



WISCONSIN ACADEMY of FAMILY PHYSICIANS



Wisconsin Society of  
**Anesthesiologists**  
Physician Led Care



Wisconsin Medical Society



WISCONSIN ACADEMY  
OF OPTHALMOLOGY

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.