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# RACHAEL A. CABRAL-GUEVARA

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STATE SENATOR • 19<sup>TH</sup> SENATE DISTRICT

*Testimony before the Senate Committee on Health*

*Senator Rachael Cabral-Guevara*

*March 12, 2025*

Hello, members of the Senate Committee on Health. Thank you for allowing me to provide testimony on Senate Bill 31, a proposal that serves as a follow-up to 2021 Wisconsin Act 192, relating to the composition of local health boards.

Wisconsin is facing a severe provider shortage, which is particularly impacting rural areas. Prior to 2021, in appointing members who are not elected officials or employees, physicians were sought to serve both on the board and as the local health officer with state agent status. This status currently grants physicians serving as this officer the protection of being an agent of the Department of Health Services, including litigation expenses related to the role being paid for by the department.

After 2021 Wisconsin Act 192 was signed into law, the board membership opportunities were extended to Advanced Practice Nurse Prescribers (APNPs) and Physician Assistants (PAs) if a willing physician could not be located. However, the ability of those APNPs and PAs to serve as the local health officer with state agent status, including all of the duties and protections that entails, was not changed in the statutory language.

This bill intends to allow these professionals to serve as the local health officer with state agent status. A simple question worth asking is this: if a willing physician cannot be found to serve on the board, how would you be able to find one to serve as the local health officer with the already-granted state agent status?

By allowing APNPs and PAs to fulfill the duties of the local health officer with agent status, we can close the gap on services offered by our local health boards, including disease tracking, immunizations, and public health programs. This would particularly have a positive impact on our provider shortage areas.

I am hopeful you will support this simple step in the right direction to help address our public health needs. Thank you for your time.



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# RICK GUNDRUM

STATE REPRESENTATIVE • 58<sup>TH</sup> ASSEMBLY DISTRICT

## Senate Bill 31

Senate Committee on Health | March 12, 2025 | Room 411 S

Hello, members of the Senate Committee on Health. Thank you for allowing me to testify on Senate Bill 31, a bill that provides an important update to 2021 Wisconsin Act 192, relating to the composition of local health boards.

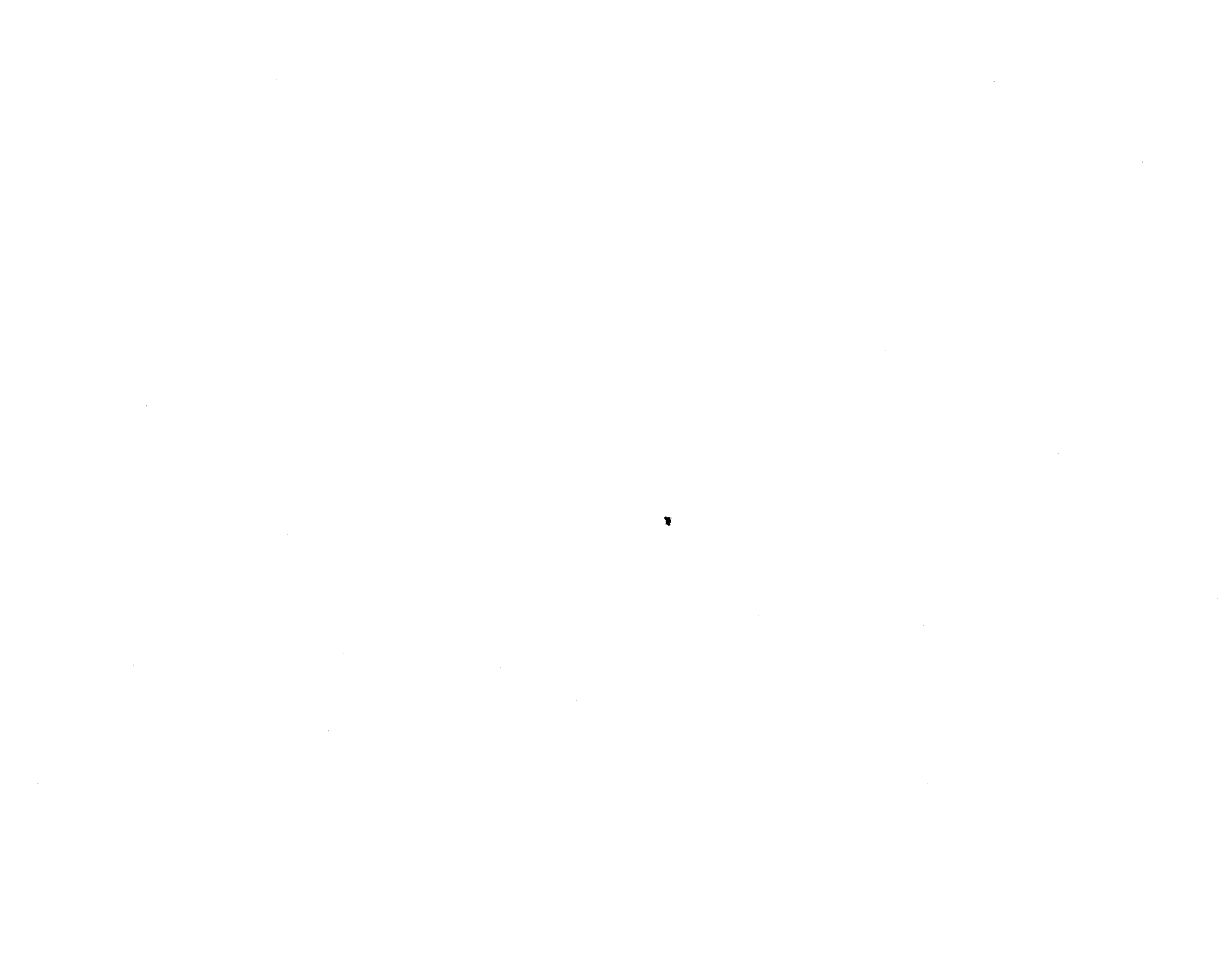
It is no secret that Wisconsin is suffering from a severe provider shortage. This is especially true for most of our rural areas. In 2021, Wisconsin Act 192 updated state law to allow for a physician assistant, advanced practice nurse (those with prescriptive authority) or both to serve on a local board of health in the event that a willing physician or registered nurse could not be found to serve on the board.

Act 192 served as a key driver in helping to solve the provider shortage problem by expanding the qualifications to include other competent healthcare providers. However, three years later, one issue remains: state statute only allows a physician to be able to serve as a medical advisor to the local health officer, so what happens if a county cannot find a willing physician to serve on the board of health? What, then, is the possibility the board will find one willing to serve as the medical advisor?

The intended purpose of this bill is to grant state agent status with the Department of Health Services to these individuals, including all the legal protections that entails, with the goal of bringing parity to the role and easing the burden on PAs and APNPs willing to serve in this role.

By allowing physician assistants and advanced practice nurse practitioners to serve in the role of a medical advisor to a local health officer, we can help to reduce the strain on the services offered by local health boards. These services typically include various screenings, immunizations, and other public health programs.

I hope you will support this necessary fix to our provider shortage. Thank you again for your time, and I look forward to answering any questions you may have.



## Testimony Regarding SB 31/AB 12

Good morning, Chair Cabral-Guevara, Vice-Chair Testin, and members of the Senate Committee on Health. Thank you for holding this public hearing on SB 31.

In 2021, SB 312/AB 292 was introduced by former State Representative Plumer and State Senator Bernier. The Bill passed both houses of the State Legislature and was signed by the Governor in March 2022, becoming Act 192. This law allows a physician assistant, advanced practice nurse prescriber, or both, to be appointed to a local board of health if, in good faith, a willing registered nurse, physician, or both, cannot be located for appointment as required previously by state statute.

Upon further review of applicable state statutes, it was discovered that a health department would still need to have a physician as a medical advisor, even if one could not be found to serve on the board of health. SB 31 changes those applicable statutes to allow a physician assistant and/or an advanced practice nurse prescriber to serve as the medical advisor to the health department if appointed to the board of health in place of the physician. If the board of health is unable to find a willing physician to serve, it is unlikely to find one to serve as the medical advisor.

Sue Smith, the Wood County Health Officer, was unable to attend this hearing, but sent written testimony supporting AB 12. She also sent a document listing the standing orders a medical advisor needs to sign for a health department. All orders are well within the scope of practice of a physician assistant and advanced practice nurse prescriber. A copy of the current local voluntary medical advisor policy is also attached for your review. As you can see, the policy refers only to a physician as the medical advisor. Please note the indemnification from liability in the performance of these duties.

I want to thank Representative Gundrum and Senator Cabral-Guevara (who is an advanced practice nurse prescriber) for their willingness to introduce this Bill. They both recognize this common sense fix to help the approximately 90 local health departments across our great state deliver safe, quality health care and public health services to individuals, families, and communities.

I would appreciate your support for this Bill and am glad to answer any questions.



3/12/25

Donna M. Rozar, R.N., M.S.N., Former WI State Assembly Representative, District 69  
Wood County Board Supervisor, District 2  
Chair, Wood County Health and Human Services Committee

February 12, 2025

Dear Members of the Committee on Health, Aging and Long-Term Care,

Good morning. I would like to express my support for 2025 Assembly Bill 12. Local and tribal health departments in Wisconsin are currently required to have a physician who serves as a Medical Advisor to oversee immunization programs, among other things. This person reviews immunization program policies and procedures and signs standing orders that allow public health nurses to administer the vaccines. This is an important role, and not the only role of medical advisors. Health departments have additional standing medical orders to allow employees with a lower level of licensure to carry out certain procedures. In most health departments, this includes things like:

- Tuberculosis screening
- Blood lead testing
- Collection of lab samples for the diagnosis or confirmation of communicable diseases
- Administering Immune Globulin to individuals infected with Hepatitis A
- Hemoglobin testing of pregnant women and children
- Newborn screening for babies not born in a medical facility, often in the Plain Community, and
- Glucose testing for diabetes

This is a general listing, and some agencies may provide additional medical services requiring medical orders.

It can be very difficult to recruit a physician from the community to serve as an uncompensated medical advisor, particularly in rural counties in northern Wisconsin. AB12 would allow physician assistants and advanced practice nurse prescribers to fill that role, opening the door to new opportunities for those providers to serve their community and reducing barriers that limit the pool of candidates. Last session, you approved modifications to 251.03(1) to allow a physician assistant or advanced practice nurse to serve on a local board of health, as opposed to requiring that individual be a physician. AB12 will compliment that legislation as most health department medical advisors serve a dual role on the local board of health.

I would like to thank the authors and cosponsors of this bill and the Committee on Health, Aging and Long-Term Care for your time today.

Sincerely,



Sue Smith, RN, MSN  
Wood County Health Officer

**WOOD COUNTY HEALTH DEPARTMENT**  
**Standing Orders**

**1. Immunization Program**

- A. Agrees to, accepts, and signs the Health Department Policy and Procedure and State of Wisconsin Immunization Policy and Procedure protocols as written.
- B. Agrees to the following modifications:
  - 1. Booster doses of Hepatitis B may be given in Wood County Health Department public clinics when the recipient requests booster based on his/her healthcare provider recommendation following testing for immune status.
  - 2. Provide Varicella vaccine to individuals over age 19 in extenuating circumstances. Requires:
    - a) Interview of client regarding their circumstances and risk;
    - b) If insured or covered by Medical Assistance refer to healthcare provider;
    - c) If susceptible and without insurance or plan with high deductible, may proceed with immunization.
- C. Authorizes registered nurse to recommend antipyretic medication to vaccine recipients in accordance with Aspirus Riverview Hospital and Clinics and Marshfield Clinic Health System dosing schedule.
- D. Follows established policy for immunization of minors without parent/legal guardian present.
- E. Influenza vaccine - Follows CDC/ACIP guidelines for administration of vaccine.
- F. Provide influenza, COVID, and other appropriate vaccines outside of regular clinics to organizations and individuals as approved by Director/Nursing Supervisor.

**2. Lead Program**

Authorizes trained health screeners in the Health Department to collect capillary blood for lead screening of participants in various lead screening programs.

- 1. Participants will meet the criteria for the lead program.
- 2. Participants will sign informed consent to be screened.

**3. Tuberculosis Screening**

- A. Authorizes registered nurses in the Health Department to perform Mantoux testing and follow-up for persons requesting the testing. All Mantoux testing will follow the current Wisconsin TB Program and Health Department approved guidelines for screening, referral and follow-up of participants.
- B. A signed individual standing order is available for QuantiFERON gold or T-Spot testing. Clients with a positive Mantoux test and no signs or symptoms of tuberculosis can be referred for QuantiFERON or T-Spot testing using the individual standing order for the test.

**4. Collection of Laboratory Specimen**

Authorizes trained staff to collect laboratory specimens for the diagnosis and/or confirmation of communicable disease cases reported to Wood County Health Department under the direction of the Wood County Health Officer.

- 1) Personnel will follow the recommended guidelines for disease control as set out in the most recent editions of *Control of Communicable Disease Manual*, edited by David Heymann, MD, published by the American Public Health Association and the *EPINET*, edited by the Bureau of Public Health Communicable Disease Section, published by the Department of Health Services.
- 2) Personnel will be trained in proper collection and handling of specimens.
- 3) Personnel will follow guidelines recommended by the Wisconsin State Laboratory of Hygiene.
- 4) Personnel will work in conjunction with the individual's primary care physician to coordinate the collection of laboratory specimens for the purposes of diagnosis and/or confirmation of a given communicable disease.
- 5) The department will keep a record of the assessment/investigation findings, laboratory specimens collected under this medical order and follow-up control measures taken for given cases.
- 6) The Wood County Health Officer will keep the Medical Advisor and the Division of Public Health/Department of Health Services informed of outbreaks and epidemics within Wood County.

**5. Immune Globulin**

Authorizes registered nurses to provide immune globulin to contacts of infected individuals (e.g. Hepatitis A) according to guidelines established by Department of Health Services, Division of Public Health, Bureau of Communicable Diseases and the CDC.

**6. Hemoglobin Testing**

Authorizes staff to perform capillary hemoglobin testing.

- 1) Targeted towards Head Start, WIC, and other children and pregnant woman who do not have Medical Assistance or are underinsured.
- 2) A parental consent form and release of information will be completed.
- 3) Also targeted toward pregnant and postpartum women who struggle with access to care.

**7. Fluoride Varnish Program**

Authorizes registered nurses and registered dieticians in the Health Department to provide fluoride varnish to infants, children, and adults.

- 1) A signed consent form must be secured from the parent/legal custodian/guardian of the child or from the adult participant.
- 2) An oral health screening shall be conducted and documented by the Wood County Health Department Public Health Nurse or Registered Dietician.
- 3) Participants are offered referral and follow-up as outlined in the Fluoride Varnish Agency Protocol.

**8. Newborn Screening**

- A. Authorizes registered nurses to collect blood using the established procedure for completion of newborn screening cards.
- B. Authorizes registered nurses to conduct hearing screening and pulse oximetry screening for congenital heart defects in newborns.
- C. Authorizes registered nurses to conduct weight monitoring and reporting to health care provider.

**9. Glucose Testing**

- A. Authorizes staff to perform capillary glucose testing of adults (e.g., pregnant women, diabetics).

**10. Naloxone Distribution/Administration**

- A. Authorizes trained staff to maintain a supply of Narcan (naloxone) nasal spray for the purposes of distribution.
- B. Authorizes trained staff to possess and distribute Narcan (naloxone) nasal spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.
- C. Authorizes trained staff to possess and administer Narcan (naloxone) nasal spray 4mg to a person suspected of an opioid overdose in accordance with Health Department Policy and Procedures.

Changes to any of the proceeding program policies and procedures will be shared with the medical advisor and, if there are no modifications recommended by the medical advisor, will become official changes to the respective programs.

This authorization is ongoing, but can be revoked by either party with notification.

\_\_\_\_\_ Dr. Iniguez / Medical Advisor

\_\_\_\_\_ Date

\_\_\_\_\_ *Sue Smith*

\_\_\_\_\_ Date

Sue Smith / Wood County Health Officer

Date

**Name of the County or Municipality  
Name of the Local Health Department**

**Local Voluntary Medical Advisor Policy**

**Model Policy for Wisconsin Local Health Departments**

<b>POLICY TITLE:</b>	Voluntary Medical Advisor
<b>EFFECTIVE DATE:</b>	_____
<b>DATE REVIEWED/REVISED:</b>	_____
	Assure review by corporation counsel or city attorney
<b>AUTHORIZED BY:</b>	<b>Insert Name of Board of Health</b>
<b>TITLE:</b>	Voluntary Medical Advisor

**PURPOSE STATEMENT:** To provide guidance in securing a medical advisor for the (insert name of health department). Voluntary medical advisors to the local health department help assure the safe delivery of health care services and public health services to individuals, families, and communities. Medical advisors provide formal delegation of medical acts to licensed professional nurses, licensed practical nurses, and lesser skilled assistants where required by Wisconsin Statute, Chapter 448, Medical Practices, and Wisconsin Statute, Chapter 441, Board of Nursing.

Physicians who are currently licensed and whose license is in good standing with the Wisconsin Department of Regulation and Licensing are eligible. Such physician advisors will be first sought from within the jurisdiction of the local health department, shall not be an employee of the (insert name of health department), and shall serve in an uncompensated, voluntary position. Such physicians shall become state agents of the Wisconsin Department of Health Services for the purposes of Wisconsin Statutes s. 165.25 (6), s. 893.82 (3), and s. 895.46 for the services they provide for the programs and services of (insert name of health department) that require medical oversight. The designation of state agent status authorizes the State to provide legal representation to the volunteer medical advisor and to indemnify him or her from liability arising from the medical advisor's performance of duties.

Policy	The Health Officer will identify a local voluntary medical advisor who meets the qualifications set forth above.
Persons Affected	Board of Health Health department staff. Residents of the community within the jurisdiction of the local health department.



Essential Public Health Services	<p>This policy meets the statutorily required essential public health services of:</p> <ul style="list-style-type: none"> <li>➤ Assure a diverse, adequate, and competent public health workforce to support the public health system.</li> <li>➤ Enforce laws and regulations that protect health and ensure safety.</li> </ul>
Legal Authority	<p><b>Wisconsin Department of Health Services' Related Statutes and Administrative Rules:</b></p> <ul style="list-style-type: none"> <li>➤ Wisconsin Statute Chapter 251, Local Health Officials</li> <li>➤ Wisconsin Statute, Section 251.07, Certain physicians; state agency status</li> <li>➤ Wisconsin Department of Health and Family Services , Administrative Rule, HFS 140, Required Services of Local Health Departments</li> <li>➤ Wisconsin Statute Chapter 252, Communicable diseases</li> <li>➤ Wisconsin Statute Chapter 448, Medical practices</li> </ul> <p><b>Wisconsin Department of Regulation and Licensing Related Statutes and Administrative Rules:</b></p> <ul style="list-style-type: none"> <li>➤ Wisconsin Statute Chapter 441, Board of Nursing</li> <li>➤ Wisconsin Department of Regulation and Licensing, Administrative Rule, N6, Section 6.03, Standards of practice for registered nurses</li> <li>➤ Wisconsin Department of Regulation and Licensing, Administrative Rule N6, Section 6.04, Standards of practice for licensed practical nurses</li> </ul> <p><b>Wisconsin Department of Justice Related Statutes:</b></p> <ul style="list-style-type: none"> <li>➤ Wisconsin Statute, Section 165.25 (6), Duties of Department of Justice</li> <li>➤ Wisconsin Statute, Section 893.82 (3), Claims against state employees; notice of claim; limitation of damages.</li> <li>➤ Wisconsin Statute, Section 895.46, State and political subdivisions thereof to pay judgments taken against officers</li> </ul>