SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-21-99

BILL NO. SB 129
or
SUBJECT

Senator Eades
(NAME)

P.S. State Capitol
(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☑

Registering Against:
but not speaking: ☐

Speaking for information
only; Neither for nor against: ☐

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129
or
SUBJECT

NANCY VRABEC
(NAME)

238 E. CHATEAU PLACE
(Street Address or Route Number)

WHITEFISH BAY WI 53221
(City and Zip Code)

WISCONSIN EDUCATIONAL ADMINISTRATORS OF ASSOCIATE DEGREE NURSING PROGRAMS
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☒

Registering Against:
but not speaking: ☐

Speaking for information
only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129
or
SUBJECT

Jack O'Meara
(NAME)

106 E. Doty Street
(Street Address or Route Number)

Madison 53703
(City and Zip Code)

Wisconsin Association of School Nurses
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☑

Registering Against:
but not speaking: ☐

Speaking for information
only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-22-99

BILL NO. SB 129
or
SUBJECT Nsg Compact

Maureen Van Dinter
(NAME)

5023 Bong Rd.
(Street Address or Route Number)

Wauna Kee WI 53597
(City and Zip Code)

WI Ass Ped. Nurse Practioners (WAPNAP)
(Representing)

Speaking in Favor:	☐
Speaking Against:	☐
Registering in Favor: but not speaking:	☑
Registering Against: but not speaking:	☐
Speaking for information only; Neither for nor against:	☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129
or
SUBJECT Interstate Nurse Licensure Compact

Sara Kenefick
(NAME)

4012 Glenhaven Drive
(Street Address or Route Number)

La Crosse WI 54601
(City and Zip Code)

WANA Wi Association of Nurse Anesthetists
(Representing)

Speaking in Favor:	☐
Speaking Against:	☐
Registering in Favor: but not speaking:	☒
Registering Against: but not speaking:	☐
Speaking for information only; Neither for nor against:	☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/22/99

BILL NO.
or
SUBJECT Senate Bill 129

Duwayne Johnson
(NAME)

(Street Address or Route Number)

(City and Zip Code)

State Rep
(Representing)

Speaking in Favor:	☑
Speaking Against:	☐
Registering in Favor: but not speaking:	☐
Registering Against: but not speaking:	☐
Speaking for information only; Neither for nor against:	☐

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129

or

SUBJECT Nurse Licensure Compact

Deborah L. Schwellk

(NAME)

1236 Dewey Ave

(Street Address or Route Number)

Wauwatosa WI 53213

(City and Zip Code)

Wisconsin Nurses Assoc

(Representing)

Speaking in Favor: [X]

Speaking Against: [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB -129

or

SUBJECT

Jeanne M. Wilton

(NAME)

1612 Wisconsin Ave

(Street Address or Route Number)

Racine, WI 53403

(City and Zip Code)

Myself

(Representing)

Speaking in Favor: [ ]

Speaking Against: (if by 11:30 a.m.) [ ]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [X]

Speaking for information only; Neither for nor against: [ ]

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB 129

or

SUBJECT

Ann McCormick

(NAME)

N2796 Summerville Park Rd

(Street Address or Route Number)

Lodi, 53555

(City and Zip Code)

Dist. 1199 W/United Professionals for Quality Healthcare SEIU

(Representing)

Speaking in Favor: [ ]

Speaking Against: [X]

Registering in Favor: but not speaking: [ ]

Registering Against: but not speaking: [ ]

Speaking for information only; Neither for nor against: [ ]

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by 3

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129
or
SUBJECT Nursing Licensure Compact
Multistate Recognition

Dennis Dahlberg
(NAME)

2550 Madison St.
(Street Address or Route Number)

LaCrosse, Wi. 54601
(City and Zip Code)

President
Wisconsin Association of
(Representing) Nurse Anesthetists

Speaking in Favor:	X
Speaking Against:	
Registering in Favor: but not speaking:	
Registering Against: but not speaking:	
Speaking for information only; Neither for nor against:	

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: Sept 23, 1999

BILL NO. SB 129
or
SUBJECT Interstate Nsg Compact

Nancy Beale RNC
(NAME)

5526 Woodglen Trail
(Street Address or Route Number)

Madison, Wi 53716
(City and Zip Code)

Myself - a practicing RN
(Representing)

Speaking in Favor:	
Speaking Against:	✓
Registering in Favor: but not speaking:	
Registering Against: but not speaking:	
Speaking for information only; Neither for nor against:	

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129
or
SUBJECT

Molly Keay
(NAME)

4313 Maher Ave
(Street Address or Route Number)

Madison WI
(City and Zip Code)

Assoc. of Women's
AWHONN Health, Obstetrics,
(Representing) & Neonatal Nursing

Speaking in Favor:	
Speaking Against:	X
Registering in Favor: but not speaking:	
Registering Against: but not speaking:	
Speaking for information only; Neither for nor against:	

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129
or
SUBJECT

Kristen LaRose
(NAME)

2000 L St. NW Ste. 740
(Street Address or Route Number)

Washington, DC 20036
(City and Zip Code)

AWHONN
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☐

Registering Against:
but not speaking: ☑

Speaking for information
only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB-129
or
SUBJECT

Lee MARKI
(NAME)

8228 Imperial Dr
(Street Address or Route Number)

Franklin 53132
(City and Zip Code)

AWHONN
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☐

Registering Against:
but not speaking: ☒

Speaking for information
only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 23 SEPT

BILL NO. S 129
or
SUBJECT

JOSEPH K HERRO
(NAME)

934 HIGH ST no.6
(Street Address or Route Number)

MADISON WI 53715
(City and Zip Code)

MYSELF
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☐

Registering Against:
but not speaking: ☑ JKH

Speaking for information
only; Neither for nor against: ☐

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB-129
or
SUBJECT Interstate Compact

Laura Erickson
(NAME)

2022 Cottage Ave
(Street Address or Route Number)

Beloit, WI
(City and Zip Code)

AWHONN
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☐

Registering Against:
but not speaking: ☒

Speaking for information
only; Neither for nor against: ☐

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. Senate 129/Assembly 305
or
SUBJECT

(NAME) Sandy Peterson

(Street Address or Route Number) 2649 mason St

(City and Zip Code) madison WI 53705

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☐

Registering Against: but not speaking: ☑

Speaking for information only; Neither for nor against: ☐

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. Senate Bill 129/Assembly Bill 305
or
SUBJECT Nurse Licensure Compact

(NAME) Thomas B. Peterson

(Street Address or Route Number) 2649 Mason St.

(City and Zip Code) Madison, WI 53705

(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☐

Registering Against: but not speaking: ☑

Speaking for information only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9/23/99

BILL NO. SB 129 AB 305
or
SUBJECT

(NAME) Donna Wanzynski

(Street Address or Route Number) 3242 Larry Dr.

(City and Zip Code) Plover, Wi 54467

(Representing) WNA

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor: but not speaking: ☒

Registering Against: but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB 129/AB 305
or
SUBJECT

Secretary Marlene A. Cummings
(NAME)

1400 E. Washington Ave
(Street Address or Route Number)

Madison 53703
(City and Zip Code)

Dept. of Regulation + Licensing
(Representing)

Speaking in Favor: X

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB 129/AB 305
or
SUBJECT

Tom Neumann, Director-Office of Education
(NAME)

1400 E. Washington Ave.
(Street Address or Route Number)

Madison 53703
(City and Zip Code) Secretary Cummings,

Department of Regulation + Licensing
(Representing)

Speaking in Favor: X
(Written Testimony Submitted)

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB 129/AB 305
or
SUBJECT

Ann E. Brewer, RN, BSN -
(NAME) Board of Nursing - member

430 Oak Crest Ave.
(Street Address or Route Number)

Madison, WI 53705
(City and Zip Code)

SELF
(Representing)

Speaking in Favor: X

Speaking Against:

Registering in Favor:
but not speaking: X
(Written Testimony Submitted)

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB 129 / AB 305

or

SUBJECT

Ruth Lindgren - Vice Chair Board of Nursing
(NAME)

245 S. Cottage Street
(Street Address or Route Number)

Whitewater 53190
(City and Zip Code)

SELF
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☑
(Written Testimony Submitted)

Registering Against:
but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: Sept 23, 1999

BILL NO. SB 129 AB 305

or

SUBJECT

LINDA CALDART OLSON
(NAME)

5100 W31365 Hy LO
(Street Address or Route Number)

Mukwonago WI 53149
(City and Zip Code)

Self
(Representing)

Speaking in Favor: ☐

Speaking Against: ☐

Registering in Favor:
but not speaking: ☒

Registering Against:
but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 9-23-99

BILL NO. SB 129 / AB 305

or

SUBJECT

Tim Burns, Chair
(NAME)

1400 E. Washington Ave
(Street Address or Route Number)

Madison 53703
(City and Zip Code) Wisconsin

Board of Nursing
(Representing)

Speaking in Favor: ☒
(Written Testimony Submitted)

Speaking Against: ☐

Registering in Favor:
but not speaking: ☐

Registering Against:
but not speaking: ☐

Speaking for information only; Neither for nor against: ☐

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State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Tommy G. Thompson
Governor

Marlene A. Cummings
Secretary

1400 E. WASHINGTON AVENUE
P.O. BOX 8935
MADISON, WISCONSIN 53708-8935
E-Mail: dorl@mail.state.wi.us
(608) 266-2112
FAX#: (608) 267-0644

Testimony on SB 129/AB 305
Before The
Committee on Human Services and Aging
Thursday, September 23, 1999, 10:00 A.M.
201 Southeast, State Capitol

Good morning, Chairperson Robson and members of the committee. Thank you for the opportunity to submit written testimony on Senate Bill 129/Assembly Bill 305 relating to the mutual recognition model and interstate compact for nurse licensure. My name is Ruth Lindgren and I support SB 129/AB 305. I am a nurse educator and consultant and the vice-chair of the Wisconsin Board of Nursing. I'd like to share with you some of my experiences since joining the Board of Nursing.

Each year since I was appointed in 1994 I have been privileged to be the board's delegate to the National Council State Boards of Nursing's (NCSBN) annual and regional meetings. I have also attended several other meetings devoted to planning and ironing out the fine details of the compact. I have listened to and participated in discussions and reports since 1994 as NCSBN thoughtfully and carefully planned this new licensure model. They have sought input from many sources and particularly from their legal counsel and a very prominent legal firm in Washington, D.C. Every aspect and every potential problem has been thoroughly provided for in these discussions in the planning and developing the interstate compact.

I'd like to summarize what I think are the basic provisions of the interstate compact, which will be very important as we move into the next century. They are as follows:

- The Wisconsin consumer of health care will have access to qualified nurses regardless of state boundaries. (This will become very important as we embark upon another serious nurse shortage.)

- Streamlined processes for interstate nursing practice will contribute to the accessibility of qualified nurses to Wisconsin citizens.

- Better interstate tracking of nurses with practice problems will occur because of better communication and a centralized data system. This will contribute significantly to consumer health and safety.

- Sets the stage for a modernized model of licensure for many health and non-health related professions. Our current licensure model came in with the late horse-and-buggy days of the very early 1900s.

The individual licensed nurse holds the responsibility of knowing and adhering to the practice regulations of the state in which s/he is practicing nursing. The nurse's employer will also want to ensure that all employees have adequate knowledge of the state's practice rules and regulations. It is important to remember that every nursing school curriculum provides for content related to the nurse's legal responsibility for identifying and practicing according to these state rules and regulations and in some way tests that knowledge. Nursing students learn early on that legally they must practice nursing within the parameters of their EDUCATION, TRAINING, and EXPERIENCE.

Thank you for your time and consideration of this legislation. I will be happy to answer any questions, if the committee would like to email or write to me at lindgren@idcnet.com or 245 S. Cottage Street, Whitewater, Wisconsin, 53190.

RL/mls

State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Tommy G. Thompson
Governor

Marlene A. Cummings
Secretary

1400 E. WASHINGTON AVENUE
P.O. BOX 8935
MADISON, WISCONSIN 53708-8935
E-Mail: dorl@mail.state.wi.us
(608) 266-2112
FAX#: (608) 267-0644

September 23, 1999

Dear Chairperson Robson and Committee Members:

I have been on the Wisconsin State Board of Nursing for the past four years and as a member of that body and as a professional nurse, I would like to express my support and commitment for the adoption of the Mutual Recognition Interstate Compact. It is fully supported by the Wisconsin Board of Nursing, the Wisconsin Nurses Association and the Department of Regulation and Licensing.

Today you are presented with SB 129/AB 305 which would allow professional nurses in the State of Wisconsin to join with other states in forming interstate compacts for mutual recognition of licenses. This is an extremely important step as we enter the new millennium. It has been studied, researched and evaluated for thoroughness over the last several years by many professional nursing groups as well as the National Council of State Boards of Nursing. This will provide the opportunity for professional nurses to cross state lines to practice in the area of medical telecommunications, patient transport across state lines, as well as many other areas yet to be developed. For those who support the interstate compact for mutual recognition of state licensure, the primary focus is on the public's improved ability to access health care. The mutual recognition model for nurse licensure allows a nurse to have one license (in state of residency) and practice in other state, as long as that individual acknowledges he or she is subject to each state's practice laws and discipline.

I thank you for your consideration and request your support for this very important advancement in the practice of professional nurses. If you have further questions or concerns, please feel free to contact me.

Cordially,

Ann Brewer

Ann E. Brewer, RN, BSN
430 Oak Crest Ave.
Madison, WI 53705
(608) 233-8880

AEB:KMNL:dms
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Wisconsin Nurses Association
6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
FAX (608) 221-2788

TO: Senator Judy Robson and members of the Senate Human Services and Aging Committee

FROM: Deborah Schwallie MSN, RN, APNP
President of the Wisconsin Nurses Association

DATE: September 23, 1999

RE: Support of SB 129 - Adopting the Nurse Licensure Compact and Granting Rule-Making Authority

---

Good Morning Chairwoman Robson and members of the Senate Human Services Committee. My name is Deborah Schwallie. I am a Registered Nurse and the President of the Wisconsin Nurses Association (WNA). The WNA is the voice for professional nurses in Wisconsin. Thank you for giving me the opportunity to relay WNA's reasons for why we support SB 129 and the Companion Bill AB 305.

As nurses we are finding health care and nursing practice to be less and less bound by state boundaries. The electronic technology of telehealth is blind to whether the patient is located in Wisconsin or Iowa or Minnesota. We are seeing health plans that may use a nurse in California to triage a patient in Wisconsin. We have an increase in nurses physically practicing across state boundaries. A traveling nurse for example, may be in Florida one week and in Wisconsin the next. Businesses like Home Health Care may border Michigan and Wisconsin. These agencies may wish to use nurses to care for patients in both Michigan and Wisconsin.

These are all examples of how nursing practice is becoming less bound by state boundaries. Licensure however, remains tied to state boundaries. Nurses must be licensed in each and every state in which they practice. If a nurse who is employed by the Mayo Health System works in Wisconsin and provides health care to a patient in Minnesota via telehealth, that nurse must be licensed in Minnesota. These situations are becoming more and more of a reality. Obviously, one can imagine situations in which a nurse may have to hold up to 50 licenses. Such a system is not cost effective to the nurse or to the state. Since licensure qualifications for nurses are almost identical for all states (they take the same national exam) and most states license nurses through endorsement, obtaining a license in a second state is usually an administrative process of filling out an application and paying a licensure fee. Unfortunately, in some cases, the process may take months since the new licensing board has to verify the license status of the nurse in every state in which the nurse is licensed and some state are slow in verifying licensure status. This can affect patient care by creating a shortage situation and a negative impact on the nurses economic status.

If enacted, SB 129, will establish a state-based system of licensure that is recognized nationally. A single state participating in the Compact would be recognized by all other states participating in the Compact. The nurse would have only one license that would authorize the nurse to practice in every state participating in the Compact. The Compact will work very much like the Driver License Compact under which states have agreed to recognize a driver's license issued by another state.

SB 129 will require that nurses providing care to citizens of Wisconsin provide that care in conformity with the laws passed by the Wisconsin State Legislature to assure safe patient care. In other words, even if a nurse is licensed in another state, the nurse must comply with Wisconsin laws governing nursing practice when practicing in Wisconsin. SB 129 also provides that if such a nurse engages in unacceptable nursing practice with respect to a Wisconsin patient, the Wisconsin Board of Nursing can take action against that nurse's privilege to practice in Wisconsin. Again, the Driver License Compact provides a good analogy. If a driver licensed by another state wants to drive in Wisconsin, the driver has to comply with Wisconsin's driving laws and if the driver violates one of them is subject to sanction by the Wisconsin legal system.

SB 129 represents an entirely new approach to licensing nurses. WNA believes it is good for the citizens of Wisconsin and good for Nurses and Nursing.

I also want to personally thank Senator Robson for sponsoring this bill and the many committee members who have signed on as co-sponsors. It is truly appreciated. I thank you for giving me the opportunity to present WNA's position on SB 129 and I will gladly answer any questions that you may have.

Thank you.

State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Tommy G. Thompson
Governor

Marlene A. Cummings
Secretary

1400 E. WASHINGTON AVENUE
P O. BOX 8935
MADISON, WISCONSIN 53708-8935
E-Mail: dorl@mail.state.wi.us
(608) 266-2112
FAX#: (608) 267-0644

Testimony on Senate Bill 129/Assembly Bill 305
Before The
Committee on Human Services and Aging
Thursday, September 23, 1999, 10:00 A.M.
201 SE, State Capitol

Good morning, Chairperson Robson and members of the committee. Thank you for the opportunity to present testimony on Senate Bill 129/Assembly Bill 305 that relates to the mutual recognition model and interstate compact for nurse licensure. My name is Tim Burns, Chair of the Board of Nursing. The Board of Nursing supports AB 305 as amended, and supports SB 129.

In today's changing health care delivery environment, new modes of practice via advances in technology have caused boards of nursing to take a new look at the current nurse licensure system. Increased practice across state lines through direct care, consultation, client assessment and through telecommunications has raised questions about current compliance with state licensure laws. Expedient access to qualified nurses is needed and expected by consumers without regard to state lines. Expedient authorization to practice is expected by employers and nurses. Having a nurse demonstrate the same licensure qualifications to multiple states for comparable authority to practice is cumbersome, and is neither cost-effective nor efficient. The practice of nursing via telecommunications technology, which is a burgeoning industry and a current reality, has effectively made state boundary lines more transparent, thereby increasing the difficulty of sound nursing regulation.

In August 1997, the National Council of State Boards of Nursing, composed of 61 member boards, unanimously endorsed the mutual recognition model for nursing regulation. In December 1997, the National Council's member boards approved proposed language for the interstate compact.

A mutual recognition model for nurse licensure utilizing an interstate compact provides a mechanism for enabling mobility of nurses while maintaining a state-based system of licensure and discipline. The consumer's access to safe and qualified nurses is expanded. The mutual recognition model provides that the nurse is held accountable for the nursing practice laws and other regulations in the state where the nurse provides nursing services. Under this model a nurse holds only one license in the state of residence, and is granted a practice privilege by other states which are party to an interstate compact. Each state continues to establish licensure requirements, which already are very similar for both RN and LPN licensure. All states currently require graduation from an approved nursing education program and the passing of a national licensure examination. A central data bank at the National Council of State Boards of Nursing will contain relevant licensure and disciplinary information submitted by state boards of nursing to enable tracking and coordination of nursing practice among states.

This model will have significant positive effects on the public. Nurses can be freely accessible, in person or via telecommunications, to consumers where they are located. Competition, based on quality and cost, will favorably impact the provision of cost-effective health care to the public. Under rules, which are being drafted, the consumer will have access to some of the information in the central data bank, which will aid in decision-making about nursing care.

The Wisconsin Board of Nursing wholeheartedly supports this model and the interstate compact. The board requests your support of the bill which would enact the language of the compact in statute, and establish authority for implementation of mutual recognition of nurse licensure in Wisconsin. The states of Utah, Arkansas, Maryland, Texas, and North Carolina have already passed legislation adopting the compact. Twelve more states are planning to introduce legislation adopting the compact next year.

The Board of Nursing and staff of the Department of Regulation & Licensing are available to respond to any questions about the model and compact.

Thank you again for the opportunity to provide testimony on SB 129/AB 305. We hope the committee members will vote in favor of this important piece of legislation.

State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Tommy G. Thompson
Governor

Marlene A. Cummings
Secretary

1400 E. WASHINGTON AVENUE
P.O. BOX 8935
MADISON, WISCONSIN 53708-8935
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Testimony on Senate Bill 129/Assembly Bill 305
Before The
Committee on Human Services and Aging
Thursday, September 23, 1999, 10:00 A.M.
201 SE, State Capitol

Good morning, Chairperson Robson and members of the committee. Thank you for the opportunity to present testimony on Senate Bill 129/Assembly Bill 305. My name is Tom Neumann, and I am representing the Department of Regulation & Licensing on behalf of Secretary Marlene A. Cummings. I also am the immediate past-president of the National Council of State Boards of Nursing. The Department of Regulation & Licensing supports SB 129/AB 305.

Nursing practice is increasingly occurring across state lines through telecommunications and through direct care, as health care organizations expand beyond mere border areas across the country. Telephone triage and interactive television currently are utilized by nurses to assess, teach, counsel, and treat patients in multiple states. Flight nurses, transport nurses, and even nursing school faculty are practicing in states outside their state of residence. Under the current regulatory system, all are required to be licensed in all states where they practice. This may be considered a barrier to practice for the nurse, as well as a duplicative approach which denies the consumer timely and cost-effective access to care.

From a regulator's perspective, it is redundant to require the same practitioner to verify the same licensure qualifications to multiple states which already have established largely uniform licensure requirements and authorize the same scope of practice. The mutual recognition model has significant benefits for both the practicing nurse and for the consumer. It is the closest model to the existing system, reflects the legal concept of full faith and credit among jurisdictions, and can be implemented incrementally. It promotes safe practice through an expeditious, cooperative discipline process while ensuring protection of due process for all parties. Patients in rural, remote or underserved areas will have better access to quality nursing care across the United States and its island territories.

The Department of Regulation & Licensing commends the National Council of State Boards of Nursing for its endorsement of this model, for its approval of the interstate compact language, and for its vision of a new millennium licensing system. The department would like to see other regulatory boards, including both health care and business professions, strongly consider support and adoption of this same model for credentialing. Like nursing, many of the other professions are already engaged in cross-jurisdictional practice, yet must pursue licensure through the same antiquated process.

The department strongly urges you to support SB 129/AB 305 and hopes that you will vote in favor of the interstate compact. I would be happy to respond to any questions you may have about the model or compact.

Thank you again for the opportunity to present testimony.

Judith B. Robson
Wisconsin State Senator

September 27, 1999

Mr. Dennis Stalsberg
Wisconsin Association of Nurse Anesthetists
2550 Madison Place
LaCrosse, WI 54601

Re: Interstate Nurse Licensing Compact

Dear Mr. Stalsberg:

Thank you for attending the September 23, 1999 hearing of the Senate Committee on Human Services and Aging and for testifying in favor of Senate Bill 129/Assembly Bill 305, relating to the nurse licensing compact.

During your testimony, you indicated that some of the language in the amendment to the Assembly version of this bill was incorrect as it related to nurse anesthetists. I am writing to see if you could provide what you feel is the correct language. If you provide me with that language, I will see about getting an amendment drafted that will put the correct language into the final version of the bill.

Thanks again for your testimony and for your support of the nurse licensing compact. I look forward to hearing from you.

Sincerely,

David A. Austin
Committee Clerk, Senate Committee on
Human Services and Aging

15 South, State Capitol, Post Office Box 7882, Madison, WI 53707-7882 • Telephone (608) 266-2253
District Address: 2411 East Ridge Road, Beloit, WI 53511
Toll-free 1-800-334-1468 • E-Mail: sen.robson@legis.state.wi.us

Judith B. Robson
Wisconsin State Senator

September 28, 1999

BY INTER-D MAIL

Ms. Myra Shelton
Executive Assistant to the Secretary
Department of Regulation and Licensing
1400 E. Washington Ave.

Dear Ms. Shelton:

Enclosed please find the committee report from last week's meeting of the Senate Committee on Human Services and Aging. The report lists all those who spoke or registered regarding Senate Bill 129/Assembly Bill 305, the nurse licensure compact.

The key people you want to speak with from the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) are Molly Kealy, 4313 Maher Ave., Madison and Kristin LaRose, from the Washington, D.C. office of that organization.

If you set up a meeting with the opponents of the nurse licensure compact, please let me know since I am sure the Senator Robson would like to have someone attend the meeting.

Thanks for your help.

Sincerely,

David A. Austin
Committee Clerk for the Senate Committee
on Human Services and Aging

Enc.

15 South, State Capitol, Post Office Box 7882, Madison, WI 53707-7882 • Telephone (608) 266-2253
District Address: 2411 East Ridge Road, Beloit, WI 53511
Toll-free 1-800-334-1468 • E-Mail: sen.robson@legis.state.wi.us

DISTRICT 1199W/UP

SEIU
Leading the Way
UNITED PROFESSIONALS FOR QUALITY HEALTH CARE

DISTRICT 1199W/UNITED PROFESSIONALS FOR QUALITY HEALTH CARE
Affiliated with Service Employees International Union, AFL-CIO, CLC

2001 W. BELTLINE HIGHWAY, SUITE 201
MADISON, WISCONSIN 53713-2366
(608) 277-1199 FAX (608) 270-2025 TOLL FREE (888) 285-1199

UNITED PROFESSIONALS, LEADING THE WAY TO QUALITY HEALTH CARE

September 22, 1999

Senator Judy Robson
Chair
Senate Human Services and Aging Committee

Re: SB 129 Interstate Compact for Nursing

Dear Senator Robson:

District 1199W/United Professionals For Quality Health Care is a membership union representing health care workers, affiliated with the Service Employees International Union (SEIU). We represent more than 3,500 nurses, dieticians, therapists, certified nursing assistants, cooks, housekeepers, social workers, and health care professionals in over twenty chapters across the State of Wisconsin. Our members work in acute and long-term care facilities (hospitals and nursing homes), clinics, state, county and city health departments.

Some of our nurse members have expressed concern that the financial and professional impact of interstate compacts for nurse licensure has not been fully explored and discussed with them.

On behalf of our members, especially the 2,800 plus RNs, we ask that you table action on SB 129 until you hear from Attorney General Doyle, who has been asked for an opinion on the constitutionality of this bill. This may be a worthwhile piece of legislation but we feel that enough questions have been raised that you should have the benefit of input from as many different organizations representing RNs as possible. We urge you to go slow and not take final action until you have heard from all interested parties, including the Attorney General.

We hope that our members can count on your support.

Sincerely,

Ann McCormick

Ann McCormick, RN, BSN
President

Statement by
Jeanne Wilton, RN, MS, IBCLC

on Senate Bill 129, Nurse Licensure Compact

Presented to the Wisconsin Senate Committee on Human Services and Aging

Public Hearing

September 23, 1999

My name is Jeanne Wilton, RN, MS, IBCLC and I am a Women's Health Care Nurse Practitioner at All Saints Medical OB/GYN in Racine, Wisconsin.

Thank you for the opportunity to submit my position on Senate Bill 129, the Nurse Licensure Compact. As many of you are aware, the environment for nursing practice is changing, including telehealth, transport nursing and the increased mobility of the nursing profession, and I support the development of fair and practical strategies to solve these challenges. **However, I believe SB 129 poses risks to the public and to nurses.**

I would like to highlight three main concerns:

1. Wisconsin would be limited in its ability to set high standards for nursing practice.
2. Confidentiality of nurse licensure information is not guaranteed.
3. Consumer protections are threatened.

1. **Wisconsin would be limited in its ability to set high standards for nursing practice**. Currently, the Wisconsin legislature has the authority to change how nurses are licensed, regulated and practice. Under the compact, Wisconsin will have to accept the criteria other states set for licensure as the minimal requirement to practice in this state - regardless of whether we believe those criteria are sufficient to protect the health and safety of our residents. Any changes that Wisconsin wanted to make to the compact, once it is passed, would have to be accepted by all other party states… a process that could be extremely lengthy and acceptance by other states is not guaranteed.

2. **Confidentiality of nurse licensure information is not ensured.** The proposed Coordinated Licensure Information System (CLIS) presents numerous important issues concerning confidentiality, including who has access to the information and what limits may be placed on their access. It does not incorporate the same confidentiality and privacy requirements established by the National Practitioner Database. The compact does provide, at a minimum, the same confidentiality and privacy standards offered under state law. Unfortunately, with the differences in state law, each enrollee is subject to a varying set of confidentiality and privacy requirements.

   The compact language allows states to "designate information that may not be shared with non-party states or disclosed to other entities or individuals without express permission of the contributing state." This implies that, unless a state has taken action specifically to designate information that may not be shared, non-party states and "other entities and individuals" will have access to information held by CLIS.

3. **Consumer protections are threatened**. According to information promulgated by NCSBN, one of the goals of the interstate compact is improvement of consumer protections. However, I have concerns that the reverse may well occur. If a patient believes that they have a complaint concerning patient care or professionalism, under current standards they know they can pursue remedies within the state where the service was provided. If a Board of Nursing takes disciplinary action against a nurse who practices in a remote state, there is no mechanism that would allow the consumer to obtain information concerning the Board's decision. Furthermore, if a violation is committed in Wisconsin and the nurse lives in Texas, Wisconsin has little

recourse in disciplining the nurse. Texas controls the right to take action against the nurse's license, even though a Wisconsin citizen was injured. **I believe that protection of the safety of the citizens of the state would be better served through maintenance of licensure based on state of practice.**

If the issue is the safe, rapid acknowledgement of qualified nurses in Wisconsin for practice, I would encourage the legislature to further study various models, such as an **enhanced endorsement system**. This would allow the Wisconsin Board of Nursing to rapidly review and approve out of state licensees for practice in the state. If safety concerns currently slow the endorsement of nurses into Wisconsin, it is difficult to see how the interstate compact would solve the issues related to safety, especially since control of licensure remains in the state of residence not the state of practice. Under the compact, Wisconsin will not even know who is practicing in their state.

On the whole, I think that the interstate compact is a complex model to address the question of ensuring mobility of nurses across state lines. I oppose SB 129 and would support a model that maintains the authority of the legislature and the State Board of Nursing over the practice of nurses in their state. In addition, the concerns of telehealth nursing could be solved by defining the site of practice as where the care takes place. This definition is currently used by the Health Care Financing Administration in Medicare regulations. These two simple steps would preserve the current system of licensure, protect the public and provide for consistency of licensure between health professions.

I urge you to carefully consider these concerns as you decide whether to move forward with supporting legislation. Thank you for the opportunity to submit my concerns to you.

Jeanne Wilton, RN, MSN, IBCLC
1612 Wisconsin Avenue
Racine, WI 53403

Testimony on Senate Bill 129

Nurse Licensure Compact

Wisconsin Senate Committee

on Human Services and Aging

September 23, 1999

Submitted by Molly Kealy, RN

Chairperson Robson and members of the committee, thank you for the opportunity to express my views on SB 129. First, I'd like to thank you for your willingness to consider such cutting edge innovation in health profession licensure. I am testifying both for myself, a registered nurse at The Birthing Center at Meriter Hospital in Madison, and in support of the position of my professional association, The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Wisconsin AWHONN currently has 327 members.

I am testifying in opposition to SB 129, but not in opposition to the concept of an interstate compact. I believe that the interstate compact model has merit, but there are aspects of SB 129 which I would like to see changed. While I have a number of concerns with SB 129 as written, I would like to raise the following three concerns:

1. **The compact relies on an entity outside the control of the Wisconsin legislature to manage the compact.**
2. **SB 129 radically changes licensure from the state of practice to the state of residence.**
3. **It is an untested idea, not supported by any other health provider groups.**

First, I am very concerned that the interstate compact relies on an entity outside of the state to manage the compact. The National Council of State Boards of Nurses (NCSBN), who designed the compact, created a role for themselves as the compact administrators. The role of this group is to be the umbrella organization that oversees the compacts from state to state. Wisconsin and any other state that is a member of the compact will pay money to the NCSBN in order to participate in the compact. And, in

addition, the system of management for the compact has been designed to raise revenue for NCSBN. The committee may want to consider amending the legislation to specify that the compact must be administered by an independent contractor with no conflict of interest. In my opinion, the current model takes oversight of the compact out of the hands of this committee and the legislature of the state of Wisconsin and delegates it to NCSBN.

Once Wisconsin is a participating member in the compact, changes to the compact through legislation can be passed by the state of Wisconsin, but the change will NOT be made to the compact until ALL party states' legislatures implement the change. The more states that participate in the compact, the more unlikely it is that changes the Wisconsin legislature passes will actually occur. As a Wisconsin nurse, the compact effectively decreases my voice in the laws that regulate my practice.

Second, the compact requires that individual nurses receive a compact license that is based on state of residence. From my perspective, this is one of the largest weaknesses in the compact. I believe one of the most important roles for the Board of Nursing is consumer protection. Regulation of nursing practice should be based on where the consumer receives care - not where a provider has established residence. Currently, if I choose to go to Iowa to practice, the Iowa Board of Nursing has the responsibility to protect the consumers in the state by having direct oversight of my practice through their state licensure system.

However, as the compact is designed, the Wisconsin Board of Nursing will not know who is practicing in the state. There is no registry requirement. They will only know who is licensed and living in Wisconsin. Because of this, the Board will not be

able to systematically communicate regulatory changes to all nurses practicing in Wisconsin, and will not be able to inform the public of the qualifications of the nurses providing care in the state.

This communication breakdown takes on great significance when we talk about advanced practice nurses such as nurse practitioners, certified nurse anesthetists and certified nurse-midwives. There are great variations in practice acts for these providers from state to state. Just a few months ago, the Wisconsin Assembly amended AB 305 (which is the companion bill to SB 129) to define certified nurse anesthetists and nurse practitioners as "licensed in party states." I am not sure we are ready to begin looking at the implications of a compact for advanced practice nurses and I urge you NOT to adopt any amendment that changes the definition for advanced practice nurses.

Furthermore, the Wisconsin Board will no longer be the primary entity to discipline a nurse who commits a violation of the practice act in the state. This primary responsibility will fall with the nurse's state of residence. There is a cost in pursuing discipline outside your state borders, and some states may be more vigilant than others in this task. The only action that Wisconsin can take against a nurse licensed outside its borders is to issue a cease and desist order. This is a minimal action considering what the Board is currently able to do when a violation of the Practice Act occurs in Wisconsin.

Thirdly, the interstate compact is an untried model. While the concept of the interstate compact has merit, the model has been abandoned by a number of other professions as the solution for telehealth and emergency care across state lines. The National Federal of Medical Boards has discounted this solution in favor of a special telemedicine license for those who specifically practice telemedicine. Fewer than 20% of

nurses in the country require this special consideration. In fact, while the number of health care professionals who actually practice telehealth is growing, it is still a very small percentage of the overall number of licensed health care providers. Why are we completely revamping the entire licensure system for a special situation that only a relatively small number of providers encounter when simple, straightforward solutions exist?

I believe it is telling that the other health disciplines are not joining with the Board of Nursing in support of the model for themselves. Because of this lack of consensus among health care professionals, licensure in Wisconsin will become a patchwork system under the compact. We will have physicians, dentists, pharmacists and others in the traditional state licensure system while nurses participate in a compact. Furthermore, the compact will not even be with all states. Large states such as New York, California and Illinois have no intention of passing this legislation. Therefore, the Interstate Compact cannot accomplish all that its supporters contend. Our state will still have to issue separate Wisconsin licenses for nurses from California, Florida, New York, or any other of the 44 states that have not passed this legislation, if they wish to practice via telehealth in our state.

I would like to suggest that the legislature consider moving this legislation at a slower, more deliberate pace. I strongly suggest that you consider conducting a study of the full impact of SB 129 on all health professions in the state in order to ascertain if it is, in fact, the model that would provide the best consumer protections for residents of the state.

This is a very technical piece of legislation. My discussions with colleagues suggest that they are enthusiastic when they first hear about the possibility of practicing with one license across state lines. But when they explore the details, they ask questions that the model fails to answer, and their support wanes. Some of their questions are: How much will the license fee be? How will NCSBN use the data about me? How can I be certain the data is correct? What do I do to amend erroneous information about myself? Why didn't I know all these details before it became a bill?

The changes that would result from passage of the Interstate Compact for Nurse Licensure are not insignificant, and should be carefully considered before the legislature takes any hasty action.

I am willing to take any questions from the Committee. Thank you.

Molly Kealy, RN
413 Maher Ave.
Madison, WI 53716

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Association of Women's Health, Obstetric, and Neonatal Nurses **AWHONN**

SENATE BILL 129 NURSE LICENSURE COMPACT PETITION

I am opposed to the passage of SB 129 as it is currently drafted. I have grave concerns that this bill would be passed and nurse licensure would be totally restructured without the input from practicing nurses in the state of Wisconsin. I am greatly concerned that if SB 129 passes I would lose my right to have the Wisconsin State Legislature oversee the state board of nursing and licensure in the state.

Please slow this process down! We, the undersigned nurses from Wisconsin respectfully request that the Wisconsin state legislature not pass the legislation until it can be thoroughly studied and receive staff nurse input.

The Committee on Human Services and Aging will hold a public hearing regarding SB 129 on Thursday, September 23, 1999 at 10:00 am at the Wisconsin State Capitol, Room 201 Southeast.

	NAME	ADDRESS	CITY
1	[illegible]	1717 LUDIGN DR	CROSS PLAINS
2	[illegible]	2748 [illegible]	Madison WI 5371[illegible]
3	[illegible]	4268 Jordan Dr.	McFarland WI 53558
4	Brenda Bennett Price	321 N. Sherman Ave	Madison, WI 53704
5	Kay Moffitt	16306 Bradley Pl	Madison WI 53711
6	Wendy Lakey	9110 City Hwy G	Mt Horeb WI 53572
7	Rob Pepper	5011 Terminal Dr	McFarland WI 5355[illegible]
8	Jamie Elkins	204 County U	Belleville WI 53508
9	Karen Austin	6145 Dale Dr.	Madison WI 53718
10	[illegible]	2009 McKenna Blvd	Madison WI 5371[illegible]
11	Cheryl Fortier	821 Tierney Pl.	Madison, WI 5371[illegible]
12	Sue Ellen Bolan	7216 Squire Cy	Middleton 535[illegible]
13	Catrina Graham	6309 Walden Way	Madison, WI 53719
14	Carol Schwartz	201 Watts Dr	Verona 53593
15	Paula Puffer	22 Forge ct	Madison 53716
16	[illegible]	6006 South Hill Dr.	Madison 53705
17	Helen Schneider	428 Gannon Av	Madison 53714
18	Deborah Preysz	2234 Fox Ave	Madison 53711
19	[illegible]	450 Taylor St	Waterloo WI 5[illegible]
	[illegible]	1 Coral Ct	Madison [illegible]

Association of Women's Health, Obstetric, and Neonatal Nurses **AWHONN**

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	NAME	ADDRESS	CITY
	Patricia Davidovich, R.N.	3010 Yarmouth Greenway #209	Madison, WI 53711
2	Connie Grandt, RN	421 Joyce Ct, Sun Prairie	Sun Prairie WI 53590
3	Mattie Knipp RN	5114 TRAFALGER PL	Madison, WI 53714
4	Susan Field RN	2792 Lyman Ln	MADISON, WI 53711
5	Carrie McKinlay	201 Overview Cir.	Verona WI 53593
6	Marilyn Vandeberg	6315 Johnson St.	McFarland Wi 53558
7	[illegible]	3033 [illegible]	[illegible]
8	Barbara Halme	600 Weald Bridge Rd.	Cottage Grove WI 53527
9	Manoshi Mukherjee	3208-5 CREEKVIEW DRIVE	MIDDLETON, WI 53562
10	Jeanne Mork	6209 Pheasant Run McFarland, WI 53558	
11	Susan Slattery	W6008 Pioneer Rd New Glarus, WI 53574	
12	Mary L McCabe	1201 Bay RIDGE RD	Madison, WI 53716
13	Julie Sczykora Brown	4459 Libby Rd.	Madison WI 5371
14	Cara Crew	2634 MILWAUKEE ST	MADISON, WI 53704
15	Marsha Bernstein	4825 Holiday Dr Madison WI	Madison WI 5371
16	Lynn Hutchison	303 Spellman St, Mt. Horeb	WI 53572
17	Nancy Beadle RN	5520 Woodglen Trail	Madison, WI 53716
18	Mary Daniels	605 ELMSIDE BLVD	MADISON WI 53704
19	Susan Haynes	409 Oak Crest Ave	Madison, WI 53705
20	Afua O. Arhin	14 Lambeth Circle	Madison WI 53711

Association of Women's Health, Obstetric, and Neonatal Nurses **AWHONN**

SENATE BILL 129 NURSE LICENSURE COMPACT PETITION

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	NAME	ADDRESS	CITY
1	[illegible]	475 Robert L	Sun Prairie WI
2	Sue Allard	321 Milledge ST	Ft. Atkinson 53538
3	Carl Zimmer	1281 Bruce Rd	Deerfield 53531
4	Kim Kelly	321 N. Owen Dr.	Madison 53704
5	Mary Realy	4313 Maher Ave	Madison 53716
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CITIZEN / *Molly Kealy*

Who governs nursing?

For more accountability, keep the review power in-state.

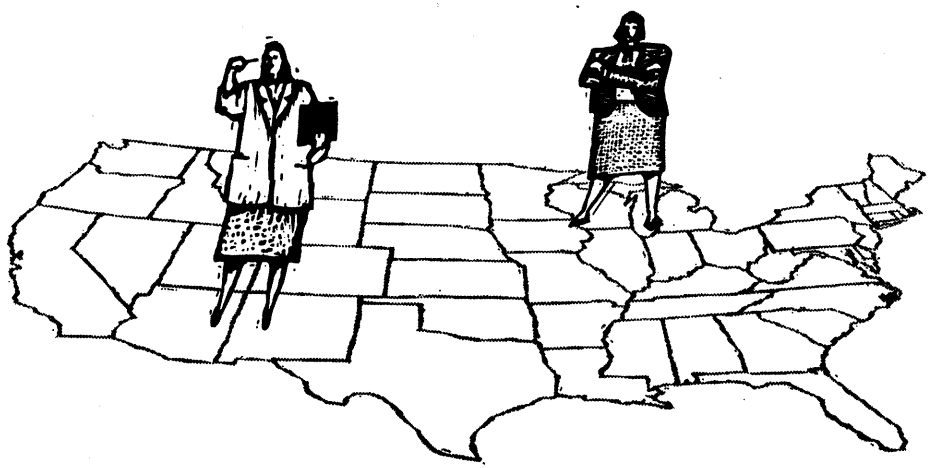
We read every day about the globalization of business; this trend extends beyond companies to service providers like nurses and doctors. When nurses need to cross state lines, whether physically or by electronic means, it complicates licensing issues.

It is not unusual for a nurse staffing an HMO help line to receive calls from 10 states in one day. The question arises as to where that helpline nurse is practicing—in the state where she receives the calls or in the state from which the calls are generated?

Additionally, some health practitioners may live in Iowa but work in Wisconsin. This multistate interdependence raises important questions about who will oversee the practice of nursing in the states.

The National Council of State Boards of Nursing (NCSBN) has proposed a radical solution for nurse licensure with its Interstate Compact for Mutual Recognition of State Licensure. The state Senate is expected to vote on the compact, as expressed in Senate Bill 129, in early autumn.

Although licensing procedures clearly need to be restructured to address the growing trend toward a more global approach to health care, SB129 goes too far too fast.



The keystone of the compact changes licensure from the state of practice to the state of residence. For Wisconsin, that would mean that nurses licensed in Iowa and Illinois and other border states could practice in Wisconsin without registering with the Wisconsin Board of Nursing.

At first glance, it may seem like a great idea to maximize a nurse's ability to practice outside of his or her state of residence. The reality, however, is that SB129 will eliminate the state's ability to regulate out-of-state nurses who practice in Wisconsin.

Under the compact, the Wisconsin board would report the violation to the nurse's state of residence and that state's board of nursing would pursue the complaint.

Where is the incentive for the Illinois Board of Nursing to spend its scarce resources to investigate a Wisconsin complaint filed against an Illinois nurse?

Additionally, if a nursing board takes disciplinary action against a nurse who practices in a remote state, consumers have no way of obtaining information about the board's decision. The public's interest is better served under current state law in which licensure is based on state of practice.

Not only do the compact's provisions threaten consumers, but the bill also fails to provide adequate privacy and legal protections for nurses.

The National Council of State Boards of Nursing is developing a national database for nurse licensure information as part of the master plan for implementing the interstate compact. This database will include a wide variety of information about each individual nurse licensee, far above and beyond disciplinary actions.

The American Nurses Association Board of Directors has "grave concerns" about the compact in its current form. Congress adopted language in the 1999 appropriations bill that prohibits federal funding for implementation of the compact, pending the resolution of several important issues. Several state attorneys general have issued decisions against the compact, stating that it may be unconstitutional.

Yet the interstate compact model has already passed the Assembly, and SB129 could sail through the Senate this fall before its impact has been carefully examined.

The National Council of State Boards of Nursing has embarked on a rapid, intensive action plan to implement the interstate compact. One wonders why, when so many questions remain, NCSBN is forcing the issue with such single-minded purpose?

No other health professionals are licensed this way—not physicians, dentists, advanced nurse practitioners or pharmacists. Surely, Wisconsin can afford to wait and pursue the development of more practical strategies to solve the challenges of nurse licensure. ■

Citizen is a forum for Isthmus *readers. Molly Kealy, RN, BSN, works at the Birthing Center at Meriter Hospital. She is the legislative coordinator for the Association of Women's Health, Obstetric and Neonatal Nurses.*

AWHONN
Association of Women's Health, Obstetric and Neonatal Nurses

POSITION STATEMENT

Interstate Compact for Mutual Recognition of State Licensure

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), recognizes the changing environment for nursing practice, including telehealth, transport nursing and the increased mobility of the nursing population. AWHONN supports the development of fair and practical strategies to solve these challenges to nurse licensure. Yet, AWHONN does not support the interstate compact for mutual recognition of state licensure model as proposed by the National Council of State Boards of Nursing (NCSBN). It poses risks to the public and to nurses, and serious legal and policy issues embedded in it have not been addressed.

While we recognize the interstate compact has some merit as one model to alleviate the challenges of interstate practice, we oppose the current compact (as passed by the NCSBN House of Delegates in December 1997) for the following reasons:

- **Speed of deployment of this model legislation.** NCSBN has embarked on a rapid, intensive action plan to implement interstate compact for mutual recognition of nurse licensure (interstate compact) in the states. Soon after the NCSBN delegate assembly vote, Utah passed the compact. We understand that North Carolina may seek to pass the compact language to initiate this model of legislature in 1999. AWHONN is concerned with the lack of input from nursing organizations in development of this model and with the fact that pressing for rapid enactment has sacrificed thoughtful resolution of key policy issues.

- **Licensure is changed from state of practice to state of residence.** The NCSBN's interstate compact redefines licensure by tying licensure to the state of primary residence. There is concern that this is not the appropriate mechanism and leads to the "lowest common denominator" of state licensure standards. It also leads to severe practical problems in discipline (see below).

- **Consumer protections should be strengthened.** Because of the structure of the compact, nurses from party* states will practice across state lines with no requirement that they register with their practice state's Board of Nursing. Therefore, it will be difficult for consumers to identify and file complaints about a nurse's practice with the appropriate Board of Nursing. A remote** state may not follow up energetically, and the expense and difficulty of obtaining investigatory information will be increased. In addition, if a Board of Nursing takes disciplinary action against a nurse who practices in a remote state, there is no mechanism that would allow the consumer to obtain information concerning the Board's decision. We believe that protection of the safety of the citizens of the state would be better served through maintenance of licensure based on state of practice.

- **Confidentiality of nurse licensee information is not assured.** NCSBN is planning on developing a national database for nurse licensure information, as part of the NCSBN master plan for implementation of the interstate compact. It is our understanding that much information regarding the individual licensee contained in this database would be beyond information regarding disciplinary

* Party state refers to a state that has entered into the interstate compact.
** Remote state refers to a state that is a member of the compact, but not the state of home licensure for the nurse.

actions. Also, it is unclear what confidentiality and privacy parameters will be established with this system. Presently, the interstate compact model requires application of the confidentiality law of the state of the licensee. This creates inconsistent treatment of the licensure records.

The National Practitioner Data Bank established by Congress contains malpractice report information on physicians and other health professionals, including nurses. The nursing community has the opportunity, through regulatory comment process, to influence the rules governing development, access and use of information contained in this database. Because NCSBN is a private entity, AWHONN is concerned that nurses and nursing organizations would not have the same recourse in defining the use and parameters of this database. These rules certainly have not been described thus far.

AWHONN believes that this database, if developed, should be administered by a party that is identified by an open competitive bidding process that is managed by the compact states, not the NCSBN. The administration of the database should ensure a high level of vigilance for the confidentiality and privacy of information concerning each individual nurse, and the nurse should have the right to review and modify incorrect information that may be captured in the database.

- **Multiple Claims of Jurisdiction to Discipline of Licensees.** NCSBN is in the process of finalizing their proposed regulations for this aspect of the interstate compact. Currently, if a licensee practicing in a compact state which is not the state of residence (remote state) is involved in an incident that leads to disciplinary action, both the state of residence and the state of practice can bring a simultaneous action and share evidence for use against the licensee. The licensee must obtain counsel in both states, defend himself/herself, as well as pay each state's cost associated with discipline. There continues to be a possibility that the remote states, and possibly other states in the compact, where privilege exists but the licensee has not begun practice, could also bring action against the same licensee. If indeed the remote state and the home state can bring action against the licensee, the licensee must bear the cost of these legal actions in both states.

- **Advanced practice nurses are not included in the original interstate compact, which establishes a dual licensure system.** The NCSBN interstate compact has, by default, divided nurse licensure into two levels: RN/LPN and APRNs. While this division was necessary because of the variation in state licensure for APRNs across the country, the net result was division between "basic" and "advanced practice." AWHONN opposes such a division of nursing licensure.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), an organization comprised of 22,000 health care professionals, promotes excellence in nursing practice to improve the health of women and newborns. Through dynamic programs, services and community outreach, AWHONN strives to enrich not only the health and well being, but the lives of women and newborns.

Thank you for the holding this hearing today on this very important issue of nurse licensure. My name is Nancy Beale, RNC, and I am a registered nurse working in Labor and Delivery at St. Mary's Hospital in Madison.

I have been a nurse for over 14 years and have definitely seen changes in the health care system, changes that impact both health professionals and patients. I have reviewed Senate Bill 129 and commend you for looking at this issue. However, I would like to say that I am concerned that this bill does not have the support of the entire nursing community, the very people this bill is designed to help.

I heard about this bill just recently from a colleague of mine. It may surprise you to learn that many other nurses who I work with have no idea that the legislature is considering this change, a fact that causes me great concern. I know first-hand that this bill does not have the unanimous support of the entire nursing community. While I realize that complete and total agreement among nursing professionals may not be a realistic goal, I think the Wisconsin nurses should at least be given more opportunity to learn about the issue and then make an informed decision based on knowledge and understand of the licensure issue. This bill would radically change the manner in which nurses are licensed, and I am not convinced that there has been enough time devoted to talking to nursing professionals in Wisconsin about what they would like to see included in this new licensure system.

I am here today to register my opposition to Senate Bill 129. I realize that we need to address licensure issues, specifically for those who practice telehealth. But I am not convinced that we need to change the entire licensure system for the over 2.2 million nurses in the United States to fit the needs of a small minority. I urge you to oppose Senate Bill 129 and further study this issue with the input of the entire nursing community. Thank you for the opportunity to present my concerns.

Nancy Beale, RNC
5526 Woodglen Trail
Madison, WI 53716

Wisconsin Association
Nurse Anesthetists

September 9, 1999

Re: Senate Bill 129

My name is Dennis Stalsberg. I am a practicing Certified Registered Nurse Anesthetist in LaCrosse, WI. Currently, I am the president of the Wisconsin Association of Nurse Anesthetists, and a member of the American Association of Nurse Anesthetists. In Wisconsin, approximately 450 CRNAs provide anesthesia care in 64 of the 65 Wisconsin counties with anesthesia services. More than 27,000 CRNAs practice in all 50 states.. These CRNAs administer anesthetics in every setting in which anesthesia is delivered.

I would like to comment on SB 129. CRNAs are well versed regarding the trends in health care throughout the country, including the nurse licensure compact. CRNAs strongly support health care reform that controls cost, maintains quality of care, maximizes patient access and enables the utilization of CRNAs to work within their full and legal scope of practice. I believe that SB 129 will have a positive effect in regard to these principles.

While CRNAs are subject to national certification and recertification, as registered nurses they are impacted by individual state laws in regard to obtaining RN licensure. The nurse licensure compact will allow CRNAs of party states to not only use their nationally recognized CRNA credentials, but to have their RN licensure recognized among states that are party to the compact, eliminating the redundancy of duplicate licensure for CRNAs working in multiple states. Access to quality anesthesia care will be enhanced, and with the coordinated licensure information system the publics health and safety will be protected.

As a point of clarification, in the description of "nurse anesthetist" on page 3, lines 1 to 4 of Assembly Amendment 1, to 1999 Assembly Bill 305, lines 3 and 4 that read " who is certified as a nurse anesthetist by the American Association of Nurse Anesthetists.", this would more accurately be described as "who is certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists." The Council on Certification of Nurse Anesthetists is an autonomous, permanent Council of the American Association of Nurse Anesthetists, that has its own by-laws, rules and regulations.

Thank you for your time and attention.

Sincerely,

Dennis Stalsberg

Dennis Stalsberg
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NURSE ANESTHETISTS

Providing Anesthesia into the Next Century

American Association of Nurse Anesthetists

Quality of Nurse Anesthesia Practice

Nurse Anesthetists have provided high quality anesthesia care for more than a century. Certified Registered Nurse Anesthetists (CRNAs) have the legal authority to practice anesthesia in the United States, administering and managing every aspect of the anesthetic process, from preanesthesia assessment and evaluation through the recovery phase of care.

Studies have shown a dramatic reduction in anesthesia mortality rates to approximately 1 per 240,000 anesthetics. In 1990, the Centers for Disease Control and Prevention (CDC) proposed to undertake research on morbidity and mortality in anesthesia; however, after review of preliminary data, the CDC concluded that the morbidity and mortality rates in anesthesia were too low to warrant a multimillion dollar study. Further, no studies to date have demonstrated that there is a difference in anesthesia patient care outcomes based on type of anesthesia provider, that is, a nurse anesthetist or anesthesiologist. This conclusion was recently confirmed in 1994 by the Minnesota Department of Health, which completed a legislatively mandated study concerning anesthesia care in that state. The department concluded that "there are no studies, either national in scope or Minnesota-specific, which conclusively show a difference in patient outcomes based on type of provider."

The American Association of Nurse Anesthetists (AANA) has been at the forefront of establishing clinical practice standards. The AANA was the first professional organization to endorse the Harvard Minimal Monitoring Standards on Anesthesia Care. Subsequently, AANA has issued even more explicit patient monitoring standards for anesthesia. In its capacity as the professional organization representing CRNAs, the AANA has developed standards of nurse anesthesia practice and postanesthesia care, as well as guidelines for obstetrical analgesia and anesthesia, waste gas management, and infection control. These documents are acknowledged by other nursing, medical, and allied health specialty groups.

The AANA fosters the participation and support of CRNAs in continuing education programs and practice advances and improvements relating to quality of care, patient safety research, patient satisfaction surveys, and technology development. The AANA also affords guidance to its members for developing and/or participating in peer review and risk management activities within health care institutions. A risk management guide for nurse anesthetists is published by the AANA. The AANA is a patron member of the Anesthesia Patient Safety Foundation (APSF) and has representatives appointed that serve on the Board of Directors and Editorial Board of APSF. The AANA holds membership on the Hospital Professional Technical Advisory Committee of the Joint Commission on Accreditation of Healthcare Organizations.

St. Paul Fire and Marine Insurance Company is the largest writer of medical malpractice insurance in the country and is also the largest provider of professional liability insurance for CRNAs as well. The St. Paul insurance company has advised AANA that, to its knowledge, there is no evidence that physicians (such as

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surgeons) working with CRNAs have a higher rate of claims made against insurance companies than physicians working with anesthesiologists. In 1995, the St. Paul insurance company reported that medical professional liability insurance rates for its insured nurse anesthetist policyholders decreased, on an average, countrywide basis, between 6 to 13% each year from 1988 to 1993 and have been stable through 1996.

References:
Eichhorn JH. Prevention of intraoperative anesthesia accidents and related severe injury through safety monitoring. *Anesthesiology*. 1989; 70:572-577.
Anesthesia Practices Study. St. Paul, Minnesota: Minnesota Department of Health. (Study mandated by the 1994 MinnesotaCare Act.) January 1995.
Bechtold AA. Committee on anesthesia study of anesthesia-related deaths 1969-1976, *North Carolina Medical Journal*. 1981;42:253.
Forrest WH. Outcome: the effect of the provider. In Hirsch RA, Forrest WH, Orkin FK, et al, eds. *Health Care Delivery in Anesthesia*. Philadelphia: George F. Stickley Company. 1980.
Harvard Minimal Monitoring Standards on Anesthesia Care, *Journal of the American Medical Association*. 1986.
National Academy of Sciences, National Research Council, House Committee Print No. 36, *Health Care for American Veterans*. June 7, 1977; 156.
The St. Paul Medical Services. Nurse Anesthetists Update. July 1995.
U.S. House of Representatives, Committee on Armed Services Report on H.R. 1748, *Department of Defense Authorization Act for Fiscal Year 1988-89*, pages 208-209.

Cost Effectiveness of Nurse Anesthesia Practice

The expanded utilization of Certified Registered Nurse Anesthetists (CRNAs) in the provision of anesthesia services makes financial sense especially as patients, carriers, purchasers and employers demand cost-effective services of high quality. This fact holds true regardless of whether the CRNA anesthesia service is provided in collaboration with an anesthesiologist or as a CRNA service alone.

According to the fiscal year 1996 American Association of Nurse Anesthetists (AANA) membership survey, the employment and practice arrangements of CRNAs are: hospital employed (39%); anesthesiologists group employed (36%); CRNA group or self employed (15%); and university, military, office, or surgery center/clinic employed (10%). CRNAs working with anesthesiologists, other physicians such as surgeons and (where authorized) podiatrists, dentists and other health care providers, administer approximately 65% of all anesthetics administered to patients each year in the United States. CRNAs are the sole anesthesia providers in more than 70% of rural hospitals, affording anesthesia and resuscitative services to these medical facilities for surgical, obstetrical, and trauma care.

In relation to the utilization of CRNAs in the provision of anesthesia services, substantial cost savings are realized when salary comparison between CRNAs and anesthesiologists are considered. While CRNA salaries have risen in recent years, they have not increased as dramatically as those of anesthesiologists. The median annual salary in 1994 for a CRNA was $84,000 based on the 1995 AANA membership survey. In contrast, the median salary for an anesthesiologist was approximately $244,600 based on 1994 data reported by the Medical Group Management Association (MGMA).

The educational costs of preparing CRNAs are significantly less than those needed to prepare anesthesiologists. Becoming a CRNA usually takes seven to eight years (including a year of acute care nursing experience); becoming an anesthesiologist usually takes a minimum of 12 years. According to a correspondance from the director of Hospital Payment Policy, Health Care Financing Administration (HCFA) dated July 27, 1992, to Kathleen A. Michels, RN, JD, director of Federal Government Affairs at the AANA, the average cost to prepare one anesthesiology resident, per year, is estimated to be $84,837. According to 1992 data obtained from the AANA, the average cost to prepare one nurse anesthetist, per year, is estimated to be $11,741. Considering the average costs for preparing nurse anesthetists, it becomes apparent that approximately eight CRNAs can be prepared for the cost of preparing a single anesthesiologist. In addition, those eight CRNAs will have entered the work force and cumulatively provided anesthesia services for a number of years by the time the one anesthesiologist is ready to practice.

According to Jerry Cromwell, PhD, a health care economist and president of Health Economics Research in Waltham, MA, in a paper published in *The U.S. Health Workforce: Power, Politics and Policy,* he noted that, "Anesthesia is an excellent

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laboratory for studying [workforce] substitutions." He further observed that anesthesia in the United States was historically performed by nurses and only in the past 25 years have the numbers of physicians entering the field begun to change the statistics significantly concerning the CRNA contribution to the total anesthesia workload. Additionally Dr. Cromwell noted that there are significant cost implications to having the wrong input mix in anesthesia based on the tremendous differences in practice earnings of CRNAs versus anesthesiologists, and stated his belief that: "Anesthesia, therefore, provides an excellent example of what can go wrong with the workforce mix when you pay for inputs (i.e., types of providers) rather than outputs (i.e., the services delivered). Federal and third-party reimbursement have paid for anesthesia inputs rather than outputs. This major flaw in the reimbursement system explains the inefficient mix we've developed in anesthesia (Cromwell and Rosenbach 1988)."

CRNA services are reimbursed directly by Medicare, state and federal programs, and a number of commercial carriers. When both a CRNA and an anesthesiologist are participating in the same case, the services of both anesthesia providers should be recognized for the extent of their involvement and appropriate payment methodologies should apply. Independently billing CRNAs provide savings for other government programs and for private payers either on the basis of their payment methodologies or because they typically charge less than their physician counterparts. For example, a Texas survey recently indicated that CRNA charges to private payers were between 10 and 25% less than those of the anesthesiologists. With the significant entry of managed care in the health care market, these CRNAs have been required to compete for contracts with many of these entities, as have physicians.

For hospitals which employ the CRNAs who work in collaboration with anesthesiologists, the financial viability of a CRNA/MD service is clearly dependent upon a cost-effective mix of providers as well as hospital competency in appropriately billing CRNA services. Hospitals which claim to lose money on CRNA services are likely billing inappropriately and therefore not receiving the revenue to which they are entitled. Failure to bill correctly may lead to divestment of hospital employed CRNAs to physician groups. That position weakens control of the facility's hospital-based revenue sources and limits the potential for hospitals to include anesthesia services when negotiating comprehensive managed care contracts.

The trend to align physician and hospital incentives to control costs is accelerating. HCFA has been studying an all-medical staff diagnosis-related grouping (DRG) payment system that would include all physicians. This all-inclusive payment arrangement would have obvious and profound implications for the kinds and numbers of inpatient consulting services. Undoubtedly, this force will accelerate in the near future as the health care system moves steadily toward higher levels of capitated payment in conjunction with the continued decrease in health care reimbursement from all payers.

With respect to the growth of managed care and its impact on anesthesia, Dr. Cromwell stated in a presentation to the 1995 Annual Meeting of the Association for Academic Health Centers, "A simple example of the arbitrage potential between managed care HMOs and more expensive private fee-for-service medicine is anesthesia. In Southern California Kaiser hospitals, there are about 0.4 anesthesiologists for every full-time CRNA. In the rest of California, excluding the Kaiser System, the ratio is 2.6 anesthesiologists for every CRNA. There is no reason to believe that the mix of operations in non-Kaiser hospitals is dramatically different than experienced in Southern California Kaiser, implying tremendous opportunities for cost-saving arbitrage through the greater penetration of managed care."

Cost efficiency of anesthesia services is dependent on avoidance of high MD to CRNA working ratios that cannot be justified on the basis of quality of care or cost effectiveness. Patient care needs should dictate appropriate personnel resources rather than predetermined numerical ratios. As an illustration, Kaiser Permanente Medical Centers, in an inter-regional examination of operating room best practices, conducted an internal benchmarking process to identify the best operating room practices in 42 Kaiser Permanente facilities. Kaiser found that the productivity of the anesthesia care team is increased by each anesthesiologist directing four operating rooms staffed with CRNAs, and CRNAs exercising an expanded practice.

CRNAs have traditionally made high quality anesthesia services accessible to underserved populations despite the cost constraints and/or isolation of many geographic locations. For any service location, CRNAs are highly cost-effective, quality anesthesia providers on the basis of educational costs, cost of service, productivity, and substitutability for more expensive providers. Whether working with or without anesthesiologists, they serve as the key to cost savings in the provision of anesthesia and anesthesia related services, whether within operating rooms or in expanded service areas such as pain management clinics, postoperative suites and critical care units.

References

1995 AANA Membership Survey. Park Ridge, Illinois: American Association of Nurse Anesthetists. 1996.

Physician Compensation and Production Survey: 1995 Report Based on 1994 Data. Englewood, Colorado: Medical Group Management Association. July 1995.

An Inter-Regional Examination of Operating Room Best Practices. Santa Clara, California: Kaiser Permanente Medical Centers. January 1995:15.

Cromwell J. Health professions substitution: A case study of anesthesia. In: *The U.S. Health Workforce: Power, Politics, and Policy*. Washington, DC: Association of Academic Health Centers. 1996:219-228.

Nurse Anesthesia Reimbursement

Medicare

Enacted in 1965, Medicare (Title XVIII of the Social Security Act) reimbursed hospitals under Part A for "reasonable costs" of anesthesia services provided by hospital-employed Certified Registered Nurse Anesthetists (CRNAs). Anesthesiologists who employed and supervised CRNAs could bill under Part B as if they personally performed the case. Anesthesiologists who supervised CRNAs who were employed by a hospital could bill the same base units as if they did the case themselves, but their time units were halved.

- The Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) established conditions that anesthesiologists must fulfill in order to be paid for medically directing CRNAs. In addition, TEFRA limited to four the number of concurrent cases physicians could medically direct and gain reimbursement.

- The Social Security Amendments of 1983 created the Prospective Payment System (PPS). Under PPS, all hospital Part A payments were bundled into diagnosis-related groupings (DRGs). Hospitals would have been required to pay for their CRNA employees from the fixed DRG payment, jeopardizing their ability to recoup actual costs, and creating a disincentive for hospitals to employ CRNAs. In addition, PPS precluded the unbundling of services and anesthesiologists who employed CRNAs would have been forced to contract with hospitals to get the CRNA portion of the DRG.

- The Deficit Reduction Act of 1984 established a pass-through provision for hospital-employed CRNA costs for a three-year period, assuring hospitals that they would not lose money by employing CRNAs. It also allowed an exception to the unbundling provisions in PPS to accommodate anesthesiologists billing for their CRNA employees. However, due to the temporary nature of the pass-through provision, the American Association of Nurse Anesthetists (AANA) immediately sought legislative remedy that would provide for direct Medicare reimbursement.

- The Omnibus Budget Reconciliation Act of 1986 established direct reimbursement for CRNAs under Medicare Part B, effective January 1, 1989. It also continued the existing forms of hospital and anesthesiologist billing for CRNA services under Medicare until December 31, 1988.

- The Omnibus Budget Reconciliation Act of 1987 imposed reductions in base units for anesthesiologists who medically directed CRNAs. Anesthesiologists' base units were reduced by 10% when medically directing CRNAs in two concurrent procedures, 25% for three procedures, and 40% for four procedures. The Health Care Finance Association (HCFA) also adopted the 1988 American Society of Anesthesiologists (ASA) *Relative Value Guide* (RVG) as its Uniform RVG for services provided on or after March 1, 1989.

- The Omnibus Budget Reconciliation Act of 1989 created the Resource-Based

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Relative Value Scale (RBRVS) system. During this time, anesthesiologists' services were found to be overvalued, resulting in decreased conversion factors beginning in 1991.

- The Omnibus Budget Reconciliation Act of 1990 statutorily established higher Medicare conversion factors for CRNAs, effective January 1, 1991. The nonmedically directed CRNA conversion factors would begin in 1991 at $15.50 and eventually reach $16.75 by 1996. The medically directed CRNA conversion factors were set at 70% of the nonmedically directed CRNA rate. Therefore, the medically directed CRNA conversion factors would begin in 1991 at $10.50 and eventually reach $11.70 by 1996. However, nonmedically directed CRNA conversion factors could not exceed the anesthesiologist conversion factors in the same carrier locality.

- The Omnibus Budget Reconciliation Act of 1993 included cuts in payment for the anesthesia care team (when a CRNA is medically directed by an anesthesiologist). It was determined that the cost of the team was as much as 140% of the cost of a solo provider. Consequently, as of January 1, 1994, the payment for the anesthesia care team was capped at 120% of what a solo anesthesiologist would be paid, split 50/50 between the CRNA and the anesthesiologist. There was an additional 5% cut in the cap each year over a four-year period, ending in 1998 with a permanent 100% cap, split 50/50 between the CRNA and anesthesiologist. The law also repealed the 10%, 25%, and 40% reduction in base units when as anesthesiologist would medically direct two, three, and four CRNAs, respectively, as well as the use of 30-minute time units in medical direction cases. Anesthesiologists could still be paid for medically directing CRNAs in up to four cases.

Medically Directed CRNAs: There is no separate Medicare conversion factor for medically directed CRNA services. The medically directed CRNA and the anesthesiologist are each paid 50% of the case. The case is paid under the following formula: base units + time units × anesthesiologist conversion factor × 110% rate (decreasing to 105% in 1997 and 100% in 1998 and thereafter) = $$, which is split 50/50 between the CRNA and the anesthesiologist. Although a CRNA can only be paid 50% of one case, an anesthesiologist can be paid 50% for each concurrently medically directed case up to four cases.

Medical Supervision of CRNAs by Anesthesiologists: When an anesthesiologist is involved in furnishing more than four procedures concurrently or is performing other services while directing the concurrent procedures, Medicare allows the anesthesiologist to be reimbursed for three base units per procedure. An additional time unit can be recognized if the anesthesia record can document that the physician was present at induction.

Nonmedically Directed CRNAs: The participating physician anesthesia conversion factor and the nonmedically directed CRNA conversion are the same.

The anesthesia conversion factor by Medicare is based upon a number of variables: the anesthesia update for that year, any decrease in anesthesia fees for a given year due to continued phase-in of anesthesiologist cuts under HCFA payment reforms, and geographic adjustments. Since HCFA does not support long-range predictions, these variables are re-calculated by HCFA on a year-to-year basis.

Reasonable Cost Payments to Hospitals for Qualified Anesthetists' Services: A rural hospital can qualify and be paid on a reasonable cost basis for one full-time employed CRNA providing 500 or fewer inpatient and outpatient anesthesia procedures without anesthesiologist services provided at the hospital. Participation in this program must be requested after September 30 and before January 1 for the coming year. The hospital and/or CRNA receiving pass-through funding is prohibited from billing a Medicare Part B Carrier for any anesthesia services furnished to patients of that hospital.

Medicaid

- There are 36 states that directly reimburse CRNAs under Medicaid.

Civilian Health and Medical Program of Uniformed Services (CHAMPUS)

- CRNAs and anesthesiologists are both directly reimbursed under CHAMPUS.

Federal Employee Health Benefit Program (FEHB)

- CRNAs are directly reimbursed for their services under FEHB.

State Mandates

- There are approximately 22 states which mandate direct private insurance payment to CRNAs.

Blue Cross/Blue Shield Plans

- There are approximately 38 Blue Cross/Blue Shield entities providing direct reimbursement to CRNAs.

Managed Care Plans

- Numerous managed care plans provide direct reimbursement to CRNAs in all states. For instance, a significant number of managed care organizations in the states of Arkansas, Iowa, Kentucky, Minnesota, New Mexico, Oregon, South Dakota, Tennessee, and Wisconsin reimburse CRNAs for their services.

References:
Social Security Amendments of 1965. (Public Law 89-97)
Tax Equity and Fiscal Responsibility Act of 1982. (Public Law 97-248)
Social Security Amendments of 1983. (Public Law 98-21)
Deficit Reduction Act of 1984. (Public Law 98-369)
Omnibus Budget Reconciliation Act of 1986. (Public Law 99-509)
Omnibus Budget Reconciliation Act of 1987. (Public Law 100-203)
Omnibus Budget Reconciliation Act of 1989. (Public Law 101-239)
Omnibus Budget Reconciliation Act of 1990. (Public Law 101-508)
Omnibus Budget Reconciliation Act of 1993. (Public Law 103-66)
Medicare Carriers Manual. Baltimore, Maryland: Health Care Financing Administration. Section 15018 D.
Medicare Carriers Manual. Baltimore, Maryland: Health Care Financing Administration. Section 16003 G.
Health Care Financing Administration Memorandum from National Office to HCFA Regional Offices. November 3, 1995.
States That Require Direct Medicaid Reimbursement to CRNAs. Park Ridge, Illinois: American Association of Nurse Anesthetists. 1996.
DeLeon PH, Kjervik DK, Kraut AG, et al. Psychology and nursing: A natural alliance. *Am Psychol.* 1985; 40:1153-1164.
Treasury Department Appropriations Act of 1991. (Public Law 101-509)
States Requiring Direct Private Insurance Reimbursement to CRNAs by Statute. Park Ridge, Illinois: American Association of Nurse Anesthetists. 1996.
Blue Cross/Blue Shield Entities Providing Direct Reimbursement to CRNAs. Park Ridge, Illinois: American Association of Nurse Anesthetists. 1996.