



DALE KOOYENGA
STATE SENATOR · 5TH DISTRICT

State Capitol · P.O. Box 7882 · Madison, WI 53707-7882 · (608) 266-2512

November 20, 2019

TO: Senate Committee on Health and Human Services
FR: Senator Dale Kooyenga
RE: support for Senate Bill 514 – Military healthcare provider license exemption

Thank you for holding a hearing on this common sense bill; the origin of which comes from the Medical College of Wisconsin (MCW). Senate Bill 514 will assist military personnel with their rotational medical training through a partnership program between the Medical College of Wisconsin (MCW) and the US Army called Joining Forces Military-Civilian partnership.

This new partnership is a significant honor for MCW and Wisconsin, with the mission to achieve zero preventable deaths from injury, both in the community and on the battlefield. This US Army program is designed to partner with private institutions to advance the trauma surgery and resuscitation skills for licensed providers within the US Army.

However, due to Wisconsin's licensure process and laws, only military physicians and perfusionists are exempted when participating in this type of rotational program. As a result, a military physician assistant (PA) or military nurse coming to our state to train within this program – even for just a 4-week rotation – is required to obtain a full Wisconsin medical license. MCW has already run into licensing delays for an incoming military PA, and expects more challenges as this new program continues.

DSPS has confirmed their hands are tied on not allowing an exemption, or even a temporary work-around to this issue, due to the way the statutes are written. SB 514 would exempt those who are performing official duties for the armed services or federal health services of the US from provisions for the duration of their rotational stay.

The bill simply adds military PA's and military nurses to the existing statutory licensure exemption for military physicians. This legislation will help streamline the process of bringing additional military nurses and PA's into Wisconsin to train, and will advance the trauma surgery and resuscitation skills of these licensed providers within the US Army.

Military operations are evolving in preparation for the next conflict. The environments of previous wars, including the Global War on Terror, allowed for quick evacuation of the injured. However, this may not always be the case as the US military may not consistently dominate air space. This would result in deployed medics having to treat injuries for longer intervals until a safe evacuation occurs. It is our plan to assist military personnel in their continuing fight against threatening forces.

The United States Army, along with the Medical College of Wisconsin, has created three programs allowing for Army medics to travel to Milwaukee. The program will improve and sustain their knowledge in preparation for potential future deployments.

These programs would aid deployed military medical personnel in gaining trauma, operating room, and intensive care unit experiences, including both adult and children.

We all need to do our part to help save the lives of those injured while protecting our freedom.

Thank you for your attention to this important legislation. I respectfully ask for your support of SB 514.



KEN SKOWRONSKI

STATE REPRESENTATIVE • 82nd ASSEMBLY DISTRICT

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November 20, 2019

Good Morning Chairman Testin and Committee members,

I want to thank you for reading my testimony today. Senate Bill 514 is legislation that will create a licensure exemption for military nurses and physician assistants who come to Wisconsin as part of their military duty assignment.

This bill would allow the Medical College of Wisconsin (MCW) to have the honor of hosting military members during their rotational medical training. The mission being to achieve zero preventable deaths from injury, both in the community and on the battlefield. This is similar to a partnership program that is already in place for military physicians and perfusionists. Allowing the military members to train in Wisconsin will advance members resuscitation and trauma surgery skills. These updated skills will give medical military members life-saving knowledge that they can bring back for future deployments.

Unfortunately, the licensure laws in Wisconsin are a barrier to our military members. Senate bill 514 would allow those who are in Wisconsin for military medical training to be exempt. Giving the MCW the honor of training US medical military members.

I thank you for time in reading my testimony today on the importance on Senate bill 514.

Ken Skowronski

A handwritten signature in black ink, appearing to read "Ken Skowronski". The signature is written in a cursive, flowing style.



WISCONSIN ACADEMY
of
PHYSICIAN ASSISTANTS

To: Chairperson Patrick Testin
Members, Senate Committee on Health and Human Services

From: Eric Elliot, DMSc, PA-C

Date: November 20, 2019

Re: **Support for Senate Bill 514, relating to practicing as a physician assistant or nurse while performing official duties for the armed services or federal health services.**

The Wisconsin Academy of Physician Assistants (WAPA) represents PAs practicing in Wisconsin. Over 2,700 PAs practice in Wisconsin, working with physicians to provide quality, cost-effective team-based care to patients across the state. PAs work in all areas of medicine and whose practice can include performing physical exams, diagnosing and treating illnesses, assisting in surgery, and prescribing medication.

WAPA supports Senate Bill 514. SB 514 would make it easier for military and federal health services PAs to train and practice in Wisconsin. Under current law, military and federal health services physicians and perfusionists need not obtain a Wisconsin medical license when training and practicing in Wisconsin.

SB 514 would create a similar exemption from Wisconsin licensure for military and federal health services PAs.

In particular, the Medical College of Wisconsin (MCW) is partnering with the United States Army to train healthcare professionals within the armed forces. Currently, state law requires such PAs to obtain a Wisconsin license before participating in MCW programs. This bill would lift this requirement.



TO: Honorable Members of the Senate Committee on Health and Human Services

FROM: Tom Hove
Senior Administrator
Division of Trauma & Acute Care Surgery
Medical College of Wisconsin

DATE: November 20, 2019

RE: Support for Senate Bill 514 - Related to Practicing as a Physician Assistant or Nurse while Performing Official Duties for the Armed Services or Federal Health Services

The Medical College of Wisconsin (MCW) strongly supports Senate Bill 514 (SB 514), legislation extending Wisconsin's current licensure exemption for military physicians, to also include military nurses and military physician assistants (PA's) who come to Wisconsin within the performance of their official duties as members of the armed services.

This proposed legislation is the result of an exciting new partnership between MCW and the United States Army. MCW's surgical faculty oversee the only adult level 1 trauma center in eastern Wisconsin at Froedtert Hospital, and one of two pediatric level 1 trauma centers in the state at Children's Hospital of Wisconsin. MCW has recently established collaborative training agreements with the US Army, in accordance with the National Defense Authorization Act of 2017, which mandates the Department of Defense partner with civilian trauma centers to advance the trauma surgery and resuscitation skills for armed services medical personnel to better prepare them for casualty care in tactical environments such as combat zones and disaster response areas.

MCW's partnership with the US Army includes three distinct training programs:

1. Provider Prolonged Field Care Program; a 4-week didactic and clinical immersion rotation at MCW for Army special operations physicians and physician assistants to train on keeping critically ill and injured soldiers alive within active combat zones where medevac assets may not be immediately available. MCW is the first and only program for this training in the country;
2. Trauma Team Training Program; embeds the nurses and doctors of a Forward Surgical Resuscitation Team for 3 years into our trauma centers, so they stay current with critical skills necessary for them as they intermittently deploy world-wide. MCW is currently just one of three platforms for this program nationally;
3. Medical Proficiency Training Program; a 4-week clinical immersion rotation in trauma, emergency medicine, intensive care, and orthopedics for US Army Special Operations Combat Medics and Special Forces Medical Sergeants. This is an official program of record for the US Army, and we are one of several sites nationwide.

MCW's selection as a partner site for the US Army is a significant honor. Unfortunately, Wisconsin's licensure laws currently serve as a barrier to administering the program by requiring providers participating in a 4-week rotation to obtain a full Wisconsin license, which can take anywhere from several weeks to months.

MCW has been in contact with the Wisconsin Department of Safety & Professional Services to discuss the licensure exemption process. DSPS confirmed their hands are tied statutorily on not allowing an exemption, or finding a temporary work-around to this issue.



Therefore, a statutory change is necessary to streamline MCW's ability to continually train US Army health care providers in Wisconsin. This change will be particularly beneficial to the providers within the first training program I discussed, the *Provider Prolonged Field Care Program*.

Interestingly, the military physicians who enter this program are exempt from obtaining a medical license under current Wisconsin law, but the military PA's entering the program must obtain a full license. MCW intends to offer this 4-week rotation program to US Army personnel six times this first year, and up to ten times per year in subsequent years. The requirement to obtain licensure for the military PA's is causing concern that MCW may not be able to administer this program as efficiently as would be ideal, which could ultimately put it at long-term risk.

Another benefit of this statutory change, which will hopefully never come to fruition, is that if a health crisis ever occurred in Wisconsin in which military health care providers were needed to respond, Wisconsin law would provide immediate access for military PA's and military nurses to come to Wisconsin's aid.

Once again, this legislation will simply extend Wisconsin's existing licensure exemption for military physicians who come to Wisconsin on behalf of their armed services duties, to also include military PA's and military nurses.

MCW respectfully requests your support for this legislation and appreciates your consideration. If you have any questions or need additional information, please feel free to contact Nathan Berken, MCW's Director of Government Relations, at 414.955.8588, or nberken@mcw.edu.



US ARMY SPECIAL OPERATIONS COMMAND – PROVIDER PROLONGED FIELD CARE PROGRAM

(PROVIDER PFC)



knowledge changing life



Proposed Start: August 2019

Duration: 4 weeks

Frequency: Up to 10 times per year

Quantity: Up to 4 personnel at a time.**

***not to exceed 6 total personnel when combined with USASOC PFC program.*

Program Overview:

This program is designed for Physicians and Physician Assistants assigned to Special Operations units as the group or battalion providers. Milwaukee will be the first of its kind for the Army, and focuses on the fundamental principals of critical care. In a peer or near-peer combat operations environment (i.e., Iran, Russia, etc.), US forces may not have the air mobility dominance that we have seen in the recent Global War on Terror Campaigns against non-state actors. Therefore, forward deployed medical personnel may be required to keep the injured patients alive far beyond the golden hour, until medevac assets can safely transport them to a higher echelon of care. The current Army accessions process does not require these providers to have EM, Critical Care, or trauma experience.

Throughout the 4week rotation, these military personnel will circulate throughout the trauma bay, OR, and SICU/NICU, being allowed to work directly with patients under the supervision of our credentialed providers. They will essentially be treated as a learner doing an unaccredited mini-fellowship, with varying degrees of independence, based upon their individual competencies and the supervising providers' discretion.



US ARMY SPECIAL OPERATIONS COMMAND – PROVIDER PROLONGED FIELD CARE PROGRAM

(PROVIDER PFC)



knowledge changing life

Learning Objectives: Participants should demonstrate comprehension and proficiency in the following areas:

- Initial Trauma management (“Golden hour” care):
 - Assessment and treatment of acute/traumatic injuries;
 - Life & limb-saving surgical procedures;
 - Resuscitation.
- Longitudinal Care (Post-“Golden hour”):
 - Pathophysiology of acute traumatic injury;
 - Sepsis Management;
 - Dx & Manage shock (hypovolemic, distributive, etc.);
 - Tx and manage respiratory failure;
 - Resuscitation;
 - Nursing care.
- Pharmacology:
 - Formulation and administration of analgesic, anesthetic, and sedative agents (i.e., Ketamine, etc.).
- Neurotrauma:
 - Assessment and initial treatment/ management of acute head injuries;
 - Evaluation, treatment , and management of intracranial pressure;
 - Perform neurological examination of comatose patient.
- Communication:
 - Documentation;
 - Patient Hand-off;
 - Sign-out.

Sample Schedule

	SUN	MON	TUE	WED	THUR	FRI	SAT
<i>Week 1</i>	Travel	Admin Day (In-Process)	Admin Day (Epic Training)	Orientation Froedtert	SICU (Provider) Froedtert	ED/TC (Trauma call) Froedtert	SICU (Nursing) Froedtert
<i>Week 2</i>	SICU (Nursing) Froedtert	SICU (Provider) Froedtert	SICU (Provider) Froedtert	SICU (Provider) Froedtert	SICU (Provider) Froedtert	ED/TC (Trauma call) Froedtert	SICU (Nursing) Froedtert
<i>Week 3</i>	OFF	SICU (Provider) Froedtert	SICU (Provider) Froedtert	SICU (Nursing) Froedtert	SICU (Nursing) Froedtert	ED/TC (Trauma call) Froedtert	SICU (Nursing) Froedtert
<i>Week 3</i>	SICU (Nursing) Froedtert	SICU (Provider) Froedtert	SICU (Provider) Froedtert	SICU (Provider) Froedtert	OFF	Admin Day (Out-process)	Travel



US ARMY MILITARY-CIVILIAN TRAUMA TEAM TRAINING PROGRAM (AMCT3)



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Proposed Start: August 2019

Duration: Up to 3 years

Frequency: One team every 3 years, occasional additions of individual providers/specialists

Quantity: Between 5 – 7 personnel at a time.

Team composition listed below:

- 1 Emergency Medicine Physician (62A)
- 1 General Surgeon (61J)
- 1 CRNA (66F)
- 1 Emergency Medicine Nurse (66T)
- 1 Critical Care Nurse (66J)
- 1 OR Nurse (66E)

Program Overview:

Based upon the recommendations within the 2016 National Academies of Medicine Report, and upon the directives within the 2017 National Defense Authorization Act, this program is designed to sustain the trauma surgery and resuscitation skills for the licensed providers within an US Army Forward Resuscitative Surgical Team (FRST). These personnel would be “stationed” in Milwaukee, and assigned to this campus as part of their day-to-day duties, for a period of up to 3 years, with the potential for intermittent deployments within that timeframe. These clinicians would fully embed on our campus as faculty/staff at a .8FTE rate (.65 FTEs at FMLH & .15FTEs at CHW). All of their salary and benefits are paid for by the military. Providers may bill for their services, with the exception of TRICARE and CHAMPVA. Leaders should include these personnel in the regular working schedule. They would be granted full privileges (consistent with their licensure) to treat patients directly. Their daily work would mostly be within their respective specialties, but they would be encouraged to periodically provide care as a team in the trauma bay (approximately 1-2 times per month), in order to build and sustain the interoperability necessary during deployment. Additional individual specialists and surgeons may be added to this program from year to year, each to remain for their full 3-year term.



US ARMY SPECIAL OPERATIONS COMMAND – MEDICAL PROFICIENCY TRAINING PROGRAM (USASOC MPT)



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Proposed Start: August 2019

Duration: 4 weeks

Frequency: Up to 10 times per year

Quantity: Up to 4 personnel at a time.**

***not to exceed 6 total personnel when combined with USASOC PFC program.*

Program Overview:

This program is designed specifically to sustain the skills taught at the Joint Special Operations Medical Training Center for the US Army Special Operations Combat Medic (SOCM) and Special Forces Medical Sergeant (SFMS). When deployed, these non-licensed providers are required to perform a variety of preventive medicine, emergency medicine, trauma, dental & veterinary skills in austere environments with minimal or no supervision. Their care is not limited to US forces. They commonly establish ad hoc clinics in host nations to provide general medical care in areas where medical care is otherwise absent.

Over the course of their 4-week rotation, these military personnel would circulate through both Children's & Froedtert hospitals to gain an appreciation of the clinical/physiological variations in acute injuries in both adult and pediatric patients. The rotation would encompass the spectrum of acute and sub-acute care, including the ED & Trauma center (ED/TC), Surgery (OR), Critical Care (SICU) sub-acute care (2NT). The rotation would culminate with a Continuum of Care practicum, where the participants would assist in the care for a specific patient from the ED/TC to admission throughout the entire spectrum of care. These participants would be essentially treated as learners, where they would be allowed to work directly with patients under the supervision of licensed providers and nursing staff, with varying degrees of independence, based upon the individual's competency and the supervising providers' discretion.



US ARMY SPECIAL OPERATIONS COMMAND – MEDICAL PROFICIENCY TRAINING PROGRAM (USASOC MPT)



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Personnel Descriptions:

- **Special Operations Combat Medic (68W1):** A SOCM has an expanded scope of practice which allows these medics to work in the absence of a medical officer. In addition to maintaining an Advanced EMT (NREMT-P) credential, they are also certified in ATLS, BTLS/PHTLS/ITLS, ACLS, PALS, SOCOM ATP (Advanced Tactical Practitioner), Tactical Combat Casualty Care(TCCC), and advanced trauma surgical procedures.
- **Special Forces Medical Sergeant (18D):** In addition to all of the above SOCM credentials, a SFMS is considered to be the finest first-response/trauma medical technicians in the world. Their expanded skills and scopes of practice allow them to perform damage control field surgery procedures. Though they're primarily trained with an emphasis on trauma medicine, they also have a working knowledge of laboratory procedures, dentistry, veterinary care, public sanitation, water quality and optometry.



US ARMY SPECIAL OPERATIONS COMMAND – MEDICAL PROFICIENCY TRAINING PROGRAM (USASOC MPT)



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Clinical Capabilities: Trauma

- Patient Screening, assessment, & triage/disposition;
- Airway management including intubation & emergency cricothyroidotomy;
- Bag-valve-mask or bag-valve-tube ventilator support;
- Emergency Needle & tube thoracotomy;
- Intravenous vascular access;
- Patient immobilization & transport;
- Urinary tract catheterization & placement of nasogastric or orogastric tube for lavage or gavage;
- Wound debridement/wound suturing;
- Bandaging, splinting, & casting;
- Incision & drainage;
- Screening of plain x-rays of the extremities, chest, spine, & pelvis;
- Initial management of patients with blunt, burn, concussion, crushing, fragmentation, laceration, penetrating and perforating wounds and traumatic amputations;
- Initial management of fractures and soft tissue orthopedic injuries;
- Initial management of hemorrhage and all forms of shock;



These highly trained individuals more closely resemble an trauma-trained APP than an EMT or Medical Assistant



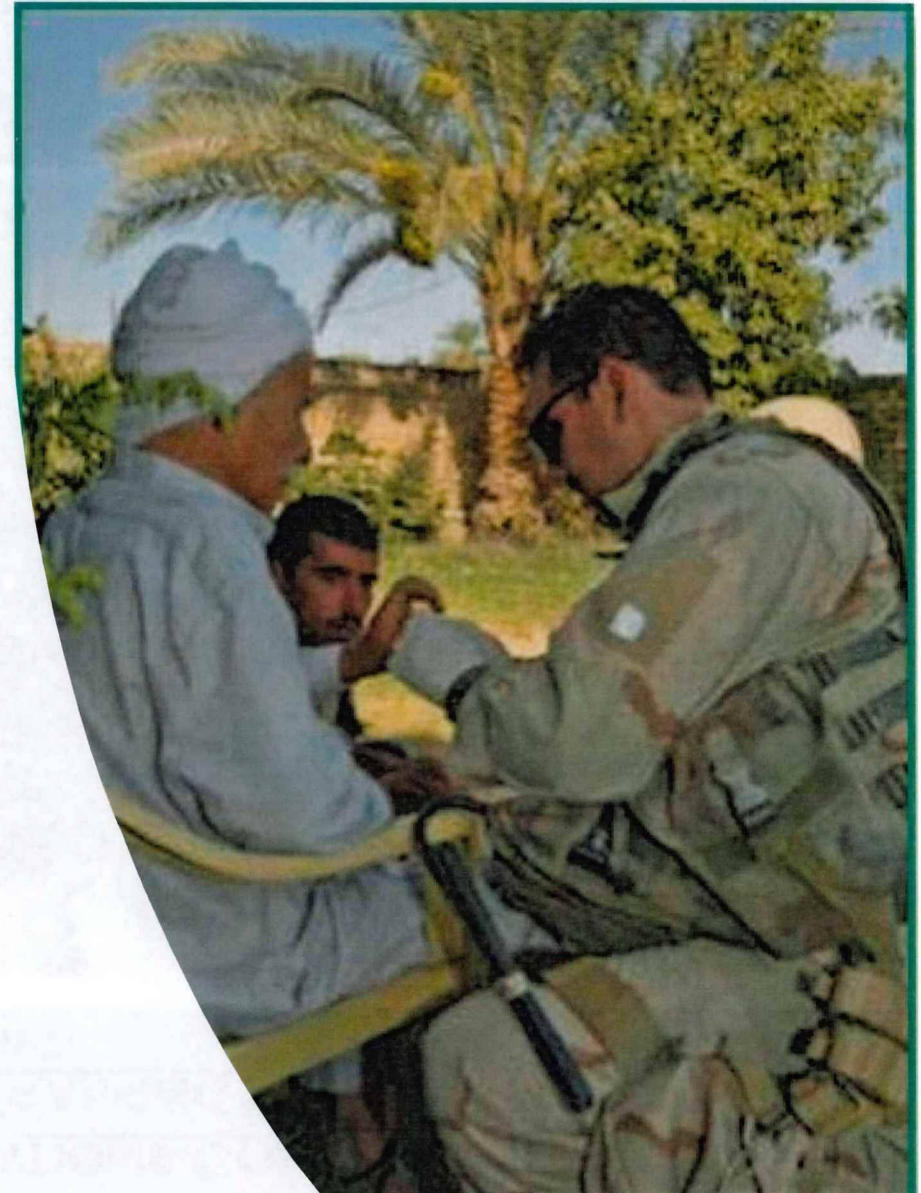
US ARMY SPECIAL OPERATIONS COMMAND – MEDICAL PROFICIENCY TRAINING PROGRAM (USASOC MPT)



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Clinical Capabilities: Other

- Collection, preparation, preservation, and shipment of specimens for pathology eval;
- Care for gingivitis, apthous ulcer, herpes simplex, pulpitis, uncomplicated dental caries and emergency management of maxillofacial and dental trauma;
- Administration of topical, inhalational, oral, subcutaneous, intravenous and intramuscular medications;
- Management of uncomplicated infectious diseases;
- Emergency management of altitude/decompression sickness, hypothermia & hyperthermia;
- Management of uncomplicated conditions affecting the alimentary tract, the integument, ears, eyes, nose, throat, lungs, urinary tract, reproductive system and musculoskeletal system;
- Initial management of alimentary tract, cardiac, immunologic, metabolic, neurological, ophthalmological, respiratory & toxicological emergencies
- Management of uncomplicated emotional and psychological conditions.





US ARMY SPECIAL OPERATIONS COMMAND – MEDICAL PROFICIENCY TRAINING PROGRAM (USASOC MPT)



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Critical Tasks / Learning Objectives: Participants should demonstrate competency in the following tasks:

- Comprehensive patient assessment;
 - Triage patients and recommend disposition;
 - Thoroughly and accurately document findings;
 - H&P / SOAP;
- Basic interpretation of plain radiographs, labs (i.e., urinalysis, CBC), etc.;
- Airway management (intubation, BVM, cricothyrotomy, etc.);
- Patient Immobilization & transport;
- Placement of urinary tract catheter;
- Placement of nasogastric/rogastric tube;
- Minor surgical procedures (wound debridement, drain abscess, hemorrhage control, etc.);
- Wound suturing;
- Emergency needle & tube thoracostomy;
- Administration of medications (IV, intramuscular, topical, inhalation, etc.)
- Administration of local, regional, and IV anesthesia for the primary purpose of providing sufficient analgesia/amnesia/sedation to allow completion of required surgical or manipulative procedure.

Sample Schedule

	SUN	MON	TUE	WED	THUR	FRI	SAT
Week 1	Travel	Admin Day (In-Process)	Admin Day (In-Process)	ED/TC (Provider) Children's Hosp.	ED/TC (Provider) Children's Hosp.	ED/TC (Nursing) Children's Hosp.	Critical Care (Provider) Children's Hosp.
	SUN	MON	TUE	WED	THUR	FRI	SAT
Week 2	Critical Care (Nursing) Children's Hosp.	Elective Day Milwaukee Cty Med. Ex.	2NT (Nursing) Froedtert	SICU (Nursing) Froedtert	SICU (Provider) Froedtert	OR Froedtert	ED (Provider) Froedtert
	SUN	MON	TUE	WED	THUR	FRI	SAT
Week 3	ED (Nursing) Froedtert	ED/TC (Provider) Froedtert	ED/TC (Provider) Froedtert	ED/TC (Provider) Froedtert	OFF	Continuum of Care Practicum	
	SUN	MON	TUE	WED	THUR	FRI	SAT
Week 4	Continuum of Care Practicum					Admin Day (Out-process)	Travel