe present regulations cause roadblocks to optimal patient care.

I would like to point out that collaboration would be required to take the form of <u>either</u>

- A written collaborative agreement with a physician that describes the PA's individual scope or practice; I see this working well in my setting, the primary care setting

or

- The PA practices under the overall direction and management of a physician who is responsible for assuring the services provided by the PA are medically appropriate. I see this working well in the specialist setting, like my husband's practice.

The bill will NOT create independent PA practice. Recognizing that there have been some misunderstandings shared regarding the bill and independent practice, I want to reiterate that the bill mandates all PAs practice in a **collaborative relationship** with a physician. This is what we do at QuadMed with both NPs and our PAs and it works well.

The bill will not expand the PA scope of practice. Under the bill, a PA's scope of practice will be limited by his or her education, training, and experience and determined at the level of the practice setting. Each practice setting is unique with its own set of strengths and challenges and with varied patient demographics and needs.

This bill will allow many practices to capitalize on unique capabilities of individual PAs and ensure that they can practice at the highest level of their licensure which is one of the central principles of the Patient-Centered Medical Home, a team-based care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand. Again, this is what we do at QuadMed with the help of our PAs and NPs and it works very, very well.

The bill provides that, when a patient's care needs exceed the PA's experience, education, or training, the PA shall consult with and refer to other licensed health care providers with a scope of practice appropriate for a patient's care needs. This is what any licensed health care practitioner is or should be doing. Physicians consult with others, like other physicians, physical therapists, certified diabetic educators, etc. In fact, I consult with the PAs in my clinic, for example, I ask for an opinion on skin lesions since this is an area of special experience and expertise of two of our PAs. I have also consulted about next steps in a difficult patient with diabetes with our PA who previously worked in a diabetic clinic. Having this collaborative relationship, utilizing every provider's knowledge and expertise is in the best interest of our patients.

The bill provides that a PA will be individually and independently responsible for the quality of care he or she provides. Under current law, a PA's supervising physician is automatically responsible for the actions of the PA regardless of whether that physician participated in the care of the patient. This makes no sense, none at all and puts both the physician and the PA in an untenable relationship. It is impractical and in fact impossible for me to review every action of a PA and that would certainly be more work than doing it myself. The value comes when the PAs can see and care for the patients and bring a diagnostic dilemma or a complex patient to me for consultation and guidance. I have heard testimony by doctors against this bill, implying that they run around all day preventing PAs from making mistakes. This is not my experience. Rather, I have been very impressed that the PAs are perceptive as to when a patient's signs and symptoms are more complex and merit physician input and that is when they come to me for assistance with the case. I would remind those doctors that we are all human and we can all make mistakes but mistakes are less likely when a team is working together and communicating well. I find that the PA schools teach and stress evidence-based medicine which integrates clinical expertise with the latest and best research evidence, along with known patient values and individual characteristics, in order to deliver the best possible patient care.

The bill eliminates many of the antiquated practice barriers of current law that prevent PAs from responding to provider shortages in rural and underserved communities and place PAs at a significant hiring disadvantage when compared to Nurse Practitioners. The bill removes barriers such as the restrictive PA-Physician ratio, the inflexible 15-minute contact requirement, and the job-killing prohibition of self-employment, which is a standard employment status for many locum tenens PAs backfilling critical vacancies, nationwide. At QuadMed we depend on locum tenens providers to backfill in our more remote one provider clinics and I want to pick the **best provider-** the most knowledgeable and experienced- rather than having to choose from a shrinking the pool of applicants that is limited further to Nurse Practitioners only.

A critical point is that the employer of a PA is given wide latitude to manage and direct the employees as it sees fit. Again, this allows for the individuality of each practice setting to be managed to provide optimal patient care.

In conclusion, I enthusiastically and strongly support the bill because I believe PAs are the solution to primary care in rural areas and underserved areas and because it allows both the PA and the physician to practice at the highest level of their licensure in a collaborative relationship.

Many of the PAs with whom I have worked are certainly smart enough to have become a physician and because of requirements for life experience before entering PA school, they can be more socially and emotionally mature than some of the doctors I have worked with. These PAs **certainly** could have gone to medical school but rather, because of **time, financial and or personal reasons have chosen the PA route instead.** I have worked with PAs for 23 years now and I have been impressed that they know what they don't know and when to ask for help- this is a very, very important quality to have as a healthcare provider. This attribute is part of the PA training and philosophy along with team-based care. This team of providers working together is so much stronger than expecting any one individual to know it all or do it all. All I am asking along with the PAs here today, is to put the PAs on equal footing with the Nurse Practitioners; based on my observations and interactions with PAs, they certainly deserve this and are up to the task.

Thank you to this committee for taking the time to hold a hearing and allowing me to provide testimony. May I answer any questions for you?

Respectively submitted,
Ann Bartos Merkow MD
Internal Medicine and Medical Director QuadMed

January 22, 2020

Dear Wisconsin State Legislators,

Khou Xiong, PA-C is my primary care provider. I have severe arthritis requiring steroid injections for pain relief. Khou has given me joint injections for several years. At our clinic, she is the only one who has ever given me these injections. I used to see an orthopedic surgeon for injections but have shifted my care to Khou due to the distance required to get to that office.

I support the CARES Act because of how it positively impacts me and patients such as myself. I am comfortable seeing Khou. Beyond that, if I cannot obtain injections at the clinic, this would mean driving to Ashland or Duluth, both a long distance from Red Cliff.

Thank you for your time and your consideration.

Sincerely,

Kenneth Mike Andrews

Kenneth "Mike" Andrews
Red Cliff Tribal Member
Cell: 218-940-1281

February 4, 2020

Honorable Members of the Wisconsin State Assembly:

Thank you for this opportunity to testify in your presence on the current state of the PA profession and how AB 575 will positively affect my patients. My name is Khou Xiong. I am a PA from Bayfield, WI. I work for the Red Cliff Band of Lake Superior Chippewas. We are a tribal facility with FQHC (federally qualified health center) status, so we serve both Native and non-Native patients within the reservation and throughout the surrounding communities.

Current regulations on PA practice in Wisconsin negatively impact my patients in **THREE HUGE** ways:

1. A physician has declined employment with the tribe after realizing she would work with me.

   This provider had nothing against me personally. We did not know each other. She just did not want the obligation of "supervision."

2. More importantly, the current restrictive scope of practice under Med 8.07 (1) has adversely affected our patient population **numerous** times.

   Since I have worked at Red Cliff, I have had seven supervising physicians. Each one offered different services based on his or her own training and education. The following are examples of services that I had to stop providing at one time or another under Med 8.07 (1):

   - DOT (Department of Transportation) medical certification exams
   - Medium and large therapeutic joint injections for inflammatory relief of joint disease
   - Endometrial sampling to rule out malignancy in women with abnormal uterine bleeding
   - Casting and management of non-complicated bone fractures in all age groups
   - IUD and Nexplanon insertion and removal for contraception
   - Primary care for children under age 12

   In this last example, can you imagine being the only primary care clinic within a 1,200 square mile region and not see children under 12? It actually happened to us. This lack of consistent care was not only stressful but a huge financial burden because:

   - The nearest primary care clinics are 30-90 minutes away. These clinics themselves are overburdened and not readily accessible.
   - Many specialty services, such as urology and gynecology services, are based out of Duluth, MN, 90 minutes away in good driving conditions.
   - A good percentage of our patients struggle with financial stability and reliable transportation. Even if they do not, it is ridiculous to me that we have had to refer them out when someone within the clinic is trained to provide the needed services.
   - If my patients are Native, the Tribe pays for any services that are referred out. This pot of money is limited. In the seven fiscal years that I have been employed there, we have had to go into emergency services mode three times due to funding shortage. This means

that, unless a medical provider deems a condition to be life-threatening or adversely life-altering, patients do not get any outside referrals until after the new fiscal year starts.

The bottom line: the more services we refer out that could have been done in-house, the less reserve we have for patients who truly need specialty care consultations.

3. Finally, and most importantly, the clinic has been forced to shut down once.

   This occurred in 2016 when my supervising physician (SP) left abruptly due to a medical emergency. Without an SP on board, under Med Ch. 8, I **could NOT**:

   - evaluate and treat any medical condition, not even simple conditions like a urinary tract infection or sprained joint that needed imaging to rule out a fracture;
   - interpret medical tests that I had ordered or call to discuss these results with my patients as part of routine patient care follow up; and
   - renew medications.

   Our patients had to divert their acute care to the nearest ER, roughly 30-40 minutes away. I remember specifically that one of my patients needed his blood thinner medication refilled, and we had to ask him to go to the ER because it can be fatal to go without it. What a poor use of health resources in an already overburdened, expensive healthcare system!

Under AB 575, here are the following ways my patients and I will benefit:

1. I will be able to practice to the full extent of my training, my education and my experience. Regardless of the fluctuation in physician colleagues, therefore, continuity of care for patients is preserved. And because I would be responsible for the care I provide, I would be held to the standard that I do not exceed my own scope of training.
2. If something similar to the 2016 incident should happen again, where a physician colleague left suddenly due to an emergency, continuity of care will not be interrupted. The board, as defined by AB 575, will allow for temporary practice, specifically defined and actively monitored by the board.
3. Finally, the positive financial implications cannot be stressed enough.

Thank you for your valuable time and your consideration into our effort to modernize current PA regulations. At the end of the day, this is about our patients and equitable, accessible healthcare for all.

Sincerely,

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