

SB397



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

January 11, 2002

To Whom It May Concern:

This letter is to support the proposed amendments to 441.15 relating the practice of nurse midwifery, providing an exemption from emergency rule procedures and granting rule-making authority.

As recognized (licensed) nonphysician healthcare providers, I encourage support of the amendments to encourage the state to use consistent terms that accurately reflect national certification and licensure standards. Currently, Wisconsin statutory language is not consistent with that of current national practice as defined in the joint statement of practice relations between obstetrician-gynecologists and certified nurse midwives.

As certified nurse midwives are educated to provide needed women's healthcare which goes beyond obstetrical care, it is recognized by the American College of Obstetricians and Gynecologists that an important collaborative relationship needs to be fostered nationwide. This includes but is not limited to:

- Mutually agreed upon written medical guidelines/protocols for clinical practice
- Informed consent about the involvement of the obstetrician-gynecologist, certified nurse midwife, and other healthcare providers
- Periodic and joint evaluation of services rendered
- Periodic and joint review and updating of the written medical guidelines/protocols

For details of the recently revised joint statement of practice relationship between obstetrician-gynecologists and certified midwives please refer to the joint position statement issued by the American College of Nurse Midwives and the American College of Obstetricians-Gynecologists. It is expected that quality of care is enhanced by this interdependence of medical practice and that by removing barriers to the practice of nurse midwifery, improved quality of healthcare to women with significant cost reduction may be anticipated.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. Laube'.

Douglas W. Laube, M.D., M.Ed.

Professor & Chair, Department of Obstetrics & Gynecology  
UW-Madison Medical School  
Assistant Secretary  
American College of Obstetricians & Gynecologists  
Vice President Elect  
American College of Obstetricians & Gynecologists

DWL/ks

Department of Obstetrics and Gynecology

# STATE OF WISCONSIN



**Statement of the  
BOARD OF NURSING  
Before the  
Senate Committee on  
Health, Utilities, Veterans and Military Affairs  
Senator Rodney Moen, Chair**

**Statement of Linda Sanner, Chairperson,  
representing the WI Board of Nursing concerning  
Senate Bill 397 relating to the practice of nurse midwifery**

**411 South, State Capitol  
Wednesday, February 20, 2002, 1:30 P.M.**

Chairperson Moen and members of the committee, I am Linda Sanner, Chairperson of the Wisconsin Board of Nursing. I am here today on behalf of the Board of Nursing to express our support for 2001 Senate Bill 397.

This bill will serve to update the current laws to reflect the broadening scope of practice of nurse-midwifery in the United States and the state of Wisconsin today. These changes continue to provide for the safety and well being of the citizens of Wisconsin by requiring collaboration with a physician who has postgraduate training in obstetrics. It assures the formalization of this collaborative relationship. It specifies that the agreement will define the consultation and referral pattern for those cases where the complexity may exceed the knowledge and scope of practice of a nurse midwife.

We support the requirements for professional liability insurance and the wording of the Amendment that was approved by the Assembly Health Committee for the companion bill 2001 Assembly 725. This amendment places the responsibility on the Board of Nursing to promulgate rules establishing the minimum amount of malpractice liability insurance, tying it to the insurance requirements for Advanced Practice Nurse Prescribers.

Nationally, the practice of nurse midwifery has not been a source of litigation. This is

due, in large part, to the scope of practice of nurse midwives, which focuses on women's health and uncomplicated pregnancies.

It is time to update the laws related to the practice of midwifery and the Board of Nursing is pleased to support these changes.

## Testimony on SB 397

Presented by Dr. Kate Harrod

Senate Committee on Health

February 20, 2002

Chairman Moen and Members of the Committee, thank for your time and attention to these important issues affecting women's health in Wisconsin.

My name is Dr. Kate Harrod, I am here representing the Wisconsin Chapter of the American College of Nurse-Midwives. I would like to thank all of you for your consideration of SB 397. I work as a Certified Nurse-Midwife (CNM) in a small rural practice in Walworth County and teach Nurse-Midwifery at Marquette University.

I am here in support of SB 397 and Senate Amendment 1 to SB 397, which updates s. 441.15 of the statutes relating to the practice of nurse-midwifery. The language in s. 441.15 was written in the late 1970s and enacted in 1980. This language is now out dated and does not reflect the evolution of practice that occurs over time. In addition, this language is inconsistent with other Wisconsin statutes affecting CNMs, such as s. 441.16, which allows Advanced Practice Nurses licensure to prescribe medications independently in collaboration with physicians. CNMs are one of the four Advanced Practice Nurse groups licensed to prescribe.

The language describing nurse-midwifery practice in state statutes varies widely from state to state. The American College of Nurse-Midwives (ACNM) encourages states to use national terms and definitions. Current national practice definitions do not match current Wisconsin statutory CNM language. This inconsistency results in confusion about nurse-midwifery scope of practice. In fact, in Wisconsin, the current language does not reflect our actual practice. Current language in s. 441.15 describes nurse-midwifery practice as "the management of care of a woman in normal childbirth, and the provision of prenatal, intrapartal, postpartal, and nonsurgical contraception, and the care of the mother and the newborn". In contrast, CNMs in Wisconsin, and throughout the United States, provide Women's Health Care across the life span, from adolescence through menopause. Enacting SB 397 will bring our scope of practice language into the 21<sup>st</sup> Century and will make Wisconsin language consistent with both national definitions and current practice.

In addition, the current language in s. 441.15 regarding "General supervision" is an outdated concept. This language needs to be upgraded to "collaboration", making it consistent with the Wisconsin definition for Advanced Practice Nurse Prescribers in Chapter N8. Physician "supervision" of CNMs requires additional time and results in redundant actions, limiting availability for direct client care while increasing costs. In addition, physician reluctance to "supervise" midwives has prevented several CNM practices in the state from opening, thus decreasing women's access to care. In most of

these cases, physicians were willing to “collaborate” but not “supervise” to avoid unnecessarily incurring vicarious liability for another licensed professional.

Making these changes in s. 441.15 is good policy for the state of Wisconsin because it will result in improved quality and efficiency of health care services. Risks to our patients will be reduced because laboratory and other reports will be appropriately routed to the responsible provider for timely follow-up and notification. Medical record keeping will be streamlined because there will be clear identification of the primary provider (physician or CNM). Patient confidentiality will be enhanced because results will go only to the party who has ordered the diagnostic procedures. Our patients will be able to clearly identify the provider who ordered the diagnostics or treatments, improving accuracy in reporting and follow-up.

In Summary:

The delivery of health care services to women in Wisconsin will be enhanced by the passage of SB 397:

- There will be improved client access to CNM care.
- Quality care closer to home – especially for rural women
- Less unnecessary duplication of client services by MDs and CNMs
- Better quality and efficiency of care
- Decreased cost of maternity and well-woman care
- Physician workload is freed to focus on complicated patients
- Fewer barriers to opening new midwifery practices
- Less potential liability for collaborating physicians when care is provided by CNMs
- Language will be consistent with national nurse-midwifery terminology

Thank you for your time and attention,

Kate Harrod, RN, CNM, APNP, DNSc  
Senior Certified Nurse-Midwife  
Aurora Health Care Elkhorn  
Assistant Professor at Marquette University

**Testimony on SB 397**

**Prepared by Dr. Leona VandeVusse**

**Senate Committee on Health**

**February 20, 2002**

Dear Chairman Moen and members of the Senate Health Committee:

My name is Dr. Leona VandeVusse. I am submitting these comments in support of SB 397 and Senate Amendment 1 to SB 397 as a representative of the Wisconsin Chapter of the American College of Nurse-Midwives. I appreciate your interest and encourage your support of this bill, which updates our practice act language and clarifies our collaborative relationship with consulting physicians.

I am a Certified Nurse-Midwife (CNM), a Fellow of the American College of Nurse-Midwives, and the Program Director of Wisconsin's only nurse-midwifery educational program, located at Marquette University. Below is a summary highlighting the educational background of CNMs to underscore the ongoing preparation of competent professional practitioners of nurse-midwifery as supportive rationale for updating the practice act language.

CNMs are first prepared as Registered Nurses. In Wisconsin, we all hold that license. To become a CNM, nurses enter post-baccalaureate preparation in one of approximately 45 programs throughout the USA that are accredited by the American College of Nurse-Midwives Division of Accreditation. This accreditation process is detailed & rigorous; I know because I am also an accreditation site visitor. Educational programs must be re-accredited at periodic intervals, involving a thorough outcome & process-based review of the curriculum, faculty, clinical sites, and many other aspects to establish the soundness of the preparation being offered.

To successfully complete an accredited program, a student must have demonstrated all the core competencies of the profession and then is approved to take the national certification examination. Passing that exam allows an individual to use the CNM designation. At Marquette University, program graduates also earn a Master of Science in Nursing degree. Since opening in 1993, with our first class finishing in 1995, the Marquette program has had 46 graduates, with 5 more due this May.

Once certified, a CNM applies to the Board of Nursing for a second license as a nurse-midwife. Most Wisconsin CNMs also carry a third credential from the Department of Regulation and Licensing, that of Advanced Practice Nurse Prescriber. The Wisconsin Chapter of the American College of Nurse-Midwives also maintains a Peer Review Committee. This group has a three year cycle during which the nurse-midwifery practices in the state are reviewed, thus further ensuring the continued high quality care for which CNMs are known throughout the USA

Thank you for your time and attention. I can be reached for additional information as follows, by telephone [414-288-3842], fax [414-288-7739] or e-mail [leona.vandevusse@marquette.edu].

Sincerely,

Leona VandeVusse, RN, CNM, PhD, FACNM

Nurse-Midwifery Program Director & Assistant Professor, Marquette University



**Wisconsin Nurses Association**

6117 Monona Drive  
Madison, Wisconsin 53716-3995  
(608) 221-0383  
FAX (608) 221-2788

**TO:** Senator Rodney Moen, Chairperson and Members of the Senate Health, Utilities,  
Veterans and Military Affairs Committee  
**FROM:** Gina Dennik-Champion, MSN, RN, MSHA  
Executive Director of the Wisconsin Nurses Association  
**DATE:** February 20, 2002  
**RE:** Support for SB 397

---

Good Afternoon Senator Moen and members of the Senate Health, Utilities, Veterans and Military Affairs Committee. My name is Gina Dennik-Champion, I am a Registered Nurse and Executive Director of the Wisconsin Nurses Association (WNA). The WNA is the professional organization of all registered nurses in Wisconsin. We support efforts that creates a health care system that provides equitable access, quality service at an affordable cost for all Wisconsin residents.

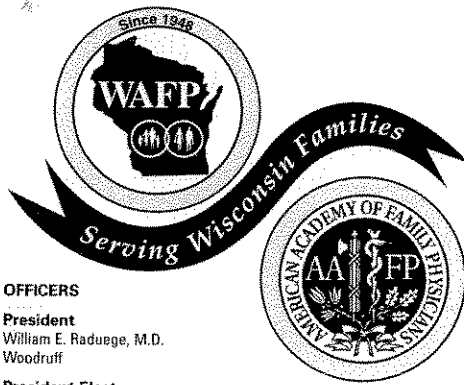
Thank you for giving me the opportunity to present WNA's support of SB 397 – The Practice of Nurse-Midwifery. The WNA supports SB 397 because it acknowledges the contemporary scope of practice for nurse midwifery today. SB 397 contains a description of the role and responsibilities of the nurse midwife as it relates to educational preparation, training, certification and experience that nurse midwife must demonstrate in order to be licensed to practice. This bill creates a better description of the scope of practice for nurse midwifery. This in turn will create increased benefits for the patient, the patient's family and the public.

SB 397 reflects the changes that were made in April 2000 to Administrative Rule Chapter N8, Prescriptive Authority for Advanced Practice Nurse Prescribers (APNP). The changes made back in April 2000 describe the collaborative relationship that must exist between the physician and the APNP. SB 397 provides for consistency between the collaboration requirements between the Nurse Midwife and the other Advanced Practice Registered Nurses (APRN) as indicated in Chapter N 8. WNA supports this language because of consistency.

WNA views SB 397 as a means of increasing access to quality and cost-effective maternal and infant health care services to vulnerable populations. These important services should be available to all of Wisconsin women today if they so desire. Lack of such services can have a serious impact on the health outcomes for women and their families. In addition, if such care is unavailable or difficult to access, delays can result in expensive and negative outcomes.

WNA wishes to thank you Senator Moen for supporting and co-sponsoring SB 397. I would also like to thank the other Committee members who have signed on in support. In addition WNA would like to thank Senator Judy Robson for her sponsorship of this bill in the Senate. This is legislation that is good for the patients of Wisconsin.

I would be glad to answer any questions or concerns that you may have.



# Wisconsin Academy of Family Physicians

142 North Main Street • Thiensville, Wisconsin 53092  
 Phone: (262) 512-0606 • Toll Free (WI): 1-800-272-WAFP • Fax: (262) 242-1862  
 E-Mail: wafp@execpc.com Web site: www.wafp.org

## OFFICERS

**President**  
 William E. Raduege, M.D.  
 Woodruff

**President Elect**  
 David Olson, M.D.  
 Elm Grove

**First Vice President**  
 Jean Riquelme, M.D.  
 Wauwatosa

**Secretary-Treasurer**  
 Cheri Olson, M.D.  
 La Crosse

**DIRECTORS**  
 Thomas J. Grau, M.D. (Chair) '02  
 La Crosse

John Brill, M.D. '04  
 Milwaukee

Brian Carlson (Student) '02  
 Milwaukee

Alan David, M.D. '02  
 Milwaukee

Jennifer Griffiths, M.D. (Resident) '02  
 Madison

Erik Gundersen, M.D. '04  
 Onalaska

Julie Haugen (Student) '02  
 Madison

Barb Hummel, M.D. '03  
 New Berlin

Lowell Keppel, M.D. '03  
 Waukesha

Nina Kinnunen, M.D. (Resident) '02  
 Onalaska

Steven L. Lawrence, M.D. '03  
 Milwaukee

James Milford, M.D. '02  
 Lake Mills

Scott Morgan '04  
 Milwaukee

Lori Neumann, M.D. '02  
 Darlington

David Porter '03  
 Chicago, Illinois

Leon J. Radant, M.D. (WIFM President) '04  
 Mauston

Ronald Schulgit, M.D. '04  
 Racine

**AAFP Delegates**  
 Bradley J. Fedderly, M.D. '02  
 Milwaukee

Daniel R. Sherry, M.D. '03  
 Elsworth

**AAFP Alternate Delegates**  
 Donn Fuhrmann, M.D. '02  
 New London

Susan Kinast-Porter, M.D. '03  
 Monroe

**SMS Delegate**  
 George Gay, M.D. '03  
 Cambridge

**SMS Alternate Delegate**  
 Calvin Bruce, M.D. '03  
 Madison

**Executive Director**  
 Larry Pfeifer  
 Chase/Pfeifer & Associates

69968.1

**TO:** Senator Moen and Members of Senate Health, Utilities, Veterans and Military Affairs

**FROM:** Bradley Fedderly, MD, on behalf of Wisconsin Academy of Family Physicians and State Medical Society

**DATE:** February 20, 2002

**RE:** Senate Bill 397

Good morning Chair Moen and members of the committee. I am Brad Fedderly, a practicing Family Physician from South Milwaukee and the Legislative Chair for the Wisconsin Academy of Family Physicians. I am testifying on behalf of the Academy in support of Senate Bill 397. The State Medical Society has asked that I also convey to you their support for this bill.

Family physicians and nurse midwives have a long history of working together in the best interest of their patients. We believe that this bill reflects that history. Senator Robson, Representative Underheim and the Wisconsin Nurse Midwife Association demonstrated an early willingness to listen to and address concerns raised by the Academy. We appreciate the commitment to patient safety demonstrated throughout the process.

This bill will permit nurse midwives to practice in collaboration with a physician rather than under the supervision of a physician. The Academy requested that the collaboration agreement between nurse midwives and the collaborating physician be in writing and that the statutes require the collaborating physician to have post graduate training in obstetrics. The Academy also requested a clarification of the nurse midwife scope of practice. The nurse midwife association agreed to request these changes.

In addition, we asked that the nurse midwives be required to carry professional liability insurance of \$1 million per occurrence and \$3 million per year. Our members strongly believe that it is essential for a nurse midwife who would no longer practice under the supervision of a physician to have insurance to



financially protect his or her patients from harm resulting from negligence. Delivering babies is a high risk, high stakes practice. The babies should have access to financial support should tragedy occur regardless of whether their mother chooses a physician or a nurse midwife for the delivery. Our understanding is that Senator Robson will offer an amendment to require professional liability insurance at the same level required for Advanced Practice Nurse Prescribers, which is \$1 million/\$3 million. We believe this amendment is crucial for patient protection.

Finally, we asked that the bill be amended to ensure that the care provided by a nurse midwife was within the scope of the professional expertise of the nurse midwife and the collaborating physician. For example, the Academy believes that a family physician who specializes in geriatrics and does not deliver babies should not be the collaborating physician with a nurse midwife. We will not request that the committee amend the bill to address this concern. While we believe this is an important issue, we will continue to support the bill even without this change and will rely on the Medical Examining Board and the Board on Nursing to address inappropriate collaboration agreements.

Again, we appreciate Senator Robson's willingness to listen to and address our concerns. It has been a pleasure working with Senator Robson and the Wisconsin Nurse Midwives' Association on this important bill.

I am happy to answer any questions.

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 2/20/02

Bill Number: SB 397

Moved by: Robson

Seconded by: Moen

Motion: Amend 1260

### Committee Member

Sen. Rodney Moen, Chair

Sen. Roger Breske

Sen. Judith Robson

Sen. Jon Erpenbach

Sen. Mark Meyer

Sen. Peggy Rosenzweig

Sen. Robert Cowles

Sen. Scott Fitzgerald

Sen. Mary Lazich

Aye

No

Absent Not Voting

Totals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Motion Carried

Motion Failed

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 2/20/02

Bill Number: SB 397

Moved by: Robson

Seconded by: Moen

Motion: passage as amended

### Committee Member

Sen. Rodney Moen, Chair

Aye

No

Absent Not Voting

Sen. Roger Breske

Sen. Judith Robson

Sen. Jon Erpenbach

Sen. Mark Meyer

Sen. Peggy Rosenzweig

Sen. Robert Cowles

Sen. Scott Fitzgerald

Sen. Mary Lazich

Totals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Motion Carried

Motion Failed