



## PATRICK TESTIN

### STATE SENATOR

DATE: May 24<sup>th</sup>, 2023  
RE: **Testimony on 2023 Senate Bill 145**  
TO: The Senate Committee on Health  
FROM: Senator Patrick Testin

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Over one million Wisconsinites live in an area where health care professionals are in short supply, yet the State of Wisconsin continues to tie the hands of some of our most qualified health care professionals. That's the problem that we're aiming to fix with Senate Bill 145 (SB 145).

There are about 6,000 professionals who would qualify as Advanced Practice Registered Nurses (APRNs) providing vital care to patients across our state. These nurses may provide primary or acute care. They may be midwives. They may be nurse anesthetists. They may be clinical nurse specialists. They have different areas of expertise, but they all share some things in common; these nurses have earned advanced degrees, completed hundreds of hours of clinical training, and are well-qualified to provide excellent care. Current law, however, doesn't allow these professionals to practice to the full extent of their training.

SB 145 will empower these professionals to do the work they are trained to do.

During the pandemic, when we depended on these professionals more than ever, the State of Wisconsin rolled back the restrictions on advanced practice nurses. Take for instance, the story of Jessica in Racine. At the beginning of the pandemic, Jessica was working in a traditional Urgent Care setting. With many people afraid or unable to visit the hospital even for routine treatment, Jessica found a way to provide patients with service in their homes. Ronda, a long-term care provider from rural Northwestern Wisconsin has a similar story. For nearly a year and a half, she continued to deliver care at a time when physician visits stopped. Tina in Waupaca noted how the "handcuffs" on her practice were removed during the pandemic to enable her to meet the dramatically increased demand. Her reward for meeting the challenge? Having those handcuffs slapped back on.

These nurses stepped up, only to be told by some to take a step back. That's not right.

APRNs are a vital part of our health care workforce. We count on them to ensure access to quality health care – especially for rural populations and other traditionally underserved demographics. Sometimes it seems those who oppose our reforms would rather see patients go

without care than to see qualified professionals provide appropriate care to their patients. It sometimes seems that the debate is more about territory than it is about patients.

Twenty-six states, including our neighbors in Minnesota and Iowa, have already enacted changes to what we are proposing. These states run the gamut politically, from conservative Idaho to liberal Connecticut. Not one state that's allowed trained medical professionals to fully practice their scope has ever returned to a more restrictive model. That's because states see what numerous studies have found – that there is no evidence that advanced practice nurses provide inferior care.

Qualified professionals must be treated as such; that's why I'm asking you to join me, the Wisconsin Nurses Association, Americans for Prosperity, the Oneida Nation, Wisconsin Manufacturers and Commerce, Concordia University, and many more in supporting the APRN Modernization Act.



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# GAE MAGNAFICI

STATE REPRESENTATIVE • 28<sup>th</sup> ASSEMBLY DISTRICT

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Chairman Cabral-Guevara and esteemed members of the Senate Committee on Health, I extend my gratitude for convening this hearing on Senate Bill 145, a crucial initiative to modernize the scope of practice for Advanced Practice Registered Nurses (APRNs).

Throughout my career as a nurse, I have collaborated with certified registered nurse anesthetists, nurse practitioners, and clinical nurse specialists. Nurses are dedicated healthcare professionals who prioritize the well-being of their patients above all else.

When a patient seeks care from a nurse, they can trust that the nurse will operate within their defined scope of practice and consult a physician when necessary. Nurses receive a comprehensive education in their area, of course, and from my personal experience, I have witnessed nurses diligently adhering to these guidelines.

Moreover, as a nurse, I have witnessed firsthand the numerous barriers Wisconsinites face in accessing healthcare. SB 145 effectively addresses these obstacles by expanding the range of healthcare services qualified nurses can provide to their patients and implementing safeguards to ensure patient safety.

SB 145 establishes a safety standard by incorporating oversight from the Board of Nursing for all APRNs. The bill further mandates that APRNs complete their education at accredited institutions before being licensed. Additionally, it emphasizes the importance of collaboration with physicians whenever APRNs operate outside their designated scope of practice, mirroring the existing nurse requirements.

SB 145 presents an opportunity for Wisconsin to enhance healthcare delivery, ensuring quality and affordability for its residents. Numerous states nationwide have already enacted similar legislation to address the challenges Wisconsin currently confronts. I earnestly implore the committee to support this bill, as it will undoubtedly benefit the people of Wisconsin as a whole.

May 24, 2023

Senator Rachael Cabral-Guevara  
Chair, Senate Committee on Health  
Room 323 South  
State Capitol  
Madison, WI 53707

RE: Wisconsin Nurses Association Support of SB145/AB 154 – Advanced Practice Registered Nurses

Dear Chairperson Cabral-Guevara and Members of the Senate Committee on Health,

On behalf of the members of the Wisconsin Nurses Association I want to thank you for holding this hearing. My name is Gina Dennik-Champion, I am a RN and the Executive Director of the Wisconsin Nurses Association. I am here today to testify in support of SB 145. Thank you, Chairperson Cabral-Guevara, for holding this public hearing. I would like to share our appreciation to Senator Patrick Testin and Representative Gae Magnafici, for being the Sponsors of these bills and to you, Madame Chairperson for your support.

Wisconsin's population is aging and with that requiring more care, Wisconsin also has populations with significant health disparities also requiring more care. The workforce predictions indicate that there is significant demand for health care providers, including advanced practice nurses, and this demand will only grow in the future. Advanced Practice Registered Nurses (APRNs) have proven themselves ready and able to fill those needs, particularly in rural and urban underserved areas. APRNs provide access to care at no added cost to the state. APRNs provide preventive, primary and acute care service to their patients including ordering tests and prescribing medications. APRNs diagnosis and treat illnesses, manage chronic disease, and coordinate care. They are part of interprofessional and multisector teams.

SB 145 creates a separate license for those registered nurses who meet the criteria to practice as an Advanced Practice Registered Nurse (APRN). Separate license is not a new concept. There are 27 states that have adopted a nationally recognized regulatory model that includes separate licensure and the ability to practice without mandatory physician collaboration.

Wisconsin's APRNs would like Wisconsin to be the 28<sup>th</sup> state. This will be made possible by removing the only barrier to full practice authority, which is the mandated documented physician collaboration. SB 145 eliminates this requirement therefore allowing APRNs to practice independently. A newly graduated APRN will need two years of collaboration with a physician before independent practice. The map below shows the states where APRNs can practice without mandatory physician collaboration or full practice authority. Wisconsin could be identified as a full practice authority state, if physician collaboration were only required for up to three years. Why is this important? Given the demand for APRNs throughout the United States, APRNs are seeking to work in states where they can practice independently. Wisconsin remains at risk to losing our APRNs because of the increase in number of states allowing independent practice.



Legend



Through the creation of separate licensure for APRN practice, SB 145 promotes protection of the public as it clarifies the responsibility and accountability of the practicing APRN and the responsibility and authority of the Board of Nursing. The criteria and expectations laid out in the bill supports public protection and is as follows:

- Provides formal licensure for advanced practice registered nurses (APRN), recognizing the four different practice roles which are
  - Certified Nurse Midwife,
  - Certified Registered Nurse Anesthetist,
  - Clinical Nurse Specialist and
  - Nurse Practitioner.
- Requires the licensee to hold national board certification.
- Requires the licensee to have a master’s degree or higher in one of the four APRN roles
- Graduated from a school of nursing with national accreditation.
- Provides a scope of practice for each role in statute.
- Requires demonstration of medical malpractice and liability insurance coverage.
- Adds independently practicing APRNs to be covered under the Office of the Commissioner of Insurance Injured Patient and Family Compensation Fund.

- Requires an APRN to consult, collaborate and refer patients to other health care providers and/or health systems when the needs of the patient exceed their expertise.
- Grants title protection for APRN and the four specialties.
- Standardizes the APRN professional titles to be consistent with the other states
- Provides grandfathering for those APRNs for those advanced practice nurses who are currently practicing in an APRN role.

Studies show that mandatory collaboration does not contribute to better care. This was demonstrated when the APRN physician collaboration requirement was suspended during the COVID-19 public health emergency. Collaboration agreements also create economic burdens for those APRNs practicing outside the walls of a health system. The cost of paying a physician collaborator can be substantial, that is if you can find a physician who is not bound by employer conflict of interest contracts.

Wisconsin is witnessing a shortage of physicians in our population dense and rural communities prior to, during, and post COVID-19 public health emergency. This is creating long wait times for individuals to access quality care in the most appropriate cost-effective setting. You will find utilization of APRNs to meet the health care needs in the majority of Wisconsin's communities including yours. Research repeatedly demonstrates that APRNs provide increase access to safe, high-quality care with equivalent outcomes to their physician counterparts. This is why they are in such high demand.

WNA and our other APRN colleagues have worked diligently over many legislative sessions to produce legislation that is acceptable to many. Over the past year, in the spirit of cooperation, we have met dozens of times with the State Medical Society and other physician groups. As an organization we have moved a great deal on this bill since we first introduced it. We also worked with the Governor's office ever since the veto to address his concerns and as witnessed by his including a version of the bill in the budget - we believe our efforts have been taken in good faith. We will continue to work with the authors, this committee and any other interested parties to get to place where we can pass this bill and Wisconsin patients can reap the benefits. SB145 will better support the health needs of Wisconsin's population which is why WNA is requesting your support in passing the bill out of committee as soon as possible.









I thank you Chairperson Cabral-Guevara for holding this hearing and for the Committee member's interest. I would be more than happy to answer any questions.

Sincerely,

Gina Dennik-Champion, MSN, RN, MSHA  
WNA Executive Director  
608-228-3300

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# 2023 APRN Modernization Overview

Legislative Session 2021-23 Compromises	2023-2025 Legislation
Required a High Acuity Emergency Care Plan for Certified Nurse Midwives practicing outside of a hospital setting.	
Simplified the prescription authority of those with an APRN License.	
Clarified the employer's right to require collaboration between Physicians and APRNs.	
Put the Scope of practice definitions in the bill rather than only in the rules.	
Put in the statutes for the first time that all APRNs shall collaborate and refer with physicians and other health care providers in situations that are outside of an APRN's expertise.	
Removed the statutory opt-out for CRNAs .	
The bill placed into statute scope descriptions and abilities already in place in the Administrative Rules.	
Assured that the Board of Nursing cannot expand the scope of practice for APRNs beyond the statutory definitions in the bill.	

## 2023 SB 145

2 Years of Required Experience

Certified Registered Nurse Anesthetists (CRNAs) practicing outside of the hospital setting are required to have a written collaborative agreement with a physician.

## Both



Physician Title Protection  
\*WNA supports this as SB 143



APRNs in the Injured Patients and Families Compensation Fund

## Governor's Budget

4 Years of Required Experience

Certified Registered Nurse Anesthetists (CRNAs) practicing outside of the hospital setting are required to have a written collaborative agreement with the physician AND that physician must have additional training in pain medicine.



# 2023 APRN Modernization Act

Registered Nurses in Wisconsin are currently prevented from delivering care commiserate with their training. The goal of this legislation is to remove the outdated titles of Advanced Practice Nurse (APN) and Advanced Practice Nurse Prescriber (APNP) to *create a new more accurate and inclusive title of Advanced Practice Registered Nurse (APRN)*. When passed, Wisconsin will join the 26 other states that have enacted APRN legislation. APRNs will be able to practice at the full scope of their training.

## Benefits of APRN

- ✓ Allows nurses to practice at the top of the scope
- ✓ Helps address healthcare staffing shortages
- ✓ Provides patients greater access in all healthcare settings
- ✓ Helps contain rising healthcare costs

## 2021 APRN History



\*The first APRN bill was drafted in 2015

## APRN Legislation Summary

### LICENSURE

- Creates a simplified system of licensure for Advanced Practice Registered Nurses (APRNs), administered by the Board Of Nursing.
- Establishes 4 recognized roles under an APRN License
  - Certified nurse-midwife
  - Certified registered nurse anesthetist
  - Clinical nurse specialist
  - Nurse practitioner
- Eliminates outdated titles
- Does not add any new requirements for licensure

### RELATIONSHIPS

- Requires an APRN to collaborate and refer when managing situations beyond the APRN's expertise
- Eliminates mandate of written collaborative agreement once experience requirements are met
- Establishes a required "High Acuity Emergency Care Plan" for a Certified Nurse Midwife that practice outside of a hospital setting, as a condition of licensure
- Retains employers ability to place additional practice requirements on APRN as a condition of employment, including collaboration with a physician

### PRESCRIBING

- Allows national board certified advanced practice nurses to continue to prescribe
- Maintains current educational and training requirements for prescribers
- Grandfathers current prescribers and non-prescribers

Check the back for more details →

Prepared by The Welch Group, 2023



WISCONSIN ACADEMY of FAMILY PHYSICIANS



Wisconsin Society of  
**Anesthesiologists**  
Physician Led Care




Wisconsin Medical Society



WISCONSIN ACADEMY  
OF OPHTHALMOLOGY

Wisconsin Chapter

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN® 

TO: Senate Committee on Health  
Senate Rachael Cabral-Guevara, Chair

FROM: Wisconsin Academy of Family Physicians, Wisconsin Academy of Ophthalmology,  
Wisconsin Chapter – American Academy of Pediatrics, Wisconsin Chapter – American  
College of Emergency Physicians, Wisconsin Dermatological Society, Wisconsin  
Medical Society, Wisconsin Psychiatric Association, Wisconsin Radiological Society,  
Wisconsin Society of Anesthesiologists

DATE: May 24, 2023

RE: **Opposition** to Senate Bill 145 and **Support** for Senate Bill 143

The above organizations representing Wisconsin physicians from a variety of medical specialties would like to register our **opposition** to the current version of the Advanced Practice Registered Nurses (APRN) legislation, 2023 Senate Bill 145. Also, the abovementioned groups **support** Senate Bill 143, which provides much-needed “Truth in Advertising” protections for certain terms and phrases describing physician-level care – those who have a Medical Doctor (MD) or Doctor of Osteopathy (DO) degree.

These physician groups have shared many suggestions related to both bills in previous communications to the legislature both in the 2021-22 biennium and the current legislative session. The last two communications are included below. To summarize, we believe the best path forward to allow for a compromise bill to be enacted would include:

- Requiring four (4) years of real-world, team-based care experience before an APRN can advance to practice independently. Current law does not allow for independent practice.
- Including “Truth in Advertising” title protection language to help ensure patients better understand who is providing the care they need.
- Ensuring that a physician specializing in pain medicine collaborates with independent APRN clinics (those not directly connected to a hospital or health care system) so that complex pain medicine for patients can be provided more safely.

Our conversations over the last two years on the above compromise have, in our view, already garnered widespread bipartisan support. We believe a majority of legislative members on both sides of the aisle are

prepared to move forward with this compromise language as outlined. Amending SB 145 to include the above provisions is a sensible and reasonable middle ground that would provide a much less controversial glidepath, ultimately resulting in passage of a bipartisan bill. We therefore request that the committee fully support these improvements to the current bill as introduced. Thank you for your consideration.

***Previous Communications:***

DATE: January 24, 2022

RE: **Vote No** on Senate Bill 394/SSA1 to SB 394

The above organizations, representing thousands of Wisconsin physicians across the state, ask that you vote **against approving the substitute amendment to Senate Bill 394 or the bill in its current form.**

The broad physician coalition authors of this memo continue to have concerns that SB 394 and Senate Substitute Amendment 1 to SB 394 lack important patient protections that have made Wisconsin a national leader in providing high-quality health care. To help address those deficiencies, the physician coalition has been working with legislative leaders on an amendment to SSA 1 to SB 394 that would rectify some of our concerns. The amendment would accomplish the following:

- Physicians are required to complete four years of medical school and at least three years of post-medical school residency before being allowed to practice independently in their specialty. The amendment would require nurses to have a minimum of 4,000 hours (two years) of professional nursing practice in a clinical setting, and then another 4,000 hours (two years) of physician-supervised clinical experience after obtaining an Advanced Practice Registered Nursing certification to practice independently. Real-world experience is a critical requirement for those we trust with patient care. **The bill as currently written allows a newly-minted CRNA to open an independent opioid-prescribing clinic without any real-world clinical experience in that new role.**
- The titles health care professionals use are important signals for patients to know who is providing their care. Many of those titles are specific to physicians, i.e. those who have graduated from medical school to receive their “M.D.” or “D.O.” degrees. The amendment specifies that a list of physician-specific terms, such as “medical doctor,” “anesthesiologist” and even the term “physician,” should only be used by those who have earned physician-specific degrees.
- Pain management care is one of the medical world’s most complex areas, including nerve blocks around the spinal cord, carotid artery, and internal abdominal structures. No person – nurse or physician – should practice pain management without appropriate and substantial training due to the significant complexities and risks to patients. Additional provisions should at least require that APRNs outside a hospital setting may only provide care under the supervision of, or in collaboration with, a physician who has experience and training in pain medicine.

These common-sense improvements to the bill are reasonable provisions in ensuring Wisconsin’s patients can receive high-quality care from experienced practitioners while understanding who is providing that care. We ask that you vote against any legislation that does not provide our state’s patients with these fundamental protections.

Thank you for your consideration.

DATE: March 10, 2023

RE: **Please Do Not Cosponsor LRB 0589 – APRN Legislation – as Drafted**

The above organizations representing thousands of Wisconsin physicians respectfully request that you avoid cosponsoring LRB 0589, pertaining to Advanced Practice Registered Nurses (APRNs). The proposal fails to reflect productive talks between physician and nursing groups, and greatly resembles legislation vetoed in the 2021-22 legislative session (2021 Senate Bill 394).

When Governor Tony Evers vetoed legislation in April 2022 that would have allowed broad independent nursing practices in the state, his [veto message](#) included his disappointment that the bill “[did] not address some of the issues raised by parties in the medical profession that went unremedied during the legislative process.” Those issues included ensuring nurses would first be required to gain significant “real world” experience working in a physician-led health care team, creating specific safety guardrails for nurses who wished to open pain medicine practices, and establishing “truth in advertising” provisions in state statute that would ensure terms referring to physicians and physician specialties can only be used by physicians.

Governor Evers’ 2023-25 biennial budget proposal included benchmarks in those important areas, and fit quite well with what physician and nursing entities have been discussing. We have kept the legislature informed about those discussions and had asked that an APRN bill be introduced when those discussions could finalize a framework that had a better chance to be signed into law.

LRB 0589 does not include that framework and falls short on adequate patient protections. Therefore, we request you not sign on to this APRN legislation until it is improved and can be considered a true “compromise” product. Thank you for your consideration.



PRESIDENT, BROOKFIELD

PETER M. YOUNG  
PRESIDENT-ELECT, WAUSAU

NOAH D. DOMNITZ  
VICE-PRESIDENT,  
MILWAUKEE

DANIELLE M. SCHRODER  
SECRETARY, MADISON

REBECCA L. DOMNITZ  
TREASURER, MILWAUKEE

AMY M. RISSEUW  
PAST-PRESIDENT, APPLETON

BRYAN M. ROESSLER  
EXECUTIVE DIRECTOR

May 24, 2023

## ***Nurse Midwives are 7 Times More Risky than Other APRNs*** **All APRNs Delivering Babies Should be Covered by the IPFCF**

**Nurse Midwives' Risk Profile is Significantly Higher than other APRNs Who Are Covered by Pending APRN Legislation.** Current fees charged to medical providers for Nurse Midwives, when they are employees, are already structured according to risk. Hospitals that employ Advanced Nurse Midwives are currently assessed an annual fee of \$878 per employee. This fee, demonstrating the risk differential in childbirth compared to other health care services, is nearly seven times greater than the \$133 fee charged to employers of other types of APRNs.<sup>1</sup>

**Nurse Midwives Who Practice Independently are Not Covered by Pending Legislation – They Should Be.**

**Professionals Delivering Babies Should be Included in the Patient's Compensation Fund.** Childbirth is inherently risky and worthy of Fund coverage. Since 1975, medical doctors and other medical professionals have been required to carry \$1 million in medical negligence liability insurance and they must participate in what is now the Injured Patients and Families Compensation Fund (IPFCF). All Advanced Practice Registered Nurses (APRNs) and their patients should benefit from the stability and protection that this system provides. We are grateful that legislation proposed by both the Governor and lawmakers seeks to provide the same clarity and certainty for most future APRN license holders.

**IPFCF's Financial Position is Solid with Over \$1 Billion in Surplus.**

**Fund Surplus Alone is Greater than the Total of All Claims Paid Over Nearly 50 Years.** Between 1975 and 2022, the Fund has paid only 691 claims totaling \$951,865,333.45.<sup>2</sup>

Since 1975:

- 70 Percent of Fund's Paid Claims Have been for Less than \$1 Million.<sup>3</sup>
- 88 Percent of the Fund's Cases Closed without Payment.<sup>4</sup>
- Medical Negligence Claims Continue 20+ Year Decline.<sup>5</sup>

**LAB Audit: The Fund's Financial Position Driven by "Declining Estimated Loss Liabilities" and "Positive Investment Income."** Even though the Fund has not collected premiums from providers for three years, the investment income of the fund has been strong enough to allow the assessment holiday "occur without having a detrimental effect on the Fund's current net position." The Fund typically closes roughly 90 percent of its cases without making any payment to injured claimants and it has earned positive investment income in each of the past ten years.<sup>6</sup>

<sup>1</sup> IPFCF Report of Annual Fund Fee and Medical Mediation Panel Fee Charges for Fiscal Year 2024, [3/17/2023](#).

<sup>2</sup> [IPFCF FY 22 Annual Functional and Progress Report](#); Wisconsin Watch, [3/30/23](#).

<sup>3</sup> LAB Audit 22-6, Table 1, [June 7, 2022](#).

<sup>4</sup> *Id.*

<sup>5</sup> Wisconsin Watch, [3/30/23](#); Milwaukee Journal Sentinel, [6/28/14](#).

<sup>6</sup> LAB Audit 22-6, [June 7, 2022](#).

## Other Amendments Will Improve Clarity and Consistency of Bill

**Language in Section 163 (p. 52-53) of the bill should be amended to improve clarity and ensure patient protection.** As introduced, the bill appears to use holdover language from the last legislative session. Proposed Wis. Stat. § 411.09(5) is inconsistent with other liability insurance requirements included within the bill. It reads:

(5) MALPRACTICE LIABILITY INSURANCE. Except for a person whose employer has in effect malpractice liability insurance that provides coverage for the person in the amounts specified under s. 655.23 (4), no person may practice advanced practice registered nursing unless he or she at all times has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board. An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

We propose amending it to be consistent with the remaining language in the bill:

(5) MALPRACTICE LIABILITY INSURANCE. No person may practice advanced practice registered nursing unless he or she at all times has in effect malpractice liability insurance coverage in the minimum amounts specified under s. 655.23 (4). An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

May 24, 2023

Chairperson of the Committee on Health, thank you for allowing me the opportunity to offer testimony on behalf of SB 145. My name is Barbara Nichols, I live in Madison and serve as the Executive Director of the Wisconsin Center for Nursing (WCN). The center is a non-profit organization statutorily created in 2005 to engage public and private nursing, healthcare, business, and academic organizations to work together to ensure an adequate, competent, and diverse nursing workforce for the people of Wisconsin.

Our mission is to critically assess and monitor nursing workforce and education trends by conducting annual surveys about the Wisconsin Nursing population.

Moreover, I have been a practicing nurse uninterruptedly since 1959 at a time when penicillin was a miracle drug and CPR was considered the devil's work. I have practiced in a variety of healthcare settings including the Navy Nurse Corp. It is my military experience, in particular, that confirmed the value of this level of nursing practice.

I am speaking to provide data regarding the APRN Nurse population in Wisconsin. In Wisconsin, Advanced Practice Nurses are Registered Nurses Licensed to practice professional nursing who are certified by a National certifying body as Nurse Practitioner, Clinical Nurse Specialist, Registered Nurse Anesthetist and/or Nurse Midwife.

A highlight of facts – documents that most Advanced Practice Nurses are:

- Nurse Practitioners, as compared to Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Certified Nurses Midwives
- The majority work in ambulatory care followed by hospitals.
- The numbers certified in adult psychiatrics and mental health increased noticeably but remain insufficient to meet growing mental health needs.
- The average age of APRNs is 46 years with a nurse life of 24-82 years.
- The majority are white females with diversity and gender lagging well behind population demographics.
- The highest numbers are employed in the Southeast region of the state with the lowest employed in the Northern region.
- Educational preparation for the APRN Role is at Master and/or Doctorate of Nursing practice levels.

The demand for APRNs is driven by five Wisconsin interrelated major factors:

- Population growth
- Annual nursing retirements
- Emerging Healthcare needs by the exploding elderly population
- Multiple and complex impacts of healthcare reform
- Wisconsin regulations that limit scope of practice

With regard to the issues of safety frequently raised by opponents, there is over 40 years of evidence showing safe and cost-effective provision of care by APRNs by the National Academy of Medicine, American Association of Retired Persons, the National Governors Association, the Veterans

Health Administration and the Federal Trade commission. Here in Wisconsin, their safety to practice was documented by the Governor's Executive Order #16 and #20 during the Covid -19 Pandemic which effected barriers that prevented APRNs from utilizing the knowledge, skills and judgement to practice to the full extent of their education and training. We assert if they can do it safely during emergencies. It should be part of everyday practice.

Nevertheless, you will hear speakers today, who are opponents of the APRN Role, state that the graduate level of education is insufficient, the clinical experience inadequate, and the 40 plus years of efficacy studies about the APRN role invalid. Opponents frequently emphasize that APRNs are not physicians and seem to suggest that APRNs are "physician wanna be's". On the contrary, we assert that APRNs are first, last and foremost Registered Nurses – not interested in being physicians or "physician wanna be's"" but are interested in utilizing their nursing knowledge skills to meet the healthcare needs of Wisconsin's citizens.

The facts document that it is time to eliminate language that ultimately leads to underutilization of much-needed resources.

During a time when all providers are needed to practice at the full scope of their authority. APRNs represent a much-needed knowledgeable provider to meet the delivery of patient centered, primary and community-based health care.

I would be pleased to address any questions that you may have.



# 2022 Wisconsin Advanced Practice Nurse Capacity and Supply Snapshot

**In Wisconsin**, advanced practice nurses (APNs) are registered nurses licensed to practice professional nursing in Wisconsin who are certified by a national certifying body as a nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS). Advanced practice nurse prescribers (APNP) are APNs who have been granted a certificate to issue prescription orders under state statutes.

The 2022 RN Survey shows overall growth in the state's APN workforce.



**7,996** RNs are licensed and certified as APNs in Wisconsin  
A **32%** increase from 2018

## Certification Type by Region



Statewide totals



Note: APNs may hold more than one certification.



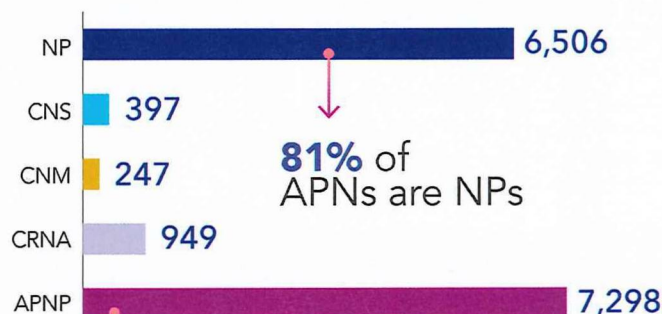
### Family health

is the most common certification among NPs (55%)

**Adult health** is the most common certification among CNSs (40%)



## APNs by Certification Type



**81%** of APNs are NPs

**91%** have prescriptive authority as advanced practice nurse prescribers (APNPs)



## APN Focus Area

**3,165** Family/individual across the lifespan

**2,456** Adult-gerontology

**145** Neonatal

**209** Pediatric

**385** Women's health/gender-related

**394** Psychiatric-mental health

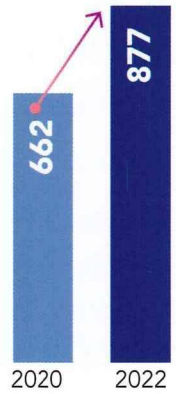
## Certified APNs providing primary care or outpatient mental health services by type of care provided



Adult	1,464
Family	1,351
Geriatric	966
Mental health services	877
Women's health	822
Pediatric	706
Other	262
Certified nurse midwife services	122



APNs providing **mental health** services increased noticeably



## Gender and Diversity

Diversity continues to lag well behind population demographics for gender, race, and ethnicity. The percentage of APNs who identify as men (12%) was higher than for RNs overall (8%). The percentage of APNs who identify as Black, Indigenous, other people of color, or Latinx (9%) increased by 2% since 2020.

**There is an ongoing need to address barriers and to implement strategies to increase diversity, equity, and inclusivity among APNs.**

7,996

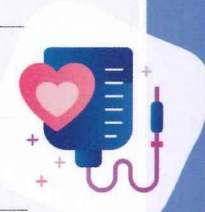
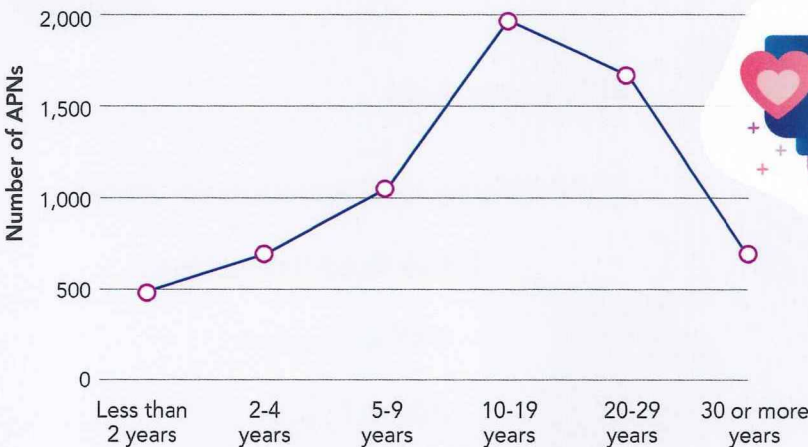


727 (9%)  
BIPOC and/or Latinx



Range: 24 years to 89 years

## Intent to Continue to Provide Direct Patient Care



92.9% of APNs reported providing direct care

**Of concern** is the percentage of APNs intending to provide direct care for under 10 years (35% of NPs and 63% of CNS), pointing to a continued need to build the APN workforce through education programs and incentives to stay in practice.



To: Members of the Senate Committee on Health

From: Jerry Ponio, Legislative Director, Americans for Prosperity – Wisconsin

Date: May 24, 2023

Subject: Support for Senate Bill 145

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Chairwoman Cabral-Guevara and members of the Senate Health Committee, thank you for this opportunity to provide testimony in favor of Senate Bill 145.

Senate Bill 145 seeks to modernize the scope of practice for Advanced Practice Registered Nurses (APRNs) and aligns with the vision set forth by Americans for Prosperity's agenda to empower all Americans with more health care choices while removing the barriers that render health care unaffordable and inaccessible for countless individuals.

One of the major challenges in our healthcare system is the shortage of primary care providers across the country. Shockingly, around 80 percent of Americans who face a primary care shortage - approximately 63 million individuals - live in states that restrict access to nurse practitioners.<sup>(1)</sup> These restrictions have significant consequences, particularly for vulnerable patients.

We also know the pandemic has further emphasized the dire shortage of physicians in our healthcare system, exacerbating the challenges faced by individuals seeking essential care. According to a report by the Association of American Medical Colleges, the United States is projected to face a shortage of between 37,800 and 124,000 physicians by 2034.<sup>(2)</sup> Fortunately, we have a pool of highly qualified healthcare professionals who are already trained to provide critical care services to Wisconsinites. However, due to current limitations, they are unable to fully utilize their expertise.

When individuals lack access to reliable primary care, the repercussions are dire and long-lasting. Individuals who lack a reliable source of primary care experience delays in diagnosis, pay higher health care costs, and die earlier than patients who can regularly access basic medical care.<sup>(3)</sup> By stifling the practice authority of APRNs, we exacerbate these primary care shortages and perpetuate the suffering of those in need.

Furthermore, these restrictions impose a heavy financial burden on patients, driving up healthcare costs. A 2019 study in the *Journal of Nursing Regulations* showed families spend 17 percent less on outpatient care and 11 percent less on prescription drugs in full practice authority states.<sup>(4)</sup> Researchers from the University of Central Florida estimate that expanding the practice authority of nurses would reduce annual healthcare spending in Florida by over \$9 billion.<sup>(5)</sup> In North Carolina, removing barriers on nurse practitioners would reduce annual medical costs by \$4.3 billion.<sup>(6)</sup> And in Pennsylvania, empowering nurse practitioners with full practice authority would reduce healthcare spending by \$12.7 billion over ten years.<sup>(7)</sup> These savings will ensure that far more families can afford the healthcare they need.

Americans for Prosperity thanks Senators Testin and Cabral-Guevara, as well as Representative Magnafici, for their continued commitment to championing this legislation. We hope for full support from the committee to take a momentous step toward creating a healthcare system that is truly accessible, affordable, and capable of delivering optimal care to all Americans.

## Links

1. <https://www.kff.org/other/state-indicator/primary-care-healthprofessional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
2. <https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>
3. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>
4. [https://www.journalofnursingregulation.com/article/S2155-8256\(19\)30078-X//fulltext](https://www.journalofnursingregulation.com/article/S2155-8256(19)30078-X//fulltext)
5. [https://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core\\_Download&EntryId=1245&PortalId=0&TabId=503](https://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=1245&PortalId=0&TabId=503)
6. <http://ushealthpolicygateway.com/wp-content/uploads/2018/01/Report-Final-Version.pdf>
7. [https://law.duke.edu/news/pdf/nurse\\_practitioners\\_report-PA-TechnicalAppendix.pdf](https://law.duke.edu/news/pdf/nurse_practitioners_report-PA-TechnicalAppendix.pdf)

**Testimony Endorsing Full Scope-of-Practice Authority  
for Advanced Practice Registered Nurses**

Public Hearing on Wisconsin Senate Bill 145  
May 24, 2023

Jeffrey C. Bauer, Ph.D.  
Medical Economist  
Madison, Wisconsin

[jeffreycbauer@gmail.com](mailto:jeffreycbauer@gmail.com) — [www.jeffbauerwords.com](http://www.jeffbauerwords.com)

I have been a full-time PhD medical economist for 50 years, focused on reallocating scarce resources to improve efficiency and effectiveness of health care delivery. I spent 18 of these years as a professor of statistics and research at two medical schools, including the University of Wisconsin at Madison. I am author of over 225 publications in respected journals, including at least a dozen articles and three books about advanced practice nursing. My review article on comparisons of care provided by nurse practitioners and physicians has been designated as the most frequently cited reference on the subject.

Regarding the issue of scope-of-practice of advanced practitioners, I have surely been involved in it longer than anyone else in the room. I started my academic career as an assistant professor at the University of Colorado School of Medicine in 1973 with a specific assignment to expand the School's health services research. One of my first collaborators was Dr. Henry Silver, co-founder of the nurse practitioner movement (along with Dr. Loretta Ford, Dean of the School of Nursing). I created what was probably the first data base for studying outcomes of care provided by nurse practitioners, and I continued to do research in the area throughout my career. I gave a keynote speech on the topic at a national meeting in February of this year. In other words, I've got considerable and ongoing experience in this area.

If you would like lots of data and economic analysis on issues related to SB 145, I would be pleased to provide it. However, my purpose today is to summarize 50 years of work in a few comments that will hopefully shape your legislative action and lead to the Governor's signature on a bill. My fundamental point is that all the respectable scientific literature in this area shows that the quality of care provided by nurse practitioners within their defined scopes of practice is at least as good as the comparable care provided by physicians.

I have never found—and believe me, I've searched extensively for many years—any good quantitative research that suggests nurse practitioners do less well than physicians in care they are trained and licensed to provide. If anyone else provides testimony to the contrary, demand that they support their position with valid data and sound analysis from peer-reviewed publications. For example, a NBER working paper by Chan and Chen (featured in recent American Medical Association publications) should be disqualified from consideration because it completely fails to meet the most basic criteria of scientific inquiry.

Anecdotes are irrelevant; they prove nothing in the realm of health care. But anecdotes are the normal foundation of testimony against full scope-of-practice legislation. I will, however, make an honest concession to physicians who cite errors committed by nurse practitioners. Advanced practice nurses do make mistakes—but so do physicians, I reasonably believe, in comparable measure. Physicians should focus their quality-based concerns on eliminating errors in medical practice. "Physician, heal thyself."

Physicians *and* nurses need to do everything they can to improve the quality of care provided by peers within their own respective professions. In particular, both professions need to define and enforce appropriate clinical criteria for referring patients whose care needs are outside their areas of competency. And if physicians see supervision as a legislative and regulatory necessity, they need to get serious about defining good supervisory practices. In my experience, physician supervision of other health professionals is a meaningless concept. It is a hodgepodge of different approaches, applied with varying degrees of rigor and undefined outcomes. Sure, some physicians are very good mentors, but others supervise inconsistently or not at all. If competency is the desired outcome, which it should be, then require determinations of competency in all health professions according to the requirements of their distinct boards of professional practice.

Under current circumstances, physician supervision of advanced practice nurses is an unnecessary and unjustifiable barrier to entry into practice. It is a monopoly behavior. (My latest book, the 2020 edition of Not What the Doctor Ordered, provides extensive analysis of this issue and proposes alternative solutions.) There's absolutely no reason to prevent Wisconsin's residents from full and open access to advanced practice nurses—a right already available in a majority of states, with no scientific evidence that these other Americans have been harmed by expanded access to care.



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*Always there.  
Exceptional Care*

TO: Chair Cabral-Guevara and Members of the Senate Committee on Health  
DATE: May 24, 2023  
RE: Testimony in support of Senate Bill 145, APRN Modernization Act

---

Good afternoon, Chair Cabral-Guevara, and members of the Senate Committee on Health. Thank you for the opportunity to testify in support of Senate Bill 145, the Advanced Practice Registered Nurse (APRN) Modernization Act.

My name is Jenna Palzkill and I am a Certified Registered Nurse Anesthetist (CRNA) and President of the Wisconsin Association of Nurse Anesthetists (WIANA).

WIANA respectfully requests that you pass SB 145, which formally defines and describes the role, responsibility and accountability of Advanced Practice Registered Nurses (APRNs). An APRN is a registered nurse who has completed graduate-level education and acquired the clinical knowledge and skills required to provide direct patient care. CRNAs are amongst those who will qualify as an APRN under the bill. By recognizing all practicing APRNs in statute, Wisconsin will help protect its citizens through a law that defines and describes the requirements to practice as an APRN.

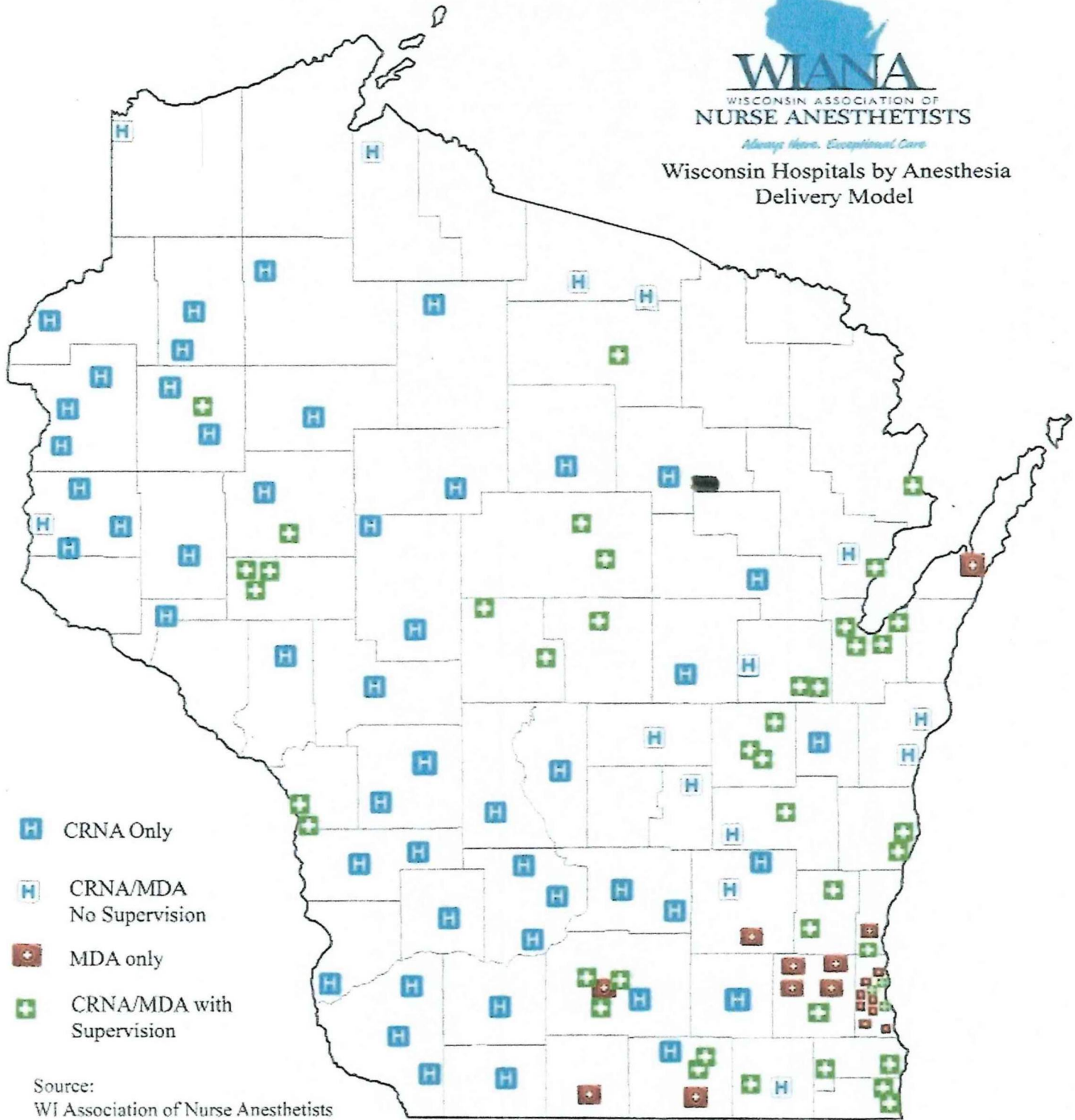
Nurse anesthetists have been providing anesthesia care in the United States for more than 150 years in every setting in which anesthesia care is delivered including hospitals, ambulatory surgical centers, office-based practices, obstetric units, U.S. military and VA healthcare facilities. The CRNA credential came into existence in 1956 and CRNAs became the first nursing specialty accorded direct reimbursement rights from Medicare.

The services provided by CRNAs are especially important in Wisconsin, which has a well-documented healthcare worker shortage. For example, the utilization of CRNAs is essential for providers' bandwidth in providing surgery anesthesia care. CRNAs are highly educated, experienced, qualified and capable. As a crucial source of anesthesia care in Wisconsin, Nurse anesthetists deserve to be recognized as Advanced Practice Registered Nurses and the consumers of their services deserve to be protected by the safeguards that the requirement for APRN licensure provides.

On a related note, Wisconsin CRNA's have been paying into the Wisconsin Injured Patients and Families Compensation Fund (IPFCF) since the 1970's and support our other colleagues being able to pay directly into the fund as well.

Thank you again for your time and consideration of this important piece of legislation.

Wisconsin Hospitals by Anesthesia  
Delivery Model



-  CRNA Only
-  CRNA/MDA  
No Supervision
-  MDA only
-  CRNA/MDA with  
Supervision

Source:  
WI Association of Nurse Anesthetists  
WI Hospital Association



Certified  
Registered  
Nurse  
Anesthetist

# CRNA FAST FACTS



**1** There is no statistically significant difference in the risk of anesthesia complications based on the degree of restrictions placed on CRNAs by state SOP laws. (*Negrusa et al, Medical Care Journal, 2016*)

**2** There is no difference in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians. (*Dulisse, 2010 – Health Affairs*)

**3** Nurse anesthesia care is 25 percent more cost effective than the next least costly anesthesia delivery model. (*Hogan, 2016–Nursing Economic\$*)

**4** Practicing in every setting, with and without anesthesiologists, CRNAs ensure patient access to healthcare and predominate in rural and other medically underserved areas.

**5** Researchers studying anesthesia safety found no differences in care between CRNAs and anesthesiologists. (*Lewis, 2014-Cochrane Database of Systematic Reviews*)

- Nurse anesthetists have been providing anesthesia to patients in the United States for more than 150 years.
- CRNAs are advanced practice registered nurses who administer more than **45 million anesthetics** to patients each year. Nearly 53,000 U.S. nurse anesthetists and student nurse anesthetists are members of the American Association of Nurse Anesthesiology (AANA).
- In some states, CRNAs are the **sole anesthesia professionals in nearly 100% of rural hospitals**, ensuring patient access to obstetrical, surgical, trauma stabilization and pain management services.
- CRNAs have been **recognized Medicare Part B providers** since 1986.
- **CRNAs work in every setting in which anesthesia is delivered**, including hospitals, ambulatory surgical centers and physician offices.
- Nurse anesthesia **predominates in Veterans Hospitals and in the U.S. Armed Forces**.
- **CRNA services include** pre-anesthesia evaluation, administering the anesthetic, monitoring and interpreting the patient's vital signs and managing the patient throughout surgery.

Learn more about CRNAs at [AANA.com](http://AANA.com)

**AANA** American Association of  
NURSE ANESTHESIOLOGISTS

# Quality of care.

**There is overwhelming evidence that CRNAs provide superb anesthesia care.**

**Research shows there is no difference in safety between CRNAs and anesthesiologists.** The safety record of CRNAs is demonstrated by recent studies published in leading health policy journals and an independent review by Cochrane, a world-renowned organization that supports evidence-based decision-making in healthcare.

## KEY STUDIES OF PATIENT SAFETY



### Dulisse & Cromwell, 2010 (Health Affairs)

#### METHODS

Analysis of Medicare data for 1999–2005 in opt-out and non-opt-out states comparing CRNA solo, MDA solo, and Team anesthesia delivery models for over 481,000 hospitalizations.

#### KEY FINDINGS

No evidence that opting out of the Medicare supervision requirement resulted in increased inpatient deaths or complications.

#### POLICY IMPLICATIONS

“Despite the shift to more anesthetics performed by nurse anesthetists, **no increase in adverse outcomes was found in either opt-out or non-opt-out states** ... These results do not support the hypothesis that allowing states to opt out of the supervision requirement resulted in increased surgical risks to patients.” (p. 1474)

[Dulisse, B., & Cromwell, J. \(2010\). No harm found when nurse anesthetists work without supervision by physicians. Health Affairs \(Project Hope\), 29\(8\), 1469–1475.](#)



### Negrusa et al., 2016 (Medical Care)

#### METHODS

Analysis of 5.7 million commercial claims from 2011–2012 by state SOP and delivery models including CRNA alone, MDA alone, and various direction and supervision models.

#### KEY FINDINGS

The odds of a complication did not differ based on degree of state SOP restrictions or by delivery model.

#### POLICY IMPLICATIONS

“...there is no statistically significant difference in the risk of anesthesia complications based on the degree of restrictions placed on CRNAs by state SOP laws. Nor is there evidence that the risk of complications varies by delivery model. This evidence suggests that there is **no empirical evidence for SOP laws that restrict CRNAs** from practicing at levels that are below their education and training based on differences in anesthesia complication risk.” (p. 7)

[Negrusa, B., Hogan, P. F., Warner, J. T., Schroeder, C. H., & Pang, B. \(2016\). Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of Certified Registered Nurse Anesthetist Expanded Scope of Practice on Anesthesia-related Complications. Medical Care, 54\(10\), 913–920.](#)



### Lewis et al., 2014 (Cochrane)

#### METHODS

Systematic review conducted by independent organization of 6 studies evaluating physician and non-physician anesthesia providers.

#### KEY FINDINGS

This evaluation of currently available scientific evidence was unable to draw conclusions about the superiority of any particular type of anesthesia provider. While the evaluation noted important limitations of the existing studies, the bottom line is that evidence to support the claim that physicians provide better anesthesia care compared to CRNAs is just not there.

#### POLICY IMPLICATIONS

“Overall, while some studies have shown small and inconsistent differences in some outcomes, the quality and nature of the **evidence are insufficient to draw firm conclusions about relative benefits and risks** of the different models of anaesthetic provision.” (p. 14–15).

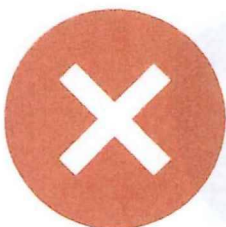
[Lewis, S. R., Nicholson, A., Smith, A. F., & Alderson, P. \(2014\). Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients. The Cochrane Database of Systematic Reviews, \(7\), CD010357.](#)

# Quality of care.

**The American Society of Anesthesiologists tries very hard to discredit the critical research on anesthesia safety funded by the AANA.**

They would have you believe there is clear evidence of superior care when it's supervised by an anesthesiologist. **But there isn't.** These studies are all published in ASA or other medical anesthesiology-sponsored journals.

## ASA-PREFERRED STUDIES OF PATIENT OUTCOMES



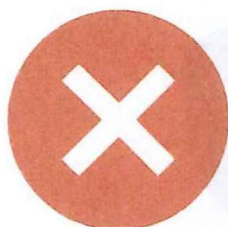
### Silber et al, 2000 (Anesthesiology)

Inaccurately touted as the "gold standard", this study has significant methodological problems including:

- The data is 25+ years old
- The use of a 30-day mortality measure, which cannot assess anesthesia care where outcomes are measured within 48 hours
- No determination of provider type in the majority of undirected cases
- The large reported differences in mortality and failure-to-rescue are widely inconsistent with other reported rates of anesthesia-related mortality and complications, suggesting that these differences are not due to anesthesia care at all, but rather to unrelated perioperative care processes

HCFA determined this study to be irrelevant as evidence supporting physician supervision of CRNAs. According to HCFA/CMS published in the Federal Register, **"One cannot use this analysis (Silber) to make conclusions about CRNA performance with or without physician supervision."**

*Silber, J. H., Kennedy, S. K., Even-Shoshan, O., Chen, W., Koziol, L. F., Showan, A. M., & Longnecker, D. E. (2000). Anesthesiologist direction and patient outcomes. *Anesthesiology*, 93(1), 152-163.*

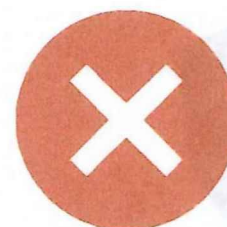


### Memtsoudis et al, 2012 (Journal of Clinical Anesthesia)

This study tries to demonstrate that poorer outcomes and higher costs are associated with CRNA-provided anesthesia care based on selected years of data 10 years apart. However, an editorial in the same issue describes the problems with the methods and assumptions of this study:

- No adjustment for patient-level risk such as comorbidities
- No adjustment for geography despite known regional variation in discharge to residence based on research
- Outcome is not anesthesia specific and ignores many other factors that might affect discharge status like duration and end time of the procedure or complications unrelated to anesthesia
- Advancements in perioperative care and anesthesia techniques 1996-2006 indicate these should not be treated as comparable populations
- Only two types of procedures were analyzed, severely limiting generalizability

*Memtsoudis, S. G., Ma, Y., Swamidoss, C. P., Edwards, A. M., Mazumdar, M., & Liguori, G. A. (2012). Factors influencing unexpected disposition after orthopedic ambulatory surgery. *Journal of Clinical Anesthesia*, 24(2), 89-95.*



### Miller et al, 2016 (A&A Practice)

The ASA uses this study to show that anesthesiologists are "affiliated" with hospitals exclusively billing with the QZ modifier (i.e. CRNA without medical direction), but the ASA inaccurately concludes that "potential" MDA involvement translates to "actual" involvement in CRNA cases. Other notable findings of the study include:

- The median number of MDAs at QZ only hospitals is 0.5 MDAs compared to 2.3 CRNAs, suggesting that MDAs often are not readily available and it actually is CRNAs providing the bulk of anesthesia care at those facilities, most likely without substantial involvement of MDAs

*Miller, T. R., Abouleish, A., & Halzack, N. M. (2016). Anesthesiologists are affiliated with many hospitals only reporting anesthesia claims using modifier QZ for medicare claims in 2013. *A&A Practice*, 6(7), 217-219.*

# St. Croix Chippewa Indians of Wisconsin

24663 Angeline Avenue • Webster, WI 54893 • (715) 349-2195 • Fax (715) 349-5768

## ST. CROIX TRIBAL COUNCIL RESOLUTION NO. 05.08.2023.01

### DECLARATION OF PUBLIC HEALTH STATE OF EMERGENCY DUE TO INCREASED OVERDOSES

**WHEREAS**, the St. Croix Chippewa Indians of Wisconsin (the “Tribe”) is federally recognized Indian Tribe duly organized under Section 16 of the Indian Reorganization Act of 1934, 25 U.S.C. § 476, as amended, and established pursuant to the Constitution and By-Laws adopted by the Tribe on August 29<sup>th</sup>, 1942 and approved by the Secretary of the Interior on November 12, 1942; and

**WHEREAS**, pursuant to Article IV of the Tribal Constitution, the governing body of the Tribe shall be the St. Croix Tribal Council (the “Tribal Council”); and

**WHEREAS**, Article V, Section 1(a) of the Tribal Constitution grants the Tribal Council the authority to negotiate on all matters affecting the welfare of the members of the Tribe; and

**WHEREAS**, Article V, Section 1(f) of the Tribal Constitution grants the Tribal Council the authority to regulate its own procedure, to appoint boards or committees, and to delegate to such subordinate agencies such powers as may be necessary in the performance of the duties assigned to them, reserving the right to review any action taken by virtue of such delegated power; and

**WHEREAS**, the health, safety, and welfare of the membership and community is the greatest priority of the Tribe; and

**WHEREAS**, it is the duty of the Tribal Council to determine if a State of Emergency exists in order to provide protection of life and property, continuity of operations, and alleviate human distress; and

**WHEREAS**, the national opioid epidemic represents one of the greatest public health challenges of the modern area with American Indians/Alaskan Natives overdose rates increasing from 2019 to 2020 and American Indian/Alaskan Native women being two times the overdoses death rate compared to white women according to the Center for Disease Control; and

**WHEREAS**, there has been an increase in fatalities due to the on-going opioid crisis and other illicit substances being brought within the community which pose a grave threat to the lives of the membership and surrounding community; and

**WHEREAS**, it is necessary for the Tribe to declare a State of Emergency and develop response measures to combat the opioid crisis and attempt to provide the necessary services these effected members may need;

**NOW THEREFORE BE IT RESOLVED**, in response to an increase in fatal and non-fatal overdoses, the Tribal Council hereby declares a State of Emergency.

Page 1 of 2

William Reynolds  
Chairman  
Sand Lake

Thomas Fowler  
Vice-Chairman  
Maple Plain

Richard Benjamin  
Secretary/Treasurer  
Danbury

Georgia Cobenais  
Representative  
Round Lake

Conrad St. John  
Representative  
Sand Lake

# St. Croix Chippewa Indians of Wisconsin

24663 Angeline Avenue • Webster, WI 54893 • (715) 349-2195 • Fax (715) 349-5768

**BE IT FINALLY RESOLVED**, that the Tribal Council directs the St. Croix Tribal Police Department, St. Croix Chippewa Housing Authority, St. Croix Tribal Clinic, and other relevant departments to work collaboratively and develop response measures to combat the increased overdoses occurring on the reservation and surrounding communities.

## CERTIFICATION

I, the undersigned as Secretary/Treasurer of the St. Croix Tribal Council hereby certify that the Tribal Council is composed of five (5) members of whom 3 were present, constituting a quorum at a meeting duly called, convened and held this 08 day of MAY, 2023 and that the foregoing resolution was adopted at said meeting by an affirmative vote of 3 members for 0 against and 0 member abstaining from the vote, and that said resolution has not been rescinded or amended in any way.



Richard Benjamin, Secretary/Treasurer  
St. Croix Tribal Council  
St. Croix Chippewa Indians of Wisconsin

**RESOLUTION NO. 05.08.2023.01**

Page 2 of 2

**William Reynolds**  
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Maple Plain

**Richard Benjamin**  
Secretary/Treasurer  
Danbury

**Georgia Cobenais**  
Representative  
Round Lake

**Conrad St. John**  
Representative  
Sand Lake

Welcome Senator Cabral-Guevara and members of the Senate Committee on Health

I would like to thank you ahead of time for the opportunity to testify in support of the Advanced Practice Registered Nurse or APRN Modernization Bill-Senate Bill 145 and Assembly Bill 154.

My name is Tina Bettin. I am president of the Nurse Practitioner Forum of the Wisconsin Nurses Association, representing the nearly 5000 nurse practitioners in the State. I am also the State Liaison for the American Association of Nurse Practitioners though I am not acting in that role today.

I am a doctoral prepared Family Nurse Practitioner. I have been a nurse practitioner for over 35 years, over 30 years of those years working in rural Wisconsin. The APRN Modernization Act is needed for citizens of Wisconsin. Our State currently faced a healthcare workforce challenge. 70 of our 72 counties face primary care provider shortages per HRSA data on Rural Health Information Hub as of April 2021, and patients of Wisconsin need more choice and access to cost-effective care. There are multiple changes needed to move our State forward. However, this legislation is the only option with no-added cost and no delays to help the State safely address that need. With the shortage of primary care providers in Wisconsin, it is imperative to allow Wisconsin patients full and direct access to nearly 5000 nurse practitioners in Wisconsin who have a track record of safe, cost-effective care by retiring the unneeded and expensive collaborative agreements.

I have been providing high-quality health care to the nearly 2000 patients that I care for in Waupaca County. Every day I evaluate patients, diagnosis diseases, manage treatments and prescribe medications for my patients. Patients that are exclusively seen and managed by me. My employer tracks quality metrics on a monthly basis and this data is transparent within our health care system. Consistently, my metrics for quality data has been high resulting in some of the highest quality within the entire health system all while caring for rural individuals. On an annual basis, I am typically one of the top three quality performers within my call group that is presently 14 providers but has been up to 19, and our call group is usually first or second in quality metrics annually within my health care system. But I am not an anomaly. The other nurse practitioners also consistently earn high quality outcomes-quality is our tradition.

The problem is that while our education and national certification prepare us to diagnose, treat and prescribe it's currently illegal for us to practice our profession without a regulated agreement with a physician--in essence a permission slip to provide care. This outdated requirement needlessly bottlenecks our state workforce and creates barriers to getting more care to more places.

This model of licensure is not new. It's the model in 27 other states, DC and 2 US territories. There is over 50 years of data on nurse practitioners, from the time of our birth in 1965 with Loretta Ford and Dr. Henry Silver in Colorado to present. This data overwhelmingly shows that nurse practitioners provide quality care. Multiple single studies and numerous systematic reviews reveal the quality of care provided by NPs and APRNs is comparable to physicians. One study in 2018 by Adams and Markowitz, in their Hamilton Project showed that NPs care is equal in quality but at a lower cost, and that removing restrictions on their practice can help alleviate shortages and improve efficiencies.

The Bill will also provide title protection and delineate the educational and national certification requirements needed to practice as an APRN in Wisconsin. The practice requirements or scope of practice do not expand the types of services APRNs provide now but would make the language of State Law be consistent with national recommendations from the "Consensus Model for APRN Regulation"

published in 2008 by the National Council of States Board of Nursing and the 48 nursing groups that made up the APRN Consensus Work Group. This directive is further supported by the 2010 and 2020 Institute of Medicine/National Academy of Medicine reports "The Future of Nursing" which stated that APRNs' scope of practice varies widely "for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work."

For over three years during the COVID public health emergency, nurse practitioners and other APRNs practiced under full practice authority in the State of Wisconsin under Governor Evers' emergency orders. During this time of significant health care need and burden, the nurse practitioners and APRNs were asked to step up, which occurred and the sky did not fall, but now we are being asked to again step back into a subservient role.

Nurse practitioners and APRNs can have a significant positive impact on substance abuse issues in Wisconsin. At the Federal level on December 29 2022, Congress passed into law the Consolidated Appropriations Act of 2023, allowing medication assisted therapies such as Suboxone/buprenorphine to be prescribed by all providers with a DEA license for controlled substances. Unfortunately, Wisconsin citizens will not have the full benefit of this Federal law. To prescribe this life-saving medication in Wisconsin, APRNs need to have a collaborative agreement with a physician because of the collaborative language in the State.

Over 25 years ago, I testified in support of the passage of the 1993 Wisconsin Act 138, which created the section in Statute 441 authorizing prescriptive language for advanced practice nurses, at which time Wisconsin was a leader. In this legislation as well as the associated rules and regulations from the Board of Nursing (N8), there was no mention of collaboration as it was an assumed professional attribute just like our physician counter parts collaborate. Collaboration was added in 2000. Multiple federal agencies have recommended APRNs should be practicing to the full scope of their education and training. This includes the Federal Trade Commission's 2014 report, "Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses," and the 2018 publication "Reforming Americas Healthcare System Through Choice and Competition." A quarter of a century later, it's time to again step forward.

In closing, I ask that you support APRN Modernization Bill for the citizens of Wisconsin. There is a health care workforce ready to help. According to the 2018 report "Reforming Americas Healthcare System," collaborative agreements do not foster collaborative care. Instead, they negatively impact care because of the various constraints that the agreement puts in place-access, financial, and lack of innovation. The report also states that "economic analysis indicates that expanding APRN SOP, consistent with APRN education, training, and experience, would have clear consumer benefits, particularly in rural and poorer areas." Wisconsin needs to move forward at this time to provide the citizens with the healthcare options they deserve and break the glass ceiling that is negatively impacting healthcare.

Thank you

*Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP*

Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP

5/23/2023

Dear Senator Carpenter,

My name is Cathy DeValk-Holl and I am contacting you to ask that you **support SB 145/AB 154**. SB 145/AB 154 supports timely access to health care provided by APRNs that is safe, high quality, appropriate and economical. This is good for your constituents and the citizens of Wisconsin.

There are many reasons I ask that you support SB 145/AB 154:

SB 145/AB 154 will create a separate nursing license for Advanced Practice Registered Nurses (APRN). With this licensure, APRNs will be required to demonstrate greater accountability and responsibility to the public due to their advanced education and clinical training. Licensure will publicly define our role and clearly state what we do and the training and education that we have to be able to do what we do in health care.

APRNs are registered nurses who have GRADUATED WITH A MASTERS OR HIGHER DEGREE IN NURSING FROM AN ACCREDITED APRN NURSING PROGRAM. APRNs hold NATIONAL BOARD CERTIFICATION and have PRESCRIBING AUTHORITY as either a Certified Nurse Practitioner, a Certified Nurse Anesthetist, Certified Nurse Midwife or Certified Clinical Nurse Specialist.

I am a Certified Nurse Practitioner in Family Practice in Wisconsin. I have practiced for almost 16 years taking care of patients across the life span (1-2 day old infants all the way through to the elderly including patients in nursing homes, assisted living and hospice). I have a very busy practice and offer safe, economical health care to all. I have exceptional quality health scores and am the primary care provider for 1800 patients. These 1800 patients have chosen me (Nurse Practitioner) to care for them. SB 145 will support APRN practice which will increase patient access to care for your constituents and communities across the state. SB 145 will allow me to practice to the full scope of my training, which results in increased efficiencies in health care delivery, decreased cost related to expenses, supports quality care and recognizes me as an equal member of the health care team. This is good for patients, health care employers and nurses.

As an APRN, I collaborate with all members of the health care team when needed, including physicians from all disciplines, pharmacists, physical therapists, nurses, etc. If a patient needs care beyond my expertise, I will refer and collaborate with other members of the health care team to get my patient what they need. Mandatory physician collaboration is costly, ineffective, unnecessary and prevents access to care. In health care, we all work together. Requiring collaborative agreements creates unnecessary barriers to healthcare access and is extremely costly to healthcare systems. Imagine if that money could be spent elsewhere to help improve the health of people of Wisconsin.

Approving licensure for APRNs in our state, publicly defines our role in healthcare so that the public knows what we do and what type of education and training we have that qualifies us to do our jobs.



There are over 7,800 APRNs practicing in Wisconsin. Continued barriers to practice, has resulted in APRNs moving to other states to practice because there is greater autonomy. There are 27 states and US Territories that allow APRNs full practice authority. In these states, access has improved for at risk communities and rural communities.

APRN practice is not new and has been studied for over 50 years. Results show that APRNs are safe, qualified providers. We carry the same amount of malpractice insurance that physicians do. APRNs do not prescribe more opioids medications than physicians. Performance measures show that APRN care is comparable or at times better than physician counterparts. I would happy to supply you with the documentation/research that supports these statements about APRN practice if you are interested.

Please know that APRNs are not trying to replace physicians and are not trying to be physicians. APRNs have been practicing for 50 years. I'm sure yourself, a loved one or friend has received care from an APRN at some point. We are a vital part of the healthcare team and our services are so needed. We are actively recruited by healthcare systems, facilities and agencies across the country. We're asking to be licensed, have our role in healthcare defined and have barriers to our practice that negatively affect patient care removed. **Please vote "yes" on SB 145/AB 154 The APRN Modernization Act.**

Thank you in advance for your consideration and feel free to contact me.

Sincerely,



Cathy DeValk-Holl, MSN, APNP, FNP-BC

4783 N. County Road P, New Franken, WI 54229

920-866-9092

cajaks@centurytel.net

5/23/2023

Dear Senator Hesselbein,

My name is Cathy DeValk-Holl and I am contacting you to ask that you **support SB 145/AB 154**. SB 145/AB 154 supports timely access to health care provided by APRNs that is safe, high quality, appropriate and economical. This is good for your constituents and the citizens of Wisconsin.

There are many reasons I ask that you support SB 145/AB 154:

SB 145/AB 154 will create a separate nursing license for Advanced Practice Registered Nurses (APRN). With this licensure, APRNs will be required to demonstrate greater accountability and responsibility to the public due to their advanced education and clinical training. Licensure will publicly define our role and clearly state what we do and the training and education that we have to be able to do what we do in health care.

APRNs are registered nurses who have GRADUATED WITH A MASTERS OR HIGHER DEGREE IN NURSING FROM AN ACCREDITED APRN NURSING PROGRAM. APRNs hold NATIONAL BOARD CERTIFICATION and have PRESCRIBING AUTHORITY as either a Certified Nurse Practitioner, a Certified Nurse Anesthetist, Certified Nurse Midwife or Certified Clinical Nurse Specialist.

I am a Certified Nurse Practitioner in Family Practice in Wisconsin. I have practiced for almost 16 years taking care of patients across the life span (1-2 day old infants all the way through to the elderly including patients in nursing homes, assisted living and hospice). I have a very busy practice and offer safe, economical health care to all. I have exceptional quality health scores and am the primary care provider for 1800 patients. These 1800 patients have chosen me (Nurse Practitioner) to care for them. SB 145 will support APRN practice which will increase patient access to care for your constituents and communities across the state. SB 145 will allow me to practice to the full scope of my training, which results in increased efficiencies in health care delivery, decreased cost related to expenses, supports quality care and recognizes me as an equal member of the health care team. This is good for patients, health care employers and nurses.

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Approving licensure for APRNs in our state, publicly defines our role in healthcare so that the public knows what we do and what type of education and training we have that qualifies us to do our jobs.

There are over 7,800 APRNs practicing in Wisconsin. Continued barriers to practice, has resulted in APRNs moving to other states to practice because there is greater autonomy. There are 27 states and US Territories that allow APRNs full practice authority. In these states, access has improved for at risk communities and rural communities.

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Please know that APRNs are not trying to replace physicians and are not trying to be physicians. APRNs have been practicing for 50 years. I'm sure yourself, a loved one or friend has received care from an APRN at some point. We are a vital part of the healthcare team and our services are so needed. We are actively recruited by healthcare systems, facilities and agencies across the country. We're asking to be licensed, have our role in healthcare defined and have barriers to our practice that negatively affect patient care removed. **Please vote "yes" on SB 145/AB 154 The APRN Modernization Act.**

Thank you in advance for your consideration and feel free to contact me.

Sincerely,

Cathy DeValk-Holl, MSN, APNP, FNP-BC

4783 N. County Road P, New Franken, WI 54229

920-866-9092

cajaks@centurytel.net

Date: May 24, 2023

Re: Support of SB 145 – Advanced Practice Registered Nurses

Dear Chairperson and members of the Senate Health Committee

My name is Jill Redding and I live in Madison, Wisconsin, and practice as an advanced practice registered nurse in the role of a Clinical Nurse Specialist. I want to thank you for holding this hearing for Bill SB 145. I support this legislation.

As a Clinical Nurse Specialist (CNS) who works in the specialty of wound and ostomy care, I provide evidence-based care for patients with complex wounds and ostomy needs by assessing the patient, ordering and interpreting diagnostic tests, formulating a plan of care and prescribing treatment plans using advanced clinical knowledge and skills.

Advanced practice registered nurses are vital in addressing gaps in access to quality care. Wound healing is not considered a medical specialty and not part of the physician's core curriculum. As a wound care CNS, I am credentialed and privileged to provide care for this underserved population. I have the educational background and carry an additional advanced certification in wound, ostomy, and continence care. My training has prepared me well to provide high quality, cost-effective care that is patient-centric.

I currently have a written collaborative agreement with a physician; however, in reality I have little to no interactions with my collaborating physician. I initiate collaborative discussions with other specialty providers when the patient's needs warrant, just as my physician colleagues would do. During the COVID-19 pandemic, I applied my advanced skills in assessing, evaluating, and formulating treatment plans for patients who developed wounds as a result of COVID-19. I did this as the sole wound and ostomy provider for a hospital that is more than 700 beds.

I support SB 145 to continue to practice at the top of my licensure and provide needed care to this underserved population.

Thank you again Chairperson Testin and Committee members for providing me the opportunity to share my thoughts. I respectfully ask that you support this legislation and vote it out of Committee in the near future.

If you have any questions, please contact me directly at 608-772-2193.

Sincerely,

Jill Redding, ACCNS-AG, APNP, CWCN, CCCN, COCN  
3342 Clove Drive  
Madison, WI 53704  
608-772-2193

Date: May 24, 2023

Re: Support for Senate Bill (SB) 145/Assembly Bill (AB) 154-The Advanced Practice Registered Nurse (APRN) Modernization Act

Dear Chairman Cabral-Guevara, and members of the Senate Committee on Health.

I want to thank you holding this hearing in addition to Senator Cabral-Guevara, Senator Testin, and Representative Magnafici, for your sponsorship and leadership of SB 145/AB 154, The APRN Modernization Act. My name is Chris Bakke and I have been a nurse practitioner in WI for 27 years. I am also the APRN Representative to the Wisconsin Nurses Association Board of Directors (BOD) and the Liaison to the NP Forum BOD. I am in support of this bill and I cannot thank you enough for supporting APRN practice and the value APRNs bring to health care in Wisconsin.

I support this bill because it provides separate licensure for APRNs. The APRN licensee will practice in a role as a nurse practitioner, clinical nurse specialist, certified nurse midwife, or certified registered nurse anesthetist. It provides protection of the public with Board of Nursing oversight as it describes the education, certification and scope of practice for each role. This bill requires the individual to graduate with a master's degree or doctorate in an APRN role or a post-master's certificate.

SB 145/AB 154 modernizes language to reflect current APRN practice and responsibilities with eliminating unnecessary barriers. If current WI APRN language was compared to a driver's license, WI APRNs could only drive on county roads as opposed to any roads if the APRN moved to a neighboring state such as MN or IA, utilizing the same education, certification, and scope of practice. Scope of practice in SB 145/AB 154 is not being increased but rather based on the education, certification, and experience the APRN already holds.

The APRN Modernization Act has been reviewed, discussed, and revised since 2017. This legislation reflects a model that has been adopted in 27 other states, Washington DC, US territories, Veterans Administration hospitals and primary care clinics. The data and research have never been clearer about the benefits of utilizing APRNs.

I thank you in advance for supporting SB 145/AB 154. Please feel free to contact me if you have any questions regarding this legislation.

Sincerely,

Chris Bakke, DNP, MSN, APNP, FNP-BC, CNN-NP  
APRN Representative to WNA BOD/Liaison to NP Forum BOD  
C/O Wisconsin Nurses Association  
6200 Gisholt Drive, Suite 104  
Madison, WI 53713  
info@wisconsinnurses.org

May 24, 2023

Senator Rachael Cabral-Guevara  
Chair, Senate Committee on Health  
Room 323 South  
State Capitol  
Madison, WI 53707

RE: Support of SB 145 and the companion bill AB 154.

Dear Senator Cabral-Guevara and Members of the Senate Health Committee,

I am contacting you to ask for your support of SB 145/AB 154. The APRN Modernization Act. I am a Nurse Practitioner and I work at Froedtert Hospital in Milwaukee. I support this bill because it provides separate licensure for Advanced Practice Registered Nurses (APRNs). The APRN licensee will practice in a role as a certified nurse midwife, certified registered nurse anesthetist, certified clinical nurse specialist or nurse practitioner. In 2023 there are over 7,500 advanced practice nurses providing care throughout Wisconsin. A separate license will support the protection of the public as it describes the education, certification and defines the scope of practice, for each role, responsibilities, and accountabilities of Advanced Practice Registered Nurse (APRN) and will modernize antiquated language to reflect current APRN practice and responsibilities.

The APRN Modernization Act has been reviewed, discussed, and revised since 2017. This legislation reflects a model that has been adopted in 27 other states including the District of Columbia and the Veterans Administration hospitals and primary care clinics. The data and research have never been clearer about the benefits of utilizing APRNs.

The costs associated with providing care to Wisconsin's rural and underserved populations cannot be understated. APRNs are a solution to providing care that is timely, accessible, affordable, and high quality.

I want to thank Senator Patrick Testin and Representative Gae Magnafici and you, Senator Cabral-Guevara for your sponsorship and support of the APRN Modernization Act.

I also thank the members of the Senate Health Committee for your time and ask that it be passed out of the Committee as soon as possible.

Please feel free to contact me if you have any concerns regarding this legislation.

Sincerely,

Kelly Stone, MSN, RN, APNP, AGPCNP-BC

1030 Weston Hills Dr

Brookfield, WI 53045

## Testimony for APRN Modernization Act of 2023

May 24, 2023

Dear Chairmans Cabral-Guevera, Tessin and members of the Senate Health Committee

My name is Jean Roedl and I live in Frederic WI, I have practiced in Webster WI for the past 21 years. I have been a nurse for 39 years and Nurse Practitioner for 23 years. Thank you for holding a hearing on Senate bill SB 145 and I am speaking in support of this legislation.

I have been employed by the St Croix Chippewa Indians of Wisconsin for the past 9 years as a Family Nurse Practitioner and Director of the Medical Clinic the past four years. I am board Certified as a Family Nurse Practitioner and Advanced Diabetes Management. The Native American population has the highest rate of Diabetes than any other ethnic population. The knowledge in Diabetes management is critical due to lack of access to Endocrinologist. The St. Croix Tribal Health Clinic Diabetes outcomes surpass our Bemidji area and Indian Health Services annually.

The St Croix tribe is the smallest tribe in Wisconsin but has a five-county service area of Barron, Burnett, Polk, Washburn and Pine Co, MN. In March of 2019, our Medical Director, who was a physician and served also as our collaborating physician, turned in his resignation. This action gave the tribal clinic one month to find a physician collaborator replacement. It is very difficult to recruit medical providers, specifically physicians, to rural areas in Wisconsin and especially in a one-month period of time. Without a collaborative physician for the Nurse Practitioners, the clinic would have been forced to close on April 11, 2019. The clinic would have to remain closed until a collaborating physician was found. The closure of the clinic would also suspend our Medication Assisted Treatment for opioid and alcohol use disorders. At the last possible hour, 4pm on April 11, 2019, we were able to find a physician in independent practice from Hudson WI to sign a collaborative agreement. This last hour collaborative agreement allowed us to remain open and serving the St Croix Native American population. During the COVID-19 Pandemic we operated under emergency rule and collaborative agreement was not needed until May 11, 2023. Our collaborative physician did become ill during the COVID-19 pandemic and our contact was only by phone if needed. We have not been able to fill our position open for a full-time physician since April of 2019. We hired a part time physician in September 2022, who is in his late 70's. Once again, we hope he can stay so we meet our requirement of having a collaborating MD. The St. Croix Chippewa Indians of Wisconsin declared a State of Emergency on May 8<sup>th</sup>, 2023 due to the increased overdoses and deaths. In the recent weeks we have lost 1-2 tribal members due to overdose and death. In the same week the Oneida tribe also declared a State of Emergency also due to increased overdoses. If we lose our collaborative

physician we cannot continue with Medication Assisted Treatment for opioid and alcohol disorders. I ask you to help us to get rid of the barrier of collaborative practice with can severely hinder healthcare in rural Wisconsin care and the Native American population. The St Croix Tribal Health clinic currently employs 3 full-time Nurse Practitioners and one part time physician.



Senate Health Committee  
State Capitol  
Madison, WI 53707

RE: Support of SB 145/AB 154 - APRN Modernization Act: patient access to safe, quality care delivered by Advanced Practice Nurse Practitioners.

Dear Senate Health Committee,

I am an Advanced Practice Nurse Prescriber and a board-certified Nurse Practitioner and have been **practicing in the state of Wisconsin for 35 years**. I am reaching out to you to share the importance for the public, employers, and insurers to have a legally defined statute that reflects the required education, training, experience, and role expectations necessary to obtain licensure as an APRN as described and defined in SB 145/AB 154, *The APRN Modernization Act*. Recent information from the Department of Safety and Professional Services, January 2022, reported that approximately, 10 percent or 9,000, of the Registered Nursing workforce are providing care and service throughout Wisconsin as Advanced Practice Nurse Prescribers (APNP). Many of my APNP colleagues are serving as the only primary care providers in our rural and tribal clinics, manufacturing clinic facilities, and neighborhood-based clinics for populations with high health disparities. APNPs are also providing care in acute care settings that include post-surgery, intensive care, and emergency departments.

My many years of education, training and experience has prepared me to conduct comprehensive physical assessments, order and interpret diagnostic and laboratory tests; diagnose illness and disease, prescribe medication, teach my patients prevention strategies, or minimize the effects of chronic health diseases, formulate treatment plans, and *always refer or consult* with specialists when my patient needs health care providers that are beyond my expertise.

***As an Advanced Practice Nurse Prescriber, I believe it is essential to practice to my full scope of practice.*** I believe it is critical to consider that the APRN Modernization Act reflects a practice model that has been adopted in 27 other states (source: AANP). This separate licensure as an Advanced Practice Registered Nurse is the progressive direction Wisconsin needs to embrace as well to also set the stage for future APRN Compact agreements with other states. The criteria identified in SB 145/AB 154 reflects licensure that will support patient protection and increase access to care for Wisconsinites.

I respectfully request your support and appreciate you considering my testimony, as well as those of so many other nurse practitioners that have served *your* constituents by providing quality and safe health care for so many years, and even decades.

Dawn P. Sagrillo, MSN, AGNP-BC, CANS, CPSN

## Written Testimony on SB 145 - The APRN Modernization Act

Wednesday May 24, 2023

Good afternoon Senator Cabral-Guevara and members of the Senate Health Committee!

My name is Dr. Mary Beck Metzger; I have been an RN for 43 years and a Family Nurse Practitioner for 23 years, all of which have been in Wisconsin. I currently serve as a provider at the Rock River Community Clinics in Watertown, Jefferson and Whitewater, three safety-net clinics serving mainly Spanish-speaking, uninsured adults and children. I have been a long-time member of the Wisconsin Nurses Association Nurse Practitioner Forum and have been part of the working group of advanced practice registered nurses (APRNs) who have crafted this legislation over the past fourteen years. I am asking committee members to vote to support the APRN Modernization Act for several important reasons:

SB 145 improves access to quality health care for Wisconsin residents. There is currently a 14% physician shortage statewide (25). There is a projected loss of 745 primary care physicians by 2035 due to retirements (26). These shortages are worse in rural and underserved areas with uneven access to needed services. 75% of the APRN workforce chooses primary care (1,10,11,14,15,19). APRNs are more likely than physicians to practice in rural areas and to care for vulnerable populations (6,11,16,18). Multiple studies over the past 40 years have shown that APRNs provide care to patients of the same or better quality than physicians (5,6,9,13,16,18,24,25,29,31). This is a no-cost solution to the provider shortage which is available right now.

A 2017 study of 180,000 patients in Kaiser Permanente Atlanta showed that NPs and PAs were less likely than primary care physicians to order advanced diagnostic imaging (like CT scans and MRIs), to prescribe narcotic analgesics, or to prescribe antibiotics (29). A study at the V.A. of 806,000 patients found that patients assigned to NPs were less likely to utilize specialty care and inpatient services; had no difference in costs; and experienced similar chronic disease management compared to MD-assigned patients (27). A 2016 study in Annals of Internal Medicine of almost 30,000 outpatient and hospital visits showed that both physicians and NPs/PAs provide an equivalent amount of "low-value care", i.e., care that doesn't adhere to national guidelines (28).

SB 145 allows APRNs to practice at the top of their license. The American Association of Nurse Practitioners classifies Wisconsin as a "reduced practice" state for NPs (2). Wisconsin state law requires

an APRN to have a career-long, documented collaborative relationship with a physician in order to practice. The APRN or the employer pays the physician to collaborate; this fee is passed on to consumers in the form of higher business costs (6,7,14,16). It is the APRN's responsibility to find a collaborating physician, and this can be very difficult if the APRN works in a rural area, or outside a healthcare organization. If the physician collaborator retires, moves, or dies, the APRN must close their practice within 30 days or quickly try to find a different collaborator. The collaboration agreement is a barrier to APRN practice. Recognizing the impact APRNs have on care delivery during the surge of the Covid-19 pandemic, Gov. Evers suspended the requirement for physician collaboration for advanced practice nurses in Emergency Order #16 (24). If we could have autonomy over our practice during a pandemic, how is it that we must have a physician collaborative agreement when the pandemic has subsided? The pandemic significantly reduced the healthcare workforce due to retirements and burnout, and we desperately need qualified practitioners to be empowered to work at the top of their licenses.

There are twenty-seven states, the District of Columbia, and the V. A. system which have removed scope of practice barriers for APRNs. People living in states that follow this model have significantly greater geographic access to primary care and less use of emergency care. Our two neighboring states- Minnesota and Iowa- have much more favorable practice environments for APRNs than Wisconsin. This makes it difficult to retain APRN graduates or attract new APRNs. Studies show that states with restricted NP scope of practice have 40% fewer NPs than states that did not restrict APRN practice (6,7, 15,17,19). This puts Wisconsin residents at the great disadvantage of an exodus of Wisconsin-trained APRNs. State-mandated physician collaboration for APRNs is an outdated, expensive work-around that adds no value to consumers.

Collaborating with other members of the health care team has always been an intrinsic part of nursing practice; it is well-defined in the foundational documents produced by the American Nurses Association (5,6,12), and is regulated by the Board of Nursing. APRNs, like all health care providers, collaborate, consult, and refer patients to another health care provider when care exceeds our knowledge, education and experience.

As a Nurse Practitioner and resident of Wisconsin I ask you today to support SB 145. Thank you!

Mary Beck Metzger, DNP, FNP-BC, APNP

Lake Mills, WI

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Added 7/28/2021

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May 23, 2023

To Senate Health Committee Members

RE: Senate Bill 145 APRN Modernization

Hello - My name is Terri Vandenhouten. I am here asking you to support senate bill 145. Thank you to my Senator Andre Jacquez for supporting this legislation.

I am a family nurse practitioner practicing in Wisconsin for the past 27 years. I was a RN for 13 years prior to getting my master's in nursing, so I have been working in health care now for over 40 years now. I have seen significant changes in health care since I started practicing. In general, there is a workforce shortage. Baby boomers are retiring. Nurse practitioners are on the front lines providing health care in clinics and in hospitals. We can use many more healthcare providers to benefit Wisconsin Residents. Nurse practitioners need to be allowed to practice to the full extent of their training.

The National Council of State Boards of Nursing, NCSBN, has recommended a Consensus Model to help states progress toward uniformity among all 50 states. Currently Wisconsin is the only state in the United States that uses the terminology "APNP" or advanced practice nurse practitioner. This bill would change us officially to Advanced Practice Registered Nurses – in better alignment with surrounding states. I believe 33 other states have already changed to this terminology. Under that APRN title would be the four roles: nurse practitioner, certified registered nurse anesthetist, nurse midwives and clinical nurse specialists. A patient or health care professional going from one state to another would have a uniformity in title and qualifications.

Additionally, the bill stipulates what constitutes an APRN based on educational requirement of a master's degree or higher from an accredited program in one of the four roles. It specifies the need for national certification and licensure. Currently, Wisconsin APNPs are not licensed in the state – we are certified as APNP's. Our licensure is as a Registered Nurse. When we talk about practicing to the fullest extent of our licensure, it brings us back to RN status. This bill very importantly changes APRN's to holding a licensure in the state of Wisconsin. We want to work to the fullest extent of our licensure – as Advanced Practice Registered Nurses licensed in the State of Wisconsin.

Currently, I work in a rural family practice clinic in New Franken, Wisconsin. I see patients as their primary care provider from Northern Brown County, Kewaunee County and Door County ages 4 months to advanced geriatric. I have my own practice panel and am designated as their primary care provider of record. As a family nurse practitioner, I do wellness/ preventative visits such as well child physicals, well women exams, complete physical exams, sports and camp physicals and pre-operative clearance physicals. I treat patients with a wide variety of chronic health conditions such as diabetes, hypertension, hyperlipidemia, chronic kidney disease, depression, anxiety, ADHD, asthma and allergies. I also treat acute visits like urinary tract infections, ear infections, back pain to name a few. I diagnose based on my history, physical exam and appropriate diagnostic tests including lab work and imaging. Using this information, I prescribe medications as well as other treatments like physical therapy and counseling. Patients are billed for my services under my name. Quality of care is essential. In our system, quality data is tracked for each provider, each clinic, each region. I have consistently been a high scoring provider. Nurse practitioners like myself are providing high quality of care to our patients. Data is widely available to show this.

I have practiced alone as the only provider in my clinic for several years; I have shared clinic space with other providers both physicians and nurse practitioners over the years. Currently there is one physician and myself at our clinic, we are generally 100 % booked. We cannot accommodate on a daily basis all the patients needing/ asking to be seen.

In Wisconsin, I am required to have a collaborating physician. Typically, I spend less than one minute per month "collaborating" with my designated physician about a patient issue – typically needing his signature on a patient's form- a patient he most likely has never met- because it requires a "physician signature".

I do realize I am part of a large system in our state and feel I am allowed to practice as a primary care provider. My system pays a physician for collaboration with nurse practitioners. Typically, physicians collaborate with multiple NP's and are compensated for each one.

Not all health systems practice the same or utilize their nurse practitioners the same. Some NP's have to pay for their own collaborating physician to have a signed paper on file in order to practice. I also know because of collaboration requirements; it is sometimes difficult for NPs to find collaborating physicians or dentists to collaborate with especially in rural parts of the state.

Even in Green Bay Wisconsin, a small independent mental health clinic, Innovative Services in Green Bay had two Psych NP's that were practicing under emergency orders independently – they had a very difficult time finding a non- large system provider willing to be their collaborating physician. It was very stressful, feeling they were going to need to stop seeing/ providing mental health care for their approximately 3000 clients. Fortunately, a small non large system independent practicing physician agreed to collaborate and they are still open today.

Also, there are NP living in Wisconsin but traveling out of Wisconsin to a state with full practice authority – such as Minnesota and Iowa. We need those NP's back practicing in Wisconsin. Getting rid of our collaborative agreement in Wisconsin, may help prevent our Wisconsin NPs from traveling out of state to practice.

As our "baby boomer" generation is retiring, we are already facing a less than ideal number of health care providers across the spectrum in Wisconsin health care. Please untie the nurse practitioner's hands especially in our rural areas to utilize their skills and provide needed health care to our state's residents. Please support our APRN Modernization Act SB 145 and move it to the senate floor to be passed.

I welcome any questions or requests for additional information I may be able to provide you.

Thank you,

Terri L Vandenhouten, MSN, FNP-BC, APNP

Home: 1756 County Road C, Brussels, WI 54204

Phone: 1-920-493-5603



To: Members, Senate Committee on Health  
From: American College of Nurse Midwives, Wisconsin Affiliate  
RE: Support for Senate Bill 145

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The American College of Nurse Midwives – Wisconsin affiliate supports Senate Bill 145. Here are a few key points for your consideration.

Workforce development and patient access of health care

We lose Wisconsin residents who graduate as certified nurse midwives to other states with full practice authority. Many states and nations already know that better integration of nurse-midwives yields less preterm birth, fewer c-sections, more satisfied patients, more breastfeeding and more effective utilization of healthcare resources.

22 counties in the state of Wisconsin have no access to obstetric or gynecologic care.

Our state residents need better access to maternity care and health equity. Widespread midwifery care will have long-reaching effects on the health and wealth of our communities. The United States has the highest maternal mortality rate among developed countries. African American families experience three times the rate of pregnancy related illness and death compared to Whites. If that wasn't bad enough, we are facing a looming provider shortage, while obstacles like practice restrictions keep over half of all nurse-midwives from working to our full potential. When we practice to the full extent of our education and training it improves access to care in under-resourced areas. We avoid the overused and avoidable interventions which increase maternal morbidity and mortality. We save taxpayers money.

Current day-to-day practice of certified nurse midwives will not change.

Core competencies and licensure guide our scope of practice.

We currently collaborate with multiple disciplines as necessary to provide patient care. In every state that has adopted full practice authority, there are more nurse-midwives and healthier mothers and babies. Ob-gyns are busier than ever in those states. In 2011, and again reaffirmed in 2022, the American College of Obstetricians and Gynecologists and The American College of Nurse-Midwives published a joint statement on obstetric and nurse-midwifery practice. This document states that that the "Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states."

Under current law, there are difficulties with compliance when a collaborating physician is no longer available.

If a certified nurse midwife's current collaborative physician unexpectedly dies or moves, she/he is immediately out of compliance to practice.

Thank you for hearing my testimony today regarding the vital importance of supporting the APRN modernization bill which would be beneficial for Wisconsin residents and eliminate restrictive requirements that create barriers to providing essential health care services.

I am a doctorally prepared nurse-midwife and women's health nurse practitioner living in rural northern Wisconsin in Bayfield County. I worked at the Red Cliff Tribal Health Clinic for seventeen years. This rural, tribal clinic is beautiful and modern, delivers a variety of essential primary and community based services and does so in a culturally safe manner. The clinic serves non-Native community members as well and is a vital resource in our remote county.

The clinic has a very hard time recruiting and maintaining health care providers however, due to the remote location and inability to pay competitive wages due to the underfunding of Indian Health Services. For example, it has been seven years since a full time medical doctor has been employed there despite efforts to recruit. I finally left several years ago, after multiple attempts failed and I was unable to provide full-scope services.

The requirement for a collaborative agreement was the (ONLY) reason I could not provide essential maternity care services. Instead, these women and their families have to travel 45 minutes or more for routine prenatal care. This is dangerous in the winter months, and especially difficult for those without reliable transportation.

In a clinic that cannot staff essential health care providers, I was there, and could not, because of this outdated restrictive code, provide prenatal care and women's health services. When the APRN modernization bill is passed, this will no longer be an issue.

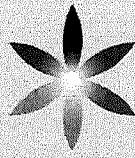
To be clear, the requirement to have a written collaborative agreement does not improve the quality of care patients receive. Certified nurse-midwives work collaboratively with physician partners as a matter of course. We collaborate interprofessionally with many providers to ensure our patients receive high-quality, evidence-based care.

In my case, I had physician colleagues who were more than willing to sign a collaborative agreement, but they were told by a legal advisor from their parent organization two states away that to do so would be a liability and they could not sign it. That was unfortunate, not only because it's not true that signing a collaborative agreement creates vicarious liability but also because it left us without recourse.

Still today, women and families in Bayfield County do not have a health care provider who can offer prenatal care and women's health services. They continue to have no choice but to travel for care, or to go without.

Please help us rectify this unacceptable circumstance. Those who are most vulnerable in our state need better health care and those of us who want to provide it need your support.

Thanks for your consideration, Dr. Erin Tenney, DNP, CNM, WHNP, APNP



# Shalem Healing

3338 N Dr. Martin Luther King Jr. Dr., Milwaukee, WI 53212 | (P) 414-640-5433 | (F) 414-502-0192 | [www.shalemhealing.org](http://www.shalemhealing.org)

Date: 5/23/23

To: Committee on Health

Fr: Robert Fox DOM, APNP, Jonathan Gelfman, Clinic Director

Re: support for SB145/AB154

Good afternoon Committee Members,

My name is Jonathan Gelfman, Clinic Director of Shalem Healing. I am here on behalf of Shalem Healing and its founder and Executive Director, Robert Fox, Doctor of Oriental Medicine, Advanced Practice Nurse Prescriber and Executive Director.

For context, Shalem Healing is a 501c3 community clinic located in the Harambee neighborhood of Milwaukee, a medically underserved area of need. Shalem Healing believes that everyone deserves competent medical care and does not refuse treatment based on finances or insurance coverage.

As you know, the APRN Modernization Act has been reviewed, discussed, and revised since 2017. This legislation reflects a model that has been adopted in 27 other states including the District of Columbia and the Veterans Administration hospitals and primary care clinics. The data and research have never been clearer about the benefits of utilizing APRNs.

The financial and operational management associated with providing care to Wisconsin's rural and underserved populations cannot be understated. As an example, during the COVID-19 pandemic APRNs were able to practice with full practice authority as the collaboration requirement was waived. This was done to allow for increased access to safe quality care during the emergency.



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The emergency regarding the need for safe quality care did not start with COVID and it does not end with COVID. Please know that Shalem Healing provided 10s of thousands of public covid tests in addition to successfully treating 1000s of positive cases with no fatalities is a testament to the care we are able to provide.

But make no mistake, now that the COVID epidemic is declared “over”, Shalem Healing is as dedicated as ever to the management of existing “epidemics” including, Diabetes, Heart Disease, Hypertension and Mental Health issues plaguing our communities. Clearly, the need is still there.

In conclusion, APRNs are a solution to providing care that is timely, accessible, affordable, and without question safe and of highest quality. I imagine we agree that it is not acceptable to have health care shortage areas in this fine state. The current healthcare model is obviously not the solution as it is perpetuating the shortage areas. APRN modernization is a major part of the solution.

Let's move forward with making safe quality care accessible to more of those in need.

Blessings of health,

Robert Fox, DOM, APNP  
Jonathan Gelfman, Clinic Director  
Shalem Healing, Inc.