WISCONSIN ASSOCIATION of Pediatric Nurse Associates & Practitioners

TESTIMONY REGARDING CR 99-126
MARCH 15, 2000

Senator Moen and Members of the Senate Health Committee

In 1994 legislative rules authorized nurse practitioners meeting advanced practice criteria to independently prescribe medications. The rule making process was fairly lengthy and included members of the nursing, medical, and pharmacy professions. Discussion at that time focussed on the key components of the prescriptive process. Objective criteria, such as laboratory data or radiographic studies were considered essential to formulate an assessment and determine if medications were required. It was assumed at that time that Advanced Practice Nurse Prescribers (APNP's) would continue to use those objective studies as part of their decision making. Unfortunately, it was not to be.

Recent challenges to the authority to order diagnostic studies led to the realization that key components were omitted from the initial legislation. This rule clarification would rectify the situation.

Prescriptive authority was originally intended to facilitate access to health care in the rural and under-served areas of this state. The inability to order diagnostic studies compromises patient care by delaying treatment as some tests cannot be ordered without a physicians' name or the results are sent to physician colleagues who may not be present to review and triage them to the appropriate provider.

This rule clarification will support continued access to care for those patients served by APNP's. Additionally, APNP's will continue to utilize their physician colleagues for those patients whose health care needs are beyond the scope of practice or outside the educational parameters as defined by the Board of Nursing. The Wisconsin chapter of the American Academy of Pediatrics and the Wisconsin Academy of Family Physicians are supportive of this clarifying language and continue to have collaborative relationships with APNP's. This support is critical because it assures children access to care, facilitates quicker physician awareness of critical health problems through timely APNP triage, and provides the patient with a team approach utilizing both care and cure.

The Wisconsin Association of Pediatric Nurse Practitioners and Associates support this rule clarification so that nurse practitioners can continue to work with their physician colleagues in providing good, high quality care to the children and citizens of Wisconsin.

American
Academy of
Pediatrics

Wisconsin Chapter

Chapter President
Joanne Selkurt, MD
Gundersen Clinic - Whitehall
1824 Ervin Street
Whitehall, WI 54773
715/538-4355

Chapter Vice President
Carl Eisenberg, MD
Milwaukee Medical Clinic
Advanced Healthcare, S.C.
3003 W Good Hope Rd
PO Box 090996
Milwaukee, WI 53209-0996
414/352-3100

Chapter Secretary-Treasurer
Donald Burandt, MD
Beloit Clinic, S.C.
1905 Huebbe Parkway
Beloit, WI 53511
608/364-2420

Chapter Administrator
Carolyn Evenstad
4601 Wallace Ave
Monona, WI 53716
608/222-7751
Fax 608/222-7751
e-mail: cmewcaap@aol.com

results as well as to findings on imaging tests and electrocardiograms. An Advanced Practice Nurse Prescriber will need skill to address these variables when interpreting test results, and the child's well being will depend upon the nurse's decisions. There are likely to be many times when the nurse will not need assistance or will know to ask for assistance with the interpretation. The collaboration this process implies needs to be codified at the time the Advanced Practice Nurse Prescribers are given the right by rule to order the tests. Any delay in codifying the requirement for this collaboration will potentially put Wisconsin children at risk because the nurse may not have a clear understanding of the circumstances when collaboration is appropriate. In this situation the Advanced Practice Nurse Prescriber may act on interpreted results without collaborating with a physician thereby putting the child-patient at higher risk. Furthermore, the collaboration agreement needs to be the product of joint negotiations between the physician(s) and the Advanced Practice Nurse Prescriber. A collaboration agreement drafted by one collaborator is not an agreement; agreements imply joint discussion and consensus.

In the view of the WIAAP, collaboration is critical in the relationship between the child-patient, the Advanced Practice Nurse Prescriber, and the physician. We believe language that defines a collaborative practice arrangement should be included in any rule adopted at this time. Further, we believe any rule adopted should specify that Advanced Practice Nurse Prescribers can only order and interpret tests, electrocardiograms, and imaging procedures if, and only if, there is a JOINTLY DEVELOPED, collaborative practice agreement in force between a physician or physicians and the Advanced Practice Nurse Prescriber.

American Academy of Pediatrics

Wisconsin Chapter

Chapter President
Joanne Selkurt, MD
Gundersen Clinic - Whitehall
1824 Ervin Street
Whitehall, WI 54773
715/538-4355

Chapter Vice President
Carl Eisenberg, MD
Milwaukee Medical Clinic
Advanced Healthcare, S.C.
3003 W Good Hope Rd
PO Box 090996
Milwaukee, WI 53209-0996
414/352-3100

Chapter Secretary-Treasurer
Donald Burandt, MD
Beloit Clinic, S.C.
1905 Huebbe Parkway
Beloit, WI 53511
608/364-2420

Chapter Administrator
Carolyn Evenstad
4601 Wallace Ave
Monona, WI 53716
608/222-7751
Fax 608/222-7751
e-mail: cmewcaap@aol.com

10.8

WISCONSIN CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

TESTIMONY ON MARCH 15, 2000, BEFORE THE WISCONSIN SENATE COMMITTEE ON HEALTH, UTILITIES, VETERANS AND MILITARY AFFAIRS

RELATING TO:
THE PROPOSED RULES GOVERNING ADVANCED PRACTICE NURSE PRESCRIBERS

Senator Moen and respected Committee members, it is an honor and privilege to address you.

I am Carl Eisenberg, MD, FAAP, a pediatrician, and the Vice President and Legislative Co-Chair of the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP.) Today, I represent 733 pediatricians in the State of Wisconsin.

The Wisconsin Chapter of the American Academy of Pediatrics shares the concern of many about the problem of access to medical care for all the children of Wisconsin. Many of our members currently work in collaborative arrangements with Advanced Practice Nurses to provide parents increased opportunities to access quality medical care. I speak to foster and support these collaborative practices thereby increasing access to medical care for the children of Wisconsin.

Today, I would like to address the specific issue of interpretation of test results in children. Once a test is ordered something will need to be done with the result of that test. Interpretation of data in the pediatric population is complicated because normal values vary with age. This concept not only applies to growth (e.g., height and weight) and development (e.g., the age of acquisition of language skills), but also to the normal values for many laboratory test

Date: March 15, 2000

To: Senator Rodney Moen, Chair.
Members, Senate Committee on Health, Utilities, Veterans and Military Affairs

From: Kathleen M. Poi, MS, RN, CNAA KMP
Interim Executive Director, University Health Services

Re.: Clearing House Rule 99-126 – Relating to Prescribing Limitations for Advanced Practice Nurse Prescribers

Thank you for the opportunity to address you today. I will keep my comments brief as I know you have a very full hearing schedule. I am here to speak strongly in favor of Clearing House Rule 99-126. I am here to bring you the perspective of an administrator of a reasonably large ambulatory care clinic. I currently serve as the Interim Executive Director of University Health Services, the clinic providing services to the 40,000 students at the University of Wisconsin-Madison. Our clinic currently employs seven advanced practice nurse prescribers – four nurse practitioners and three psychiatric clinical nurse specialists. These individuals practice collaboratively with the fourteen physicians employed by our clinic.

The ability of our advanced practice nurses to prescribe has significantly enhanced our ability to provide high quality, accessible, affordable care to our patient population. Our APNPs effectively perform the diagnostic test ordering functions addressed in this proposed clarification of the rules. Their education and experience provide them with the knowledge and skills to appropriately select and order laboratory tests, xrays and electrocardiograms as well as to appropriately interpret and utilize the results of these tests. Until questions were raised, we quite naturally assumed that the authority to prescribe includes the authority to perform those diagnostic studies necessary to appropriately select treatment and in turn, evaluate its effectiveness. Because the current rules do not specify that the ordering of diagnostic tests is within the APNP scope of practice, several of our reference laboratories and radiology facilities will not perform requested tests unless a physician's name is on the order. The inability to order tests using the APNPs name creates inappropriate and unnecessary barriers to the delivery of services. In our clinic, we have experienced a number of incidents where test results were returned to the physician whose name was on the order rather than to the APNP who had, in fact, provided the care. This is inappropriate and unnecessary. It sets up scenarios for delays in timely responses to abnormal findings. From a risk management point of view, this is unacceptable.

The original legislation leading to Chapter N8, passed in 1993, requires the Board of Nursing to promulgate rules defining the scope of practice for advanced practice nurse prescribers. This

University Health Services
University of Wisconsin–Madison
www.uhs.wisc.edu

1552 University Avenue
Madison, WI 53705-4085
608-262-3016 Fax: 608-262-9160
TTY: 608-265-3300

905 University Avenue, Suite 401
Madison, WI 53715-1005
608-262-1744 Fax: 608-265-4572

proposed addition to N8.06 responds to this requirement by providing very needed clarification regarding this scope of practice. I urge you to support this very necessary addition to Chapter N8 of the Wisconsin Administrative Rules.

Thank you again for the opportunity to address this important issue.

The Wisconsin Society of Anesthesiologists, Inc.

The Wisconsin Board of Nursing has proposed an administrative rule, CR 99-126, that would give advanced practice nurse prescribers the authority to independently order diagnostic studies: laboratory tests, x-rays, and electrocardiograms. I believe that the proposal does not reflect actual practice, and I have serious concerns that patient care would be adversely affected if CR 99-126 were adopted as it stands.

The decision to order a diagnostic study is a medical decision, so it requires the proper medical training. Diagnostic studies are not and should not be ordered lightly, but they should be ordered only after a consideration of the patient, the pathophysiology of the disease in question, the ramifications of the therapy provided, and the characteristics of the test. These factors (the patient, the disease, the therapy, and the test) all affect the reliability and significance of the information obtained. This information isn't the only consideration. Every test imposes some cost. This cost could be the inconvenience of having to go and have the test performed. This cost could be economic and born by the patient or a third party payer. This cost could be discomfort from some portion of the procedure, like a needle puncture. Finally the cost may be some hazard like radiation exposure. The weighing of these costs and the benefit to be gained, and how likely this benefit is to be gained, is very properly the practice of medicine.

I urge you to please request modification of the proposed rule as recommended by the State Medical Society, so it reflects the advanced practice nurse prescriber and physician collaboration that provides high quality patient care. The scientific literature that has been obtained in the medical specialty of anesthesiology has demonstrated that physician supervision of nurses does improve patient safety.

Every practice is different because of the differences among patients, the setting, and the experience of the advanced practice nurse prescriber . The language proposed by the State Medical Society would allow collaborative agreements, tailored to the specific practice situation and developed jointly by the advanced practice nurse prescriber and the collaborating physician, to spell out how the advanced practice nurse prescriber is to function.

Although advanced practice nurse prescribers may prescribe independently, the practice of professional nursing requires that the nurse, regardless of status as an advanced practice nurse prescriber,

function under the general supervision of a physician. Except for prescribing activities, the physician is responsible for the acts and omissions of the advanced practice nurse prescriber. For this reason the physician must have a say in the role of the advanced practice nurse prescriber.

Speaking as a physician, this is not a turf issue. The language proposed by the State Medical Society is a reasonable way to ensure access to quality health care.

Thank you.

Robert E. Kettler, M. D., President
Wisconsin Society of Anesthesiologists

State Medical Society of Wisconsin
Working together, advancing the health of the people of Wisconsin

TO: **State Senator Rodney Moen, Chair**
Members, Senate Committee on Health, Utilities,
Veterans and Military Affairs

FROM: **Bruce Kraus, MD**

RE: **Support for Modifications to Clearinghouse Rule 99-126**

DATE: **March 15, 2000**

Good Afternoon. I am Doctor Bruce Kraus and I am here today on behalf of the members of the State Medical Society of Wisconsin. Senator Moen, thank you very much for scheduling a public hearing on this important issue. We appreciate your willingness, and the willingness of committee members, to listen to suggestions by the State Medical Society to improve Clearinghouse Rule 99-126.

Clearinghouse Rule 99-126 proposes to give advanced practice nurse prescribers the authority to independently order laboratory tests, radiographs and electrocardiograms. The State Medical Society of Wisconsin believes the rule can be written in such a way as to allow advanced practice nurse prescribers to order and interpret these diagnostic tools while more accurately reflecting the practice environment in which physicians and advanced practice nurse prescribers work. The rule should be modified to reflect what happens in day-to-day practice, where the advanced practice nurse prescriber and the physician collaborate to provide high quality patient care.

Rather than providing that advanced practice nurse prescribers **independently** order lab tests, X-rays and EKGs, the State Medical Society proposes that the advanced practice nurse prescriber be able to autonomously order and interpret those same tests when they collaborate with a physician. For purposes of ordering and interpreting these tests, collaboration would be a process in which the advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the advanced practice nurse prescriber's professional expertise, as provided for in jointly developed practice parameters.

Please note – the definition of collaboration does not require physician supervision of the advanced practice nurse prescriber, nor does it require on-site oversight of the advanced practice nurse prescriber's activities. What it does require, however, is that the advanced practice nurse prescriber and the physician determine in advance **and together**, how their relationship will function. This helps to ensure that the individual advanced practice nurse prescriber's training and experience and the physician's specialized knowledge combine to maximize patient safety and the quality of patient care. The collaborative agreement can be tailored to address a range of practice situations, and would be developed jointly by the advanced practice nurse prescriber and the collaborating physician to reflect their particular relationship. **I stress – this is a relationship that both health care professionals have a role in defining.**

330 EAST LAKESIDE STREET · PO BOX 1109 · MADISON, WI 53701-1109 · 800.362.9080 · 608.257.6781 · FAX 608.283.5401 · www.wismed.com

In most practice settings involving physicians and advanced practice nurse prescribers, collaboration takes place according to collaborative agreements between the physician and the advanced practice nurse prescriber. An example of such an agreement is attached for your information. The collaborative agreement serves as a safety net for patients, so they don't suffer any harm because the physician and the advanced practice nurse prescriber failed to take appropriate action because neither was aware that such an action was necessary.

Mr. Chairman and members, I appreciate the opportunity to share these thoughts with you. We respectfully request that you ask the Wisconsin Board of Nursing to modify the rules to reflect the suggestions that I have made in my comments to you today. In the event the Board of Nursing refuses to make those modifications, we would ask that the committee formally object to the rule as proposed by the Board of Nursing.

I would be happy to answer any questions you have.

Collaborative Agreement for Nurse Practitioners

This agreement is between _____ *(Nurse Practitioner)* and _____ *(Collaborating Physician)* and outlines that portion of advanced practice nursing which constitutes delegated medical acts. Both professionals are licensed by the State of Wisconsin.

Scope of Practice

Nurse practitioner is approved to provide services that include, but are not limited to:

a. Obtaining histories and performing advanced physical assessment.
b. The selection and performance of appropriate diagnostic and therapeutic procedures. The Nurse Practitioner may perform approved procedures as specified in the attached Appendix B.
c. Ordering and interpretation of laboratory tests and diagnostic procedures.
d. Diagnosis of clinical conditions, development of a therapeutic plan, and monitoring the effectiveness of the therapeutic interventions.
e. Prescription of and administration of pharmacological agents, treatments, and nonpharmacological therapies in accordance with State law. (See credentials section below.)
f. The provision of education and counseling for individuals, families, and groups.
g. Sign documents (within legal limitations) as indicated.
h. Handle emergencies according to clinic policy.

Site(s) of Service

These services may be performed in any setting authorized by the involved institution, including but not limited to those checked below:

_____ Clinic _____ Hospital _____ Individual's Homes
_____ Nursing Home _____ Other (specify) _____

Collaborative Relationship

The collaborating physician will be available for consultation within a reasonable period of time. Each nurse practitioner will have a primary collaborative physician and a second physician who provides collaboration when the primary physician is unavailable. This back-up system is determined by department protocol.

Performance

The quality of the Nurse Practitioner's performance will be evaluated by an annual performance appraisal, including input from the collaborating physician(s). This agreement will be reviewed and signed on an annual basis.

Credentials

Nurse practitioners will maintain licensure as a Registered Nurse (RN) and certification as a Nurse Practitioner (NP) during the term of this agreement. In order to prescribe medications independently, the Nurse Practitioner must maintain Advanced Practice Nurse Prescriber (APNP) status. If the Nurse Practitioner is not an Advanced Practice Nurse Prescriber, s/he must work under prescriptive authorization from the collaborating physician as specified in attached Appendix A.

Accepted:

Nurse Practitioner	*Date*	*Collaborating Physician*	*Date*
Executive Vice President	*Date*	*Secondary Physician*	*Date*
Effective Date: _____		Review Date: _____	

Collaborative Agreement for Nurse Practitioners
Appendix A

Prescription Authorization for Non-APNP's Only

[This will be developed by the Nurse Practitioner and Primary Collaborating Physician.]

Collaborative Agreement for Nurse Practitioners -
Appendix B

Approved Procedures

The undersigned Nurse Practitioner and Collaborating Physician(s) agree that the Nurse Practitioner is qualified through training and experience to perform the following procedures:
[To be completed by the Nurse Practitioner and Collaborating Physician(s).]

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Collaborating Physician *Date*

Nurse Practitioner *Date*

State Medical Society of Wisconsin
Working together, advancing the health of the people of Wisconsin

TO: **State Senator Rodney Moen, Chair**
Members, Senate Committee on Health, Utilities,
Veterans and Military Affairs

FROM: **M. Colleen Wilson, Legislative Counsel**
Public Affairs

RE: **Suggested Modification to Clearinghouse Rule 99-126**

DATE: **March 15, 2000**

Following is the language that the State Medical Society of Wisconsin suggests as a modification to Clearinghouse Rule 99-126 related to test ordering by advanced practice nurse prescribers.

The advanced practice nurse prescriber may not independently order or interpret laboratory testing, radiographs or electrocardiograms to assist with the issuing of a prescription order unless the advanced practice nurse prescriber collaborates with a physician.

For purposes of this section, collaborate means a process in which an advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the advanced practice nurse prescriber's professional expertise, as provided for in jointly developed practice parameters.

330 EAST LAKESIDE STREET · PO BOX 1109 · MADISON, WI 53701-1109 · 800.362.9080 · 608.257.6781 · FAX 608.283.5401 · www.wismed.com

Wisconsin Radiological Society

P.O. Box 757
N27 W23957 Paul Road, Suite 202
Pewaukee, Wisconsin 53072-0757
Phone (262) 523-6200 • FAX (262) 523-6211
E-Mail: medassn@aol.com

Senate Committee on Health, Utilities, Veterans and Military Affairs
Hearing on CR 99-126
March 15, 2000

Statement by:
Gregg Bogost, M.D.
Michael San Dretto, M.D.
Katherine Shaffer, M.D.

Thank you Senator Moen and Committee members for the opportunity to provide testimony regarding Clearinghouse Rule 99-126, a rule which would allow an advanced practice nurse prescriber to order and interpret diagnostic tests, including radiographs, to assist in issuing a prescription order. The Wisconsin Radiological Society (WRS) opposes the current wording of this proposed administrative rule.

Radiologists – physicians specially trained to perform and interpret radiographic tests – receive four to six years of additional training following medical school. This extensive training increases the quality of radiographs and the accuracy of the interpretations of these images. All physicians, during the course of their medical education, receive specific training in the appropriate use of radiographs and radiation safety.

The scope of this training is very different than that of most nurses. Nurses' training is geared toward primary care skills. As a consequence, most nurses have no training in radiographic interpretation, and few have anything beyond minimum introductory training. They have even less training in radiation safety and image quality. This difference in training could lead to substandard films, increased radiation doses to patients, and possible overuse of radiographs. The disparity in training also increases the chance for error. It would be unfortunate, for example, if a nurse administered a chest x-ray, looking only for pneumonia, and missed or misinterpreted lung cancer also appearing on the film. Therefore, we believe ordering or interpretation of radiographic examinations is most appropriate with the collaboration with a physician who has received training in radiographic interpretation.

WRS supports amending the rule to clarify that the advanced practice nurse prescriber may order or interpret tests, including radiographs, in collaboration with a physician. We understand that there has been discussion of creating such a clarification through a policy statement, rather than incorporating it as part of this rule. WRS questions the authority of a policy statement that is separate from the administrative rule. Although agencies often prefer policy statements, rules not only guarantee legislative oversight, but also formally provide for public input. Because patient protection and provider accountability are at stake in this particular situation, incorporation of any clarifications need to be in the form of rule. It is very important to WRS that advanced practice nurse prescribers and physicians work together to assure that radiographs and the interpretations of these images are of the highest quality possible.

We appreciate your attention to our concerns.

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

TO: Senator Rodney Moen, Chair, and members of the Health, Utilities, Veterans, and Military Affairs Committee
FROM: Mary Schwanebeck, RN, APNP
DATE: March 15, 2000
RE: **Support for CR 99-126 - Prescribing Limitations for the Advanced Practice Nurse Prescriber**

Good afternoon Chairman Moen and members of the committee. My name is Mary Schwanebeck. I am a Registered Nurse and an Advanced Practice Nurse Prescriber (APNP). I am the President of the Nurse Practitioner Forum, a special interest group of the Wisconsin Nurses Association (WNA). I am here representing WNA.

The Wisconsin Nurses Association, and its Advanced Practice Nurse Prescribers, is in support of **CR 99-126** the APNP Rule Clarification developed by the Wisconsin Board of Nursing.

Clarifying the APNP's Scope of Practice to include the ordering of laboratory tests, radiographs and electrocardiagrams as part of the prescriptive process is good for patient safety and continuity of care.

In order for an APNP to make the best prescriptive decisions, collection and analysis of data is necessary. Some of that data may include lab tests, x-rays, and EKGs. This improves patient safety.

Continuity of care is enhanced with this rule clarification as well. The patient's primary provider (in this case, an APNP) is able to use all of the data available to make prescriptive decisions in an efficient manner. Not having the ability to order lab tests, x-rays, or EKG's could cause delays, and perhaps even errors, in treatment.

Patient safety and continuity of care is also enhanced because APNPs work in a collaborative relationship with one or more physicians.

I appreciate your time to share our position. Thank you.

March 15, 2000

Written Testimony

Senators,

I am Beverly Sigl Felten Ph.D(c), RN, CS, APNP. I was the fourth APNP to be granted that credential on March 22, 1995. I have worked in gerontological community based private practice since 1994 in my own nursing service corporation Gero-Psych Nursing, S.C.

My clients are mostly older adults with chronic illnesses that also have behavioral issues. I see clients in group homes, nursing homes, and in their own homes. I collaborate with my client's physicians initially via a written individually designed care plan which is usually faxed right after my first evaluation. I discuss the plan with the client, the family, and the physician. My clients are followed on their location long term. Collaboration is accomplished via phone, email, car phone and occasionally in face to face physician clinic appointments with the client. Sometimes I am the continuity thread for a patient with different specialty physicians in different clinics, in different cities!

I have a patient with Parkinson's Disease, who experiences depression. At first I avoided changing any of his Parkinsons medications, feeling these were the realm of his neurologists. These physicians soon refused to change medications over the phone, demanding their patients make an appointment which sometimes took three months, during which time the patient declined drastically. The client was hospitalized yearly with this pattern of care. At the family's request, I referred this client to an internist I knew who had worked with some of my other clients for routine care, in order to not let symptoms and problems go for so long. I do not work for this internist. We recognize eachother's expertise. We collaborate via phone, and via the written clinic form from the the group home.

Last year my patient's neurologists announced they would no longer accept Medicare assignment. Unless he would pay them directly, they would no longer be his neurologists. When his family asked who would manage his care, they said have the nurse prescriber do it. It took almost a year to find a new neurologist who treated Parkinsons Disease. In the mean time, I have been managing his Parkinsons medications and his psychotropic medications, while he continues to be followed by the internist. In February of 2000 he started seeing a new neurologist. When he saw first this new neurologist I went to the clinic appointment with him, along with his daughter, who told the neurologist how pleased she was with my care. With the previous neurologists who wouldn't change medications unless seen in clinic, this man was hospitalized once a year. While I managed his Parkinson's meds while being seen in the group home, in collaboration with routine care from the internist, he stayed out of the hospital.

Many times physicians won't take the time to talk with me on the phone to know why I would like a particular test, as they don't have the background I do with that drug. Other times, if a test is done as I requested, staff have refused to divulge results, citing patient confidentiality. Ordering lab diagnostics will better help me monitor my clients, and will improve patient care. Please leave the language as it is for CR 99-126. This collaborative pattern in Wisconsin has worked well for five years.

Thank you,

Beverly Sigl Felten Ph.D(c), RN, CS, APNP

Beverly Sigl Felten Wis APNP Lic #4

To: State Senator Rodney Moen, Chair, and Members of the Senate Committee on Health, Utilities, Veterans and Military Affairs
From: Sidney E. Johnson, MD
Representing: Wisconsin Board of Medical Examiners
Subject: Clearinghouse Rule 99-126

The Medical Examining Board has asked me to testify regarding their discussion of this rule. The board has not made a formal motion but by unanimous agreement is opposed to its passage for fear of an adverse effect on the quality of medical care given to Wisconsin citizens.

As proposed this rule dramatically expands the current scope of practice for advanced practice nurse prescribers, allowing these practitioners to order laboratory tests, radiographs and electrocardiograms independent of a collaborative relationship with a physician. Under this rule no practice guidelines, nor protocols, nor conversations with a physician colleague regarding the study to be ordered are necessary. .

The Medical Examining Board believes this rule threatens the quality of patient care by allowing an increase in diagnostic and other medical errors.

Physicians have extensive education in the medical sciences during their 4 years of medical school, and those entering the medical specialties of pediatrics, family medicine and general internal medicine have at least 3 additional years of training. The medical subspecialties such as cardiology, gastroenterology, endocrinology, oncology, etc. require an additional 2 to 3 years. Recertification examinations are required periodically, usually every 7 years. Even with this experience, obtaining an adequate history of the present illness and review of systems, performing a competent physical exam and determining a diagnostic impression, differential diagnosis and plan for evaluation and treatment can be very challenging indeed.

These tasks when done by a nurse practitioner can be performed more efficiently and accurately by interfacing with a physician colleague in a collaborative practice.

CR99-126 references laboratory tests, radiographs and electrocardiograms but does not describe the multiple possibilities in each category. For instance, laboratory tests might include blood serum and urine studies but also pulmonary function studies, and various endoscopic exams. Radiographs could include plain films of the head, chest, abdomen, spine, urinary system and extremities. This category may also include barium contrast studies and intravenous pyelograms, as well as ultrasounds, CT scans and MRI studies. Electrocardiograms may include the basic 12-lead resting study, or any of the various stress or arrythmia studies. . The selection of the appropriate study at the appropriate time and in the appropriate sequence by a nurse practitioner is best done in collaboration with a physician colleague.

I am personally aware of the SMS recommendations regarding CR 99-126 and I have reviewed minutes prepared by Ms. Wilson of the SMS regarding a telephone conference between the SMS, the WNA, and the WAFP. I should make no comment because the Medical Examining Board has not seen nor discussed those documents.

In conclusion the MEB is opposed to this proposed rule.

Wisconsin Academy of Family Physicians

10612 W. Sunset Woods Lane • Mequon, Wisconsin 53097
Phone: (414) 512-0606 • Toll Free (WI): 1-800-272-WAFP • Fax: (414) 242-1862
E-Mail: wafp@execpc.com

Wisconsin Academy of Family Physicians Testimony Before the Senate Health Committee March 15, 2000

Members of the committee, thank you for the opportunity to address you today. I am speaking on behalf of the Wisconsin Academy of Family Physicians. We represent over 1400 doctors in the state, the largest single medical specialty in the state, also the most geographically dispersed group, providing cradle to grave primary health care to Wisconsin citizens in small towns and big cities, solo practices and large HMOs. We are Wisconsin's family doctors and in many settings, we work side by side with advanced practice nurses.

We oppose the proposed change in N 8.

First, we feel the wording of the rule before you is misleading. Despite saying "may not independently order," the rest of the rule goes on to effectively allow independent ordering. All test-ordering by any clinician should be related to his or her seeking an appropriate diagnosis to facilitate prescribing or providing other appropriate remedies. So actually, the current rule is like saying "You may not independently scratch your nose unless it itches." The awkwardness appears to be necessitated by the framework of N. 8. The purpose of N. 8 is to implement the prescribing privileges provided to advanced practice nurse prescribers in sec. 441.16 of the statutes. It is awkward to fit the proposed expanded scope into a rule with essentially a different purpose.

Second, and far more importantly than the awkwardness of the rule, the rule significantly expands the scope of APNP practice without any sort of required collaborative relationship with physicians. Why are we pushing for collaboration? Because we feel that the rule should codify what is actually happening in the real world and recognized by most practitioners in both professions as a crucial element of patient protection. Advanced practice nurses are working throughout the state in a variety of relationships with physicians, some very closely supervised, others essentially independent except for occasional collegial conferencing. We feel the rule should reflect this range of collaboration and can be written in such a way as to make nurses not feel and, in fact, not be under the thumb of physicians. For the most part, both professions appear to support the current relationships as being best for their patients, but cannot agree on how these relationships should be recognized or enforced.

Third, most patients assume their APNP is in a collaborative relationship with a physician and believe that their APNP will consult a physician colleague when the need arises. I believe it is fair to say that most patients do not realize the ramifications of the increasingly independent practice. For example, this independence is not accompanied by commensurate liability protection. We have resisted asking our colleagues in the trial bar to weigh in on this subject, but the committee should understand that citizens seeing advanced nurse practitioners who are not in collaborative relationships with physicians, do not have recourse to the same sorts of malpractice funds as those seeing physicians or nurses in collaboration with physicians.

A fourth issue which the proposed rule does not address is reimbursement. Part of the impetus for this rule change was to allow advance practice nurses to bill Medicare directly for their services. New Medicare statutes, the relevant excerpts of which you have before you as Exhibit 1, state that advance practice nurses may charge for their services if collaborating with a physician.

Since the original rule change was proposed last fall, the Academy has sought to find an alternative which would be acceptable to the nursing and medical establishments. At the end of January, representatives of the Wisconsin Nurses Association, our Academy and the State Medical Society came up with compromise wording, Exhibit 3. The Board of Nursing rejected this wording, apparently feeling it was too restrictive.

At the end of February, working closely with representatives of the Wisconsin Nurses Association and of the Advanced Practice Nurses Association, we developed a carefully constructed compromise which met all our criteria for collaboration and was initially acceptable to the representatives from Nursing as well, Exhibit 4. Our proposal included authorizing advanced practice nurse prescribers to order tests when they are in a collaborative relationship with a physician. The proposal also relied on a policy statement interpreting collaborative relationships to ensure the possibility of Medicare payment for APNP's as an interim step to a permanent rule. The policy statement and subsequent rule change were to clarify that APNP's should be practicing in collaborative relationships with MD's to prescribe, as well as to order tests. We were prepared to come to this committee to testify in support of that compromise.

What happened to it? The State Medical Society, which had a representative present at the meeting, felt they could not support the compromise, because they were concerned that a "policy statement" did not have the effect of law. Then, the Board of Nursing rejected it, apparently feeling it was still too restrictive.

It occurred to us that when a proposal leaves both sides slightly unhappy, perhaps you have found a good answer.

As I mentioned before, the wording of the proposed rule, with its double negative, seems unduly complex, and the alternative wording offered in Exhibit 3 does not solve this problem. The awkwardness apparently arises from attempting to expand the scope of practice with regard

to test-ordering within rule N. 8.06 (Exhibit 5) which has a different purpose, namely, to define prescribing limitations for advanced practice nurse prescribers.

WAFP would like to suggest, instead, amending N. 8.10 (Exhibit 6), which addresses case management and collaboration with other health care professionals. Our proposal is exhibit 7. This proposal

- Turns the double negative on test-ordering into a positive,
- Meets Medicare requirements on collaboration,
- Should satisfy most of our physician colleagues, and
- Still affords APNP's the independence they are seeking.

We realize this is new material for all involved and would be happy to participate in further discussions of this suggestion. Failing any willingness on the part of the Board of Nursing to consider this reasonable proposal, we will again state our support for the SMS wording and opposition to the rule. Thank you for the opportunity to address the committee on this important issue.

Calvin S. Bruce, Legislative Chair

Wisconsin Academy of Family Physicians
1-800-272-9237

EXHIBIT 1

MEDICARE STATUTES REGARDING REIMBURSEMENT FOR APNP'S:

The relevant statute which defines reimbursable services is Clause (ii) of section 1862(s)(2)(K) (42 U.S.C. 1395x(s)(2)(K)) which was amended to read:

(1) IN GENERAL - Clause (ii) of section 1862(s)(2)(K) (42 U.S.C. 1395x(s)(2)(K)) is amended to read as follows:

"(ii) services which would be physicians' services if furnished by a physician (as defined in subsection (r)(1)) and which are performed by a nurse practitioner or clinical nurse specialist (as defined in subsection (aa)(5)) working in collaboration (as defined in subsection (aa)(6)) with a physician (as defined in subsection (r)(1)) which the nurse practitioner or clinical nurse specialist is legally authorized to perform by the State in which the services are performed, and such services and supplies furnished as an incident to such services as would be covered under subparagraph (A) if furnished incident to a physician's professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services."

Minus the verbiage, this says:

". . . services . . .which are performed by [an APN] working in **collaboration** . . . with a physician . . .which the [APN] is legally authorized to perform by the State . . ."

Collaboration is subsequently defined:

42 USCA §§ 1395x (6)

(aa)(6) The term "**collaboration**" means a process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as defined by the law of the State in which the services are performed.

EXHIBIT 2

WPS GUIDELINES REGARDING COLLABORATION:

*C. Collaboration:

1. Nurse practitioners and clinical nurse specialists must meet the standards for a collaborative process, as established by the State in which they are practicing. In the absence of State law governing collaborative relationships, collaboration is a process in which these

nonphysician practitioners have a relationship with one or more physicians to deliver health care services.

2. Such collaboration is to be evidenced by nurse practitioners or clinical nurse specialists documenting their scope of practice and indicating the relationships that they have with physicians to deal with issues outside their scope of practice.

3. Nurse practitioners and clinical nurse specialists must document this collaborative process with physicians. The collaborating physician does not need to be present with the nurse practitioner or clinical nurse specialist when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner or clinical nurse specialist.

EXHIBIT 3

JANUARY COMPROMISE, CURRENT SMS PROPOSAL:

N. 8.06. The advanced practice nurse prescriber may not independently order or interpret laboratory testing, radiographs or electrocardiograms to assist with the issuing of a prescription order unless the advanced practice nurse prescriber collaborates with a physician.

For purposes of this section, collaborates means a process in which an advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the advanced practice nurse prescriber's professional expertise, as provided for in jointly developed practice parameters.

EXHIBIT 4

FEBRUARY PROPOSAL:

First, that proposed administrative rule would be amended to read:

"An advanced practice nurse prescriber, working in a collaborative relationship with a physician, may order laboratory testing, radiographs or electrocardiograms to assist the advanced practice nurse prescriber in issuing a prescription order appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or expertise."

Second, that the BON and the MEB would issue a joint policy statement, published in the Administrative Register, that states:

"APNP's must meet the standards for a collaborative process as established by the Board of Nursing. Collaboration is a process in which APNP's have a relationship with one or more physicians to deliver health care services. Such collaboration is to be evidenced by the APNP's documenting their scope of practice and the relationships that they have with physicians to deal with issues outside their scope of practice." (This is taken from the language in the new version of the Medicare guidelines for reimbursement of NP's.)

Third, that the interested groups agree to work to have language similar to the above inserted into N. 8 probably in either 1.5 or 8.08 to give a definition of collaboration that includes a written relationship between the APNP and a physician.

EXHIBIT 5

CURRENT WISCONSIN ADMINISTRATIVE CODE N 8.06:

N 8.06 Prescribing limitations. The advanced practice nurse prescriber:

(1) May issue only those prescription order appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.

(2) May not issue a prescription order for any schedule I controlled substance.

(3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 161.16(5), Stats., to or for any person except for any of the following:

(a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer-related pain.

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesis.

(d) Treatment of drug-induced brain dysfunction.

(e) Treatment of epilepsy.

(f) Treatment of depression shown to be refractory to other therapeutic modalities.

(4) May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.

(5) Shall, in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16(3)(cm), Stats., present evidence to the nurse and to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

EXHIBIT 6

CURRENT WISCONSIN ADMINISTRATIVE CODE N 8.10:

N 8.10 Case management and collaboration with other health care professionals. (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician, through the use of modern communication techniques.

(3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating case management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.

EXHIBIT 7

WAFP SUGGESTION FOR AMENDING N.8.10 WOULD ADD:

(6) To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs, or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the practitioner's professional expertise. This relationship must be evidenced by a written agreement between the advanced practice nurse prescriber and a physician.

in each others presence when necessary

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

Administrative Rules in Final Draft Form

Board of Nursing

Relating to: Prescribing Limitations for Advanced Practice Nurse Prescribers

Rule: N 8.06 (1m)

Clearinghouse Rule: No. 99-126

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE BOARD OF NURSING	:	**REPORT TO THE LEGISLATURE ON CLEARINGHOUSE RULE 99-126 (s. 227.19 (3), Stats.)**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

No new or revised forms are required by these rules.

III. FISCAL ESTIMATES:

These rules will have no significant impact upon state or local units of government.

IV. STATEMENT EXPLAINING NEED:

Section 441.16, Stats., requires that the Board of Nursing promulgate rules "defining the scope of practice within which an advanced practice nurse may issue prescription orders." The rules created by the board in response to this mandate establish a number of prescribing limitations specifying that the advanced practice nurse prescriber "may issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience." Not included within these rules, however, is any specification as to those practices and procedures which are an integral and necessary part of the independent preparation of a prescription order, including the physical assessment of the patient necessary to make an intelligent prescribing judgment. Assessment is defined as "the systematic and continued collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis." It seems clear that the collection and analysis of data about the health care status of a patient must, to the extent they are consistent with the advanced practice nurse's areas of practice, include basic diagnostic tests, including laboratory testing, x-rays and EKG's. The proposed rule would confirm that the advanced practice nurse prescriber may independently order and utilize diagnostic testing consistent with his or her area of competence, which is necessary to assist the advanced practice nurse prescriber in issuing a prescription order.

V. NOTICE OF PUBLIC HEARING:

A public hearing was held on November 4, 1999. Following is a list of individuals who submitted written comments and/or appeared at the public hearing.

Dennis Stalsberg, CRNA, APNP, La Crosse, WI
Mary Ellen Sorensen, RN, MSN, APNP, Milwaukee, WI
Cary Rosof, M.D., Milwaukee, WI
Victoria Yorke, Milwaukee, WI
John O'Connor, M.D., Milwaukee, WI
Manuel Joseph, Milwaukee, WI
William Treichel, M.D., Milwaukee, WI
Arnold Valerius, New Berlin, WI
Scott Feldy, D.O., Northside Medical Consultants, Kenosha, WI
Jamie Cairo, RN, MSN, Northside Medical Consultants, Kenosha, WI
Judith McDevitt, FNP, UW-Milwaukee, School of Nursing, Milwaukee, WI
Kim Ryan, FNP, UW-Milwaukee, School of Nursing, Milwaukee, WI
Paul Maes, D.O., UW-Milwaukee, School of Nursing, Milwaukee, WI
Carlethia Harris, WHNP, UW-Milwaukee, School of Nursing, Milwaukee, WI
Eugenie Hildebrandt, ANP, UW-School of Nursing, Milwaukee, WI
Scott J. Spear, M.D., Director of Clinical Services, University Health Services, Assistant Professor of Pediatrics, UW-Madison, Madison, WI
Diane M. Peters, RN, MS, NHA
Michael A. San Dretto, M.D., President, Wisconsin Radiological Society, Pewaukee, WI
Patricia Safavi, MD, FAAP, Children's Health System, Milwaukee, WI
Kae Ferber, MD, Geriactrics, Dean Medical Center, Madison, WI
Alan L. Detwiler, M.D., Donald L. Williams, M.D., Steven C. George, M.D., Paul J. Neary, M.D., Thomas J. Tackman, M.D., Eric A. Andersen, M.D., Kristi A. Sharkus, M.D., Larua M. Koening, M.D., Internal Medicine & Pediatrics, S.C., Fort Atkinson & Whitewater, WI
Marshfield Clinic, Eau Claire, WI
Michelle M. Cullen, MSN, APNP-C, Internal Medicine
Peggy Rosenzweig, State Senator, 5th District, Madison, WI
Lori A. Deprez King, RN, APNP, Sherwood, WI
Louis Kutzke, RN, BSN, Wisconsin Dells, WI
Robin Timm, RNC-WHNP, Certified Women's Health Nurse Practitioner, Platteville, WI
James Ehlers, APNP, FNP, UW-Whitewater, Health and Counseling Services, Whitewater, WI
Jamie Bonell, RN, MSN, APNP, American Academy of Nurse Practitioner, Wisconsin State Representative, Oshkosh, WI
Lynn A. Van Ells, APNP, Psychology Associates, Madison, WI
Maureen Van Dinter, Legislative Chair, WI Association of Pediatric Nurse Associates and Practitioners
KarinnBarber, RN, APNP
Laurel M. Bear, M.D., Pediatrician, Neonatal Follow Up Program, Karen M. Kopischke, MS, RNC, Neonatal Nurse Practitioner, Department of Neonatology and Neonatal

Follow Up Program, and Donna M. Harris, MS, RN, CS, Pediatric Nurse Practitioner, Neonatal Follow Up Program, Children's Hospital of Wisconsin, Milwaukee, WI
Nancy Brandt, APNP
Deborah Bretl, CPNP, Julie Raaum, FNP, Mary Ho, CPNP, Kristin Hagland, Milwaukee Adolescent Health Program, Milwaukee, WI
Mary Parish Gavinski, MD, Medical Director, Community Care for the Elderly, Milwaukee, WI
Lynn R. Maloney, RN, MSN, CS, ANP-GNP, Adult/Geriatric Nurse Practitioner, Senior Health Center, Waukesha Memorial Hospital, Waukesha, WI
Jeanne Prochnow, RN, MSN, Director of Quality Improvement, Community Care for the Elderly, Milwaukee, WI
Rebecca Richards, APNP
Nancy Rudd, RN, CPNP, Pediatric Cardiology, Michelle Steltzer, RN, CPNP, Pediatric Cardiology, Stuart Berger, MD, Assistant Professor, Pediatrics, Medical Director-The Heart Center, Peter Frommelt, MD, Assistant Professor, Pediatric Cardiology, Michelle Frommelt, MD, Assistant Professor, Pediatric Cardiology, Raymond Fedderly, MD, Assistant Professor, Pediatric Cardiology, David Lewis, MD, Assistant Professor, Pediatrics, Director of Medical Education, and Andrew Pelech, MD, Associate Professor/Director of Cardiac Cath Lab & Research, The Heart Center-Children's Hospital of Wisconsin, Milwaukee, WI
Debra Schmidt, MSN, RN, FNP, New London, WI
Rose Schultz, APNP, Madison, WI
Deborah Schwallie, Immediate Past President of the Wisconsin Nurses Association, Madison, WI
Joyce A. Smith, RN, CSA, APNP, Riverview Center, Eau Claire, WI
Leona VandeVusse, Ph.D., CNM, Director, Nurse-Midwifery Program, Assistant Professor, Marquette University College of Nursing
Lora Wiggins, MD, Medical Director, Elder Care of Dane County, Madison, WI
Lori Poss, APNP, Neenah, WI
Richard P. Keeling, MD, Chief Executive Officer, The College Health Hub, New York, NY
Linda Fikes, MD, Gregory Nierengrten, DO, Shelly Brodjeski, MD, Mary P. Gavinski, CCE Medical Director, Marilyn Sincaban, MD, Community Care for the Elderly, Milwaukee, WI
Joan M. Anderson, RN, MSM, CS-FNP, Community Nursing Clinic, Pewaukee, WI
Sandra Mikolas, RN, CS, APNP, Northside Medical Consultants, Kenosha, WI
Bonnie Groessl, MSN, FNP, APNP, Algoma, WI
Carol I. Jacobs, RNC, MSN, ANP, GNP, APNP and Ikram Rashid, M.D., Collaborating Physician, Aurora Health Center, Kenosha, WI
Amy J. Miller, MS, APNP, Adult and Women's Health Nurse Practitioner, Madison, WI
William Peplinski, MD, Department of Veterans Affairs, Appleton, WI
Robert E. Kettler, M.D., President, Wisconsin Society of Anesthesioilogists, Inc.
James E. Albrecht, M.D., Donated Health Care Services, Inc., West Bend, WI
Donn Fuhrmann, MD, President, Wisconsin Academy of Family Physicians, Mequon, WI
Ronald Grossman, MD, Secretary, Wisconsin Medical Examining Board, Madison, WI

Lynn Reinke, RN, MSN, ANP and Ralph M. Schapira, MD, Consultant Care Division Manager, Milwaukee, WI
Kesavan Kutty, MD, Professor of Medicine, Medical College of Wisconsin, Academic Chairman of Medicine, St. Joseph's Hospital, Milwaukee, WI
Howard Croft, MD, FACEP and William Haselow, MD, FACEP, Government Chairman, American College of Emergency Physicians, Madison, WI
Carl S. L. Eisenberg, MD, FAAP, Legislative Co-Chair, Wisconsin Chapter, American Academy of Pediatrics, Mequon, WI
George C. Mejicano, MD, MS, Madison, WI
Frank M. Graziano, MD, Ph.D., FACP, Governor, American College of Physicians – American Society of Internal Medicine Wisconsin Chapter, Madison, WI
M. Colleen Wilson, Madison, WI
Dennis Stalsberg, La Crosse, WI

Postcard below was received from 210 individuals:

"Dear Chairman Burns and Members of the Board of Nursing:

"As a member of the Wisconsin Nursing Community I support the Board of Nursing's proposed rule which clarifies the scope of practice for the Advanced Practice Nurse Prescriber (APNP). The inclusion of the ordering of laboratory, radiographics and electrocardiograms as part of APNP prescribing authority has many benefits.

"Passage of this rule clarification will improve patient safety through the promotion of continuity of care and access to health care services.

"I want to personally thank you for taking the lead on this proposed rule clarification. It is appreciated."

Appearances in Support:
Maureen Van Dinter, Madison, WI
Juliana L. Olson, Delafield, WI
Burton A. Wagner, Madison, WI
Gina Dennik-Champion, Madison, WI
Laura Kirkegaard, Kewaskum, WI
Deborah L. Schwalle, Wauwatosa, WI
Kimberly Watson, Janesville, WI
Moyo Elegbede, Madison, WI

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Response to Comment 5. The wording of the proposed rule was purposely expressed in the negative to emphasize that the ordering of diagnostic testing should be the exception rather than the rule in an advanced practice nurse prescriber's practice. It is also consistent with the other related subsections, which begin "may not."

VII. FINAL REGULATORY FLEXIBILITY ANALYSIS:

The proposed rules will have no significant economic impact on small businesses, as defined in s. 227.114 (1) (a), Stats.

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING PROCEEDINGS BEFORE THE BOARD OF NURSING	:	PROPOSED ORDER OF THE BOARD OF NURSING ADOPTING RULES (CLEARINGHOUSE RULE 99-126)

PROPOSED ORDER

An order of the Board of Nursing to ***create*** N 8.06 (1m) relating to prescribing limitations for advanced practice nurse prescribers.

Analysis prepared by the Department of Regulation and Licensing.

ANALYSIS

Statutes authorizing promulgation: ss. 15.08 (5) (b), 227.11 (2) and 441.16 (3) (b), Stats.

Statutes interpreted: s. 441.16 (3) (b), Stats.

Section 441.16, Stats., requires that the Board of Nursing promulgate rules "defining the scope of practice within which an advanced practice nurse may issue prescription orders." The rules created by the board in response to this mandate establish a number of prescribing limitations specifying that the advanced practice nurse prescriber "may issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience." Not included within these rules, however, is any specification as to those practices and procedures which are an integral and necessary part of the independent preparation of a prescription order, including the physical assessment of the patient necessary to make an intelligent prescribing judgment. Assessment is defined as "the systematic and continued collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis." It seems clear that the collection and analysis of data about the health care status of a patient must, to the extent they are consistent with the advanced practice nurse's areas of practice, include basic diagnostic tests, including laboratory testing, x-rays and EKG's. The proposed rule would confirm that the advanced practice nurse prescriber may independently order and utilize diagnostic testing consistent with his or her area of competence, which is necessary to assist the advanced practice nurse prescriber in issuing a prescription order.

TEXT OF RULE

SECTION 1. N 8.06 (1m) is created to read:

N 8.06 (1m) May not independently order laboratory testing, radiographs or electrocardiograms, except to assist the advanced practice nurse prescriber in issuing a

prescription order appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.

(END OF TEXT OF RULE)

The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

Dated _____ Agency_____

Chairperson
Board of Nursing

FISCAL EFFECT

1. The anticipated fiscal effect on the fiscal liability and revenues of any local unit of government of the proposed rule is: $0.00.

2. The projected anticipated state fiscal effect during the current biennium of the proposed rule is: $0.00.

3. The projected net annualized fiscal impact on state funds of the proposed rule is: $0.00.

FINAL REGULATORY FLEXIBILITY ANALYSIS

These rules will have no economic impact on a substantial number of small businesses, as defined in s. 227.114 (1) (a), Stats.

g:\rules\nur1.doc
2/7/2000

WISCONSIN LEGISLATIVE COUNCIL STAFF

RULES CLEARINGHOUSE

Ronald Sklansky
Director
(608) 266–1946

Richard Sweet
Assistant Director
(608) 266–2982

David J. Stute, Director
Legislative Council Staff
(608) 266–1304

One E. Main St., Ste. 401
P.O. Box 2536
Madison, WI 53701–2536
FAX: (608) 266–3830

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **99–126**

AN ORDER to create N 8.06 (1m), relating to prescribing limitations for advanced practice nurse prescribers.

Submitted by **DEPARTMENT OF REGULATION AND LICENSING**

08–24–99 RECEIVED BY LEGISLATIVE COUNCIL.
09–21–99 REPORT SENT TO AGENCY.

RNS:LR:jal;ksm

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

   Comment Attached YES ☐ NO ☑

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

   Comment Attached YES ☐ NO ☑

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

   Comment Attached YES ☐ NO ☑

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

   Comment Attached YES ☐ NO ☑

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

   Comment Attached YES ☑ NO ☐

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

   Comment Attached YES ☐ NO ☑

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

   Comment Attached YES ☐ NO ☑

WISCONSIN LEGISLATIVE COUNCIL STAFF

RULES CLEARINGHOUSE

Ronald Sklansky
Director
(608) 266–1946

Richard Sweet
Assistant Director
(608) 266–2982

David J. Stute, Director
Legislative Council Staff
(608) 266–1304

One E. Main St., Ste. 401
P.O. Box 2536
Madison, WI 53701–2536
FAX: (608) 266–3830

CLEARINGHOUSE RULE 99–126

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

The last sentence of the analysis should be expanded by placing a comma after the word "competence" and adding "which is necessary to assist the advanced practice nurse prescriber in issuing a prescription order." This clarifies that the nurse's ability to independently order and utilize diagnostic testing is done in conjunction with issuing a prescription order. In addition, s. N 8.06 (1m) should be expressed in the positive, as is done in the analysis. This paragraph could be rephrased to read: "May independently order laboratory testing, radiographs or electrocardiograms only if necessary to assist the advanced practice nurse prescriber in issuing a prescription order appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience."

414-375-1189
fax: 414-376-9190

Roxana Huebscher • PhD, FNPC, CMT
Healthcare Consultant, Integrative Therapies

Natural
Alternative
Complementary

Massage Therapy / Self-Care

I am writing to request serious reconsideration of the interpretation that advanced practice nurses may not order diagnostic laboratory testing, x-rays, and EKGs except as a delegated medical act. The hastiness of this regulatory action and potential effect on quality of care for the consumer is disturbing. Why, suddenly, are we asked to stop ordering the tests that we have routinely ordered preceding diagnosis and treatment, whether it be prescriptive treatment or nonpharmacologic. Certainly this is *not* in the best interest of consumers.

Some examples: NPs who work or volunteer at homeless or "free" clinics would not be able to do so unless a physician was present or would give overall "blind" approval to whomever volunteered (thus increasing physicians' liability areas). APNs in parish clinics who work alone or APNs in nursing centers such as in Colleges of Nursing also could come up against the same barriers. Further, these clinics are often caring for the *underserved*, thus compounding these consumers' already difficult access to care. In addition, nurses in managed care settings would need to revert to "recipes" for test ordering rather than good clinical judgement skills.

I can think of numerous other examples where this restrictive regulation could be harmful to the consumer—diabetes management, anticoagulant management, obtaining drug levels(therapeutic & drug screens), thyroid maintenance, women's health care management (including ordering mammograms). We teach persons how to check their blood sugars; we perform microscopic wet mounts; we perform pap smears, yet we can not *order* these tests? How could this possibly protect the consumer? This impedance to APNs standard practices of care simply restricts our work, directly affecting the client.

APN educational preparation requires knowledge to "elicit a comprehensive health history...perform a complete physical examination... *order and/or perform pertinent diagnostic tests* (p49 American Nurses Credentialing Center 1998 Advanced Practice Board Certification Catalog). This knowledge is prerequisite to taking the national certification exams; the national certification exams are a prerequisite to becoming an APNP in Wisconsin, thus we are ordering tests prior to becoming an APNP. In addition, the language of the Wisconsin APNP regulation describes skills necessary to prescribe: "clinical judgment skills and *decision-making, based on thorough interviewing, history-taking, physical assessment, **test selection and interpretation**, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.*" (Board of Nursing, Chapter N8, N8.02 (4) Definition of clinical pharmacology/therapeutics). To reiterate: Ordering tests is part of NP work; it is a standard of care and a prerequisite to prescribing.

Furthermore, Medicaid reimbursement allows for diagnostic procedure reimbursement for many independent NP activities as set forth by the state of Wisconsin guidelines—"Covered Services: ...selected radiology, lab, and diagnostic tests". (NP Participation in Wisconsin Medicaid 10/98).

This abrupt decision restrains what APNs can do and will directly affect the quality of access, care, and time needed for clients. Please reconsider. Thank you.

Sincerely,

Roxana Huebscher

Roxana Huebscher, PhD, FNPC, HNC

Senate Health Committee
Senator Rodney Moen(Chair)

RE: Clearing House Rule 99-126
relating to the Prescribing Limitations for Advanced Practice Nurse Prescribers

I am Mary Jo Willis MS, RN, APNP . I am a Clinical Associate Professor at the University of Wisconsin School of Nursing and a Nurse Practitioner in the Internal Medicine Clinic at University of Wisconsin Hospitals and Clinics. I am here to discuss nurse practitioner education that prepares practitioners to assess and treat patients within their scope of practice and to talk about the proposed rule clarification and its impact on the practice of APNPs at the University of Wisconsin Hospitals and Clinics.

I am the course professor of the N715 Management of Common Health Problems In Primary Care which provides 90 hours of content that includes assessment, management of patients that incorporates ordering of medications, laboratory and diagnostic tests. I also teach a seminar on Pharmacology and Therapeutics that is taught in conjunction with the School of Pharmacy's Pharmacology and Therapeutics course for Nurse Practitioners and Physicians Assistants. These two courses provide our students with 45 hours of pharmacotherapeutics that discusses the necessity of evidenced based practice. That implies that our students understand what is involved in a n appropriate assessment of the patient's concerns and the diagnostics, laboratory studies and medications and therapies that are appropriate in management.

Our students receive 540 hours of clinical preceptorship, 30 hours of health promotion/disease prevention and disease management, 45 hours of pharmacology and therapeutics where they are taught the assessment and management of diseases that includes the physical assessment, the ordering of laboratory studies and diagnostic tests as well as pharmacologic and non-pharmacologic management of conditions within a defined scope of practice. These students also take a course that addresses legal, ethical and scope of practice issues for nurse practitioners. Our students are well prepared to provide counseling, education, advocacy, diagnosis and treatment of diseases and collaboration with physician and other members of the healthy care team.

In my practice role in the Internal Medicine Clinic, we practice collaboratively with physicians, order laboratory tests and diagnostics within our scope of practice and consult with physicians when necessary to provide the best care possible to our clients. If we were limited in our ability to order tests that facilitate an appropriate diagnosis or to assist in changing therapeutic regimes, it would not serve our team or patients well. By this I mean that efficient care would be hampered, physicians would be frequently interrupted, patient care would be delayed unnecessarily which has implications for early diagnosis so important for conditions such as diabetes, hypertension, heart disease and elevated cholesterol levels. It would also hinder prompt changes in therapeutic regimes-medications changes.

Thank you,

Mary Jo Willis, MS, RN APNP

MARQUETTE
UNIVERSITY

March 15, 2000

Dear State Senator Moen and Health Committee members:

My name is Leona VandeVusse. I am pleased to have this opportunity to speak **in favor of the amended wording proposed by the Board of Nursing to clarify a portion of the rules governing prescriptive authority for advanced practice nurses (APNs) in the state of Wisconsin.** I am an advanced practice nurse, specifically a certified nurse-midwife, and I hold a PhD degree in the discipline of nursing. I am a faculty member at Marquette University College of Nursing, where I am the director of the Nurse-Midwifery Program (NMP). The NMP is a fully accredited, graduate nursing educational offering that prepares student nurse-midwives, academically and clinically, to be eligible to take the national certification examination while earning a master's degree. Marquette offers a variety of options for preparing other types of APNs, such as adult and older adult nurse practitioners.

APNs are well prepared to provide primary health care for clients, including ordering and interpreting diagnostic tests. Their preparation builds upon their nursing backgrounds with 4 years of undergraduate education, 2 years of graduate education, and substantial clinical experiences. Nurses emphasize health promotion and disease prevention, congruent with the Healthy People national agenda documents. The type of approach used by APNs helps decrease costly complications and the need for high technology care. APN education includes strict adherence to accepted standards of care generated by a variety of national organizations. APNs meet these standards of care and the value of that care has been extensively documented with research.

I was a member of Secretary Cumming's Advanced Practice Nurse Prescription Authority Advisory Committee which met in 1994. I participated in all of the meetings as one of the nursing representatives, along with members from the other 2 disciplines, medicine and pharmacy. I can attest to the fact that representatives from all 3 disciplines worked together in a consensus model, carefully authoring the wording for the recommendations made to the Board of Nursing. For example, Dr. Goodfriend's (1994) presentation emphasized that the application of clinical pharmacotherapeutics was part of a complex, diagnostic reasoning process requiring thorough data gathering, including the selection and interpretation of tests. Prescribers would use all elements of this process in order to make sound clinical decisions to meet client needs and prescribe safely for them.

Considering the various research findings, the value and safety of APN prescribing has been well documented (Avorn et al., 1991). The evidence-based, positive outcomes that have resulted from APN care to vulnerable populations are noteworthy. Numerous study examples justify continuing to facilitate the work of APN providers to increase access (Safriet, 1992). Therefore, I firmly believe that the Board's actions to support the full intent of the scope of APN prescriptive authority is crucial for continued access to health care in Wisconsin. It has been clearly established that APNs have the education, experience, and abilities documented in research and included in their core competencies for certification that are essential to make sound prescribing

CLARK HALL P.O. BOX 1881 MILWAUKEE, WISCONSIN 53201-1881 TELEPHONE (414) 288-3800 FAX (414) 288-1597

determinations, based on comprehensive assessment which includes laboratory and x-ray findings. The Board's proposal also ensures that the results of diagnostic testing arrive expeditiously to the provider who ordered them. Currently, if results are not sent directly to that provider, there can be delay in accurate diagnosis and necessary management planning among members of the health care team. Facilitating APN prescribers use of their well-documented abilities to safely and effectively practice results in positive consequences for the public. Citizens' access to personalized health care is improved, resulting in high patient satisfaction while limiting excessive costs.

It was always clear to me that access to healthcare was an issue motivating the need for prescriptive authority for APNs. Citizens in the state of Wisconsin continue to need enhanced health care access. The original Advisory Committee members sought to avoid inconveniencing clients. It was clearly established that APNs had the education, experience, and abilities documented in research studies (Brown & Grimes, 1995) essential to make prescribing determinations independently. The Board of Nursing's proposed rule change supports patient convenience by avoiding wasted time and energy for clients, physicians, and APNs by eliminating unnecessary redundant activities involved in required diagnostic testing for safe prescribing.

It is important to note that these rules have been in effect for over 5 years and they are working well. APNs have been safe and effective health care providers, without any demonstrated problems, while selecting and interpreting tests. However, the Board of Nursing felt that this one aspect of the rules, dealing with ordering diagnostic testing, needed clarification. I support their wording. I commend the Board of Nursing for their action toward clarifying the issue related to diagnostic testing for Advanced Practice Nurse Prescribers. I am pleased that they moved quickly and efficiently to clarify the meaning of the rules.

Thank you, Senators, for your openness and attention to this matter. The citizens of Wisconsin, your constituents, will benefit by receiving increasingly accessible, high quality, cost effective health care from APNs and other providers working together as a health care team with expertise in varied areas to provide comprehensive care to meet the clients' needs.

If you have additional questions or need clarification, please feel free to contact me at the address above or by telephone at 414-288-3844 or e-mail: leona.vandevusse@marquette.edu. Thank you for your consideration of these matters.
Sincerely,

Leona VandeVusse, RN, CNM, PhD

Leona VandeVusse, PhD, CNM
Director, Nurse-Midwifery Program
Assistant Professor

References

Avorn, J., Everitt, D. E., & Baker, M. W. (1991). The neglected medical history and therapeutic choices for abdominal pain: A nationwide study of 799 physicians and nurses. Archives of Internal Medicine, 151, 694-698.

Brown, S. A., & Grimes, D. E. (1995). A meta-analysis of nurse practitioners and nurse-midwives in primary care. Nursing Research, 44, 332-339.

Goodfriend, T. (1994, June 1). The process of prescribing. [Unpublished handout to the Secretary's Advisory Committee, Department of Regulation and Licensing, Madison, WI].

Safriet, B. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. Yale Journal of Regulation, 9, 417-488.

TO: Senator Rodney Moen, Chairperson and Members of the Senate Health, Utilities, Veterans and Military Affairs
FROM: Marilyn Frenn Ph..D., RN
Representing the Wisconsin Nursing Coalition
DATE: March 15, 2000
RE: Support for CR 99-126 - Prescribing Limitations for Advanced Practice Nurse Prescribers

---

Good afternoon Chairperson Moen and members of the Senate Health Committee. My name is Marilyn Frenn. I am a Registered Nurse and President -Elect of the Wisconsin League for Nursing (WLN). WLN is a member of the Wisconsin Nursing Coalition (WNC). The WNC is a group of 22 Wisconsin nursing organizations that meets on a bimonthly basis to discuss important issues related to nursing and to the patients we serve.

The WNC is in support of CR 99-126 Prescribing Limitations for Advanced Prescribers. WNC is appreciative of this rule clarification.

When barriers, such as the inability order the necessary laboratories, X-rays etc, exist for the APNP only delays and ineffective treatment decisions result. The APNP has been educated in the aspects of clinical pharmacology and therapeutics which includes the management of medication administration. Clinical pharmacology and therapeutics includes the ordering and evaluating of the test procedures that are related to the prescription. This rule allows the APNP to perform this clinical function which maintains accessibility to a provider, appropriate care for the patient, and provider continuity, timeliness, and responsiveness. Support of this rule provides these mechanisms which benefit the patient.

WNA is appreciative of the Wisconsin Board of Nursing for submitting this rule clarification. I sincerely thank Chairperson Moen and members of the Senate Health Committee for listening to this discussion today. It is WNC's hope that you will vote in support of CR 99-126 as submitted and without any modifications.

Members of the Wisconsin Nurses Coalition

Association of Peri-Operative Registered Nurses (AORN)
Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN)
Milwaukee District Nurses Association (MDNA)
Nursing Matters
Wisconsin Association of School Nurses (WASN)
Wisconsin Developmental Disabilities Nurses Association (WDDNA)
1199/United Professionals for Quality Health Care/SEIU
Wisconsin Association of Collegiate Schools of Nursing (WACSN)
Wisconsin Association of Pediatric Nurse Associates and Practitioners (WAPNAP)
Wisconsin Association of Rehabilitation Nurses (WARN)
Wisconsin Chapter, American College of Nurse-Midwives (WCACONM)
Association of Public Health Administrators (APHA)
Wisconsin Director of Nursing Council (WDNC)
Wisconsin Associate Degree Nursing Education Administrators (WADNEA)
Wisconsin Emergency Nurses Association (ENA)
Wisconsin Federation of Nurses & Health Professionals
Wisconsin League for Nursing (WLN)
Wisconsin Organization Nurse Executives (WONE)
Wisconsin Society of Perianesthesia Nurses (WISPAN)
Wisconsin State Association of Occupational Health Nurses (WSAOHN)
Wisconsin Association of Nurse Anesthetists (WANA)
Wisconsin Nurses Association

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 Clearinghouse Rule 99-126
Before The
Committee on Health, Utilities, Veterans and Military Affairs
Senator Rodney Moen, Chair
201 Southeast, State Capitol
Wednesday, March 15, 2000, 1:30 P.M.

Good afternoon, Chairman Moen, Committee Members, ladies and gentlemen. I am Ann Brewer, a registered nurse, and am here to represent the Wisconsin Board of Nursing as the chairperson of that body. I am here to speak in favor of the proposed Clearinghouse Rule 99-126 related to Prescribing Limitations for Advanced Practice Nurse Prescribers.

The Wisconsin Board of Nursing is assigned the responsibility of regulating the practice of professional nursing in order to protect and promote the general welfare of the citizens of the State of Wisconsin. It is with this responsibility in mind that we have proposed this rule change.

Advanced Practice Nurse Prescribers (APNP's) have been providing care and service to the citizens of the State of Wisconsin since this legislature had the foresight to enact **Chapter 441.16** in 1995. These nurses practice in areas of the state that are medically under-served, either due to the remoteness of the locale, or the perception that they are less desirable assignments i.e. inner cities and corrections. As noted in **N 8.10**, they must practice in collaboration with at least one physician. Collaboration is defined in **N 8.02** as "*2 or more health care professionals working together, in each other's presence* ***when necessary****, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer.*"

Chapter 441.16 and its associated references define an Advanced Practice Nurse's authority to prescribe devices, drugs and controlled substances, but it fails to address diagnostic test selection and interpretation. In **Chapter N8**, the educational preparation, qualifications for certification and continuing education required of an Advanced Practice Nurse Prescriber are detailed. Prior to certification, the applicant has to complete at least 45 contact hours in clinical pharmacology and therapeutics within 3 years of application. In **Section N 8.02,** "Clinical pharmacology / therapeutics" is defined as "*the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, their side effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.*" In addition, to the pre-certification educational requirements, **N 8.05** contains a provision for mandatory continuing education of at least 8 hours per year in clinical pharmacology / therapeutics in the APNP's area of practice.

Advanced Practice Nurse Prescribers are educationally and clinically prepared to prescribe and interpret the tests necessary to diagnose, treat and monitor their patients in their area of practice. APNP's have a professional and ethical responsibility to monitor their patients in relationship to the medications they prescribe. The legislature granted APNP's the privilege to prescribe medications and now we are asking that they be equally accountable to the public by

promulgating Clearinghouse Rule 99-126 that will protect these patients by allowing APNP's to order tests needed to diagnose, treat and monitor their patients' conditions.

In the five years that APNP's have been certified to practice in Wisconsin, there has never been a case of an APNP referred to the Wisconsin Board of Nursing due to the inappropriate choice of diagnostic tests or interpretation thereof. In addition, there has never been a case referred to the board where a nurse practicing as an APNP, has not had an established collaborative relationship with a physician. We have in fact received word that some certified Nurse Practitioners have not been able to work as APNP's, due to the unavailability of a physician willing to practice collaboratively.

In association with this proposed rule change, the Medical Society of Wisconsin has proposed a redefinition of "collaboration" from the language contained in **N. 8.02** adding restrictions to APNP practice. "Collaborator" is best defined by the individuals involved in the collaborative relationship. An individual APNP and their collaborative physician are currently free to define their scope of practice. They may choose or not choose to use protocols or guidelines for this purpose. The individuals who are best suited to evaluate the need for definition of practice, the mode and content there of, are the collaborators. The Wisconsin Board of Nursing opposes changing the current definition of collaboration.

In conclusion, the Board of Nursing acknowledges its responsibility to protect and promote the general welfare of the citizens of Wisconsin. This rule will acknowledge the capability and responsibility of APNP's to obtain appropriate tests to diagnose, treat and monitor their patients, thereby protecting the public. We strongly urge you to approve Clearinghouse Rule 99-126.

Thank you and I appreciate your attention and consideration in this matter.

Ann E. Brewer, RN BSN
Chairperson, Wisconsin Board of Nursing

March 15, 2000

Written Testimony

Senators,

I am Beverly Sigl Felten Ph.D(c), RN, CS, APNP. I was the fourth APNP to be granted that credential on March 22, 1995. I have worked in gerontological community based private practice since 1994 in my own nursing service corporation Gero-Psych Nursing, S.C.

My clients are mostly older adults with chronic illnesses that also have behavioral issues. I see clients in group homes, nursing homes, and in their own homes. I collaborate with my client's physicians initially via a written individually designed care plan which is usually faxed right after my first evaluation. I discuss the plan with the client, the family, and the physician. My clients are followed on their location long term. Collaboration is accomplished via phone, email, car phone and occasionally in face to face physician clinic appointments with the client. Sometimes I am the continuity thread for a patient with different specialty physicians in different clinics, in different cities!

I have a patient with Parkinson's Disease, who experiences depression. At first I avoided changing any of his Parkinsons medications, feeling these were the realm of his neurologists. These physicians soon refused to change medications over the phone, demanding their patients make an appointment which sometimes took three months, during which time the patient declined drastically. The client was hospitalized yearly with this pattern of care. At the family's request, I referred this client to an internist I knew who had worked with some of my other clients for routine care, in order to not let symptoms and problems go for so long. I do not work for this internist. We recognize eachother's expertise. We collaborate via phone, and via the written clinic form from the the group home.

Last year my patient's neurologists announced they would no longer accept Medicare assignment. Unless he would pay them directly, they would no longer be his neurologists. When his family asked who would manage his care, they said have the nurse prescriber do it. It took almost a year to find a new neurologist who treated Parkinsons Disease. In the mean time, I have been managing his Parkinsons medications and his psychotropic medications, while he continues to be followed by the internist. In February of 2000 he started seeing a new neurologist. When he saw first this new neurologist I went to the clinic appointment with him, along with his daughter, who told the neurologist how pleased she was with my care. With the previous neurologists who wouldn't change medications unless seen in clinic, this man was hospitalized once a year. While I managed his Parkinson's meds while being seen in the group home, in collaboration with routine care from the internist, he stayed out of the hospital.

Many times physicians won't take the time to talk with me on the phone to know why I would like a particular test, as they don't have the background I do with that drug. Other times, if a test is done as I requested, staff have refused to divulge results, citing patient confidentiality. Ordering lab diagnostics will better help me monitor my clients, and will improve patient care. Please leave the language as it is for CR 99-126. This collaborative pattern in Wisconsin has worked well for five years.

Thank you,

Beverly Sigl Felten Ph.D(c), RN, CS, APNP

Beverly Sigl Felten Wis APNP Lic #4

The Wisconsin Society of Anesthesiologists, Inc.

The Wisconsin Board of Nursing has proposed an administrative rule, CR 99-126, that would give advanced practice nurse prescribers the authority to independently order diagnostic studies: laboratory tests, x-rays, and electrocardiograms. I believe that the proposal does not reflect actual practice, and I have serious concerns that patient care would be adversely affected if CR 99-126 were adopted as it stands.

The decision to order a diagnostic study is a medical decision, so it requires the proper medical training. Diagnostic studies are not and should not be ordered lightly, but they should be ordered only after a consideration of the patient, the pathophysiology of the disease in question, the ramifications of the therapy provided, and the characteristics of the test. These factors (the patient, the disease, the therapy, and the test) all affect the reliability and significance of the information obtained. This information isn't the only consideration. Every test imposes some cost. This cost could be the inconvenience of having to go and have the test performed. This cost could be economic and born by the patient or a third party payer. This cost could be discomfort from some portion of the procedure, like a needle puncture. Finally the cost may be some hazard like radiation exposure. The weighing of these costs and the benefit to be gained, and how likely this benefit is to be gained, is very properly the practice of medicine.

I urge you to please request modification of the proposed rule as recommended by the State Medical Society, so it reflects the advanced practice nurse prescriber and physician collaboration that provides high quality patient care. The scientific literature that has been obtained in the medical specialty of anesthesiology has demonstrated that physician supervision of nurses does improve patient safety.

Every practice is different because of the differences among patients, the setting, and the experience of the advanced practice nurse prescriber . The language proposed by the State Medical Society would allow collaborative agreements, tailored to the specific practice situation and developed jointly by the advanced practice nurse prescriber and the collaborating physician, to spell out how the advanced practice nurse prescriber is to function.

Although advanced practice nurse prescribers may prescribe independently, the practice of professional nursing requires that the nurse, regardless of status as an advanced practice nurse prescriber,

function under the general supervision of a physician. Except for prescribing activities, the physician is responsible for the acts and omissions of the advanced practice nurse prescriber. For this reason the physician must have a say in the role of the advanced practice nurse prescriber.

Speaking as a physician, this is not a turf issue. The language proposed by the State Medical Society is a reasonable way to ensure access to quality health care.

Thank you.

Robert E. Kettler, M. D., President
Wisconsin Society of Anesthesiologists

Date: March 15, 2000

To: Senator Rodney Moen, Chair.
Members, Senate Committee on Health, Utilities, Veterans and Military Affairs

From: Kathleen M. Poi, MS, RN, CNAA KMP
Interim Executive Director, University Health Services

Re.: Clearing House Rule 99-126 – Relating to Prescribing Limitations for Advanced Practice Nurse Prescribers

Thank you for the opportunity to address you today. I will keep my comments brief as I know you have a very full hearing schedule. I am here to speak strongly in favor of Clearing House Rule 99-126. I am here to bring you the perspective of an administrator of a reasonably large ambulatory care clinic. I currently serve as the Interim Executive Director of University Health Services, the clinic providing services to the 40,000 students at the University of Wisconsin-Madison. Our clinic currently employs seven advanced practice nurse prescribers – four nurse practitioners and three psychiatric clinical nurse specialists. These individuals practice collaboratively with the fourteen physicians employed by our clinic.

The ability of our advanced practice nurses to prescribe has significantly enhanced our ability to provide high quality, accessible, affordable care to our patient population. Our APNPs effectively perform the diagnostic test ordering functions addressed in this proposed clarification of the rules. Their education and experience provide them with the knowledge and skills to appropriately select and order laboratory tests, xrays and electrocardiograms as well as to appropriately interpret and utilize the results of these tests. Until questions were raised, we quite naturally assumed that the authority to prescribe includes the authority to perform those diagnostic studies necessary to appropriately select treatment and in turn, evaluate its effectiveness. Because the current rules do not specify that the ordering of diagnostic tests is within the APNP scope of practice, several of our reference laboratories and radiology facilities will not perform requested tests unless a physician's name is on the order. The inability to order tests using the APNPs name creates inappropriate and unnecessary barriers to the delivery of services. In our clinic, we have experienced a number of incidents where test results were returned to the physician whose name was on the order rather than to the APNP who had, in fact, provided the care. This is inappropriate and unnecessary. It sets up scenarios for delays in timely responses to abnormal findings. From a risk management point of view, this is unacceptable.

The original legislation leading to Chapter N8, passed in 1993, requires the Board of Nursing to promulgate rules defining the scope of practice for advanced practice nurse prescribers. This

University Health Services
University of Wisconsin–Madison
www.uhs.wisc.edu

1552 University Avenue
Madison, WI 53705-4085
608-262-3016 Fax: 608-262-9160
TTY: 608-265-3300

905 University Avenue, Suite 401
Madison, WI 53715-1005
608-262-1744 Fax: 608-265-4572

proposed addition to N8.06 responds to this requirement by providing very needed clarification regarding this scope of practice. I urge you to support this very necessary addition to Chapter N8 of the Wisconsin Administrative Rules.

Thank you again for the opportunity to address this important issue.

Wisconsin Radiological Society

P.O. Box 757
N27 W23957 Paul Road, Suite 202
Pewaukee, Wisconsin 53072-0757
Phone (262) 523-6200 • FAX (262) 523-6211
E-Mail: medassn@aol.com

Senate Committee on Health, Utilities, Veterans and Military Affairs
Hearing on CR 99-126
March 15, 2000

Statement by:
Gregg Bogost, M.D.
Michael San Dretto, M.D.
Katherine Shaffer, M.D.

Thank you Senator Moen and Committee members for the opportunity to provide testimony regarding Clearinghouse Rule 99-126, a rule which would allow an advanced practice nurse prescriber to order and interpret diagnostic tests, including radiographs, to assist in issuing a prescription order. The Wisconsin Radiological Society (WRS) opposes the current wording of this proposed administrative rule.

Radiologists – physicians specially trained to perform and interpret radiographic tests – receive four to six years of additional training following medical school. This extensive training increases the quality of radiographs and the accuracy of the interpretations of these images. All physicians, during the course of their medical education, receive specific training in the appropriate use of radiographs and radiation safety.

The scope of this training is very different than that of most nurses. Nurses' training is geared toward primary care skills. As a consequence, most nurses have no training in radiographic interpretation, and few have anything beyond minimum introductory training. They have even less training in radiation safety and image quality. This difference in training could lead to substandard films, increased radiation doses to patients, and possible overuse of radiographs. The disparity in training also increases the chance for error. It would be unfortunate, for example, if a nurse administered a chest x-ray, looking only for pneumonia, and missed or misinterpreted lung cancer also appearing on the film. Therefore, we believe ordering or interpretation of radiographic examinations is most appropriate with the collaboration with a physician who has received training in radiographic interpretation.

WRS supports amending the rule to clarify that the advanced practice nurse prescriber may order or interpret tests, including radiographs, in collaboration with a physician. We understand that there has been discussion of creating such a clarification through a policy statement, rather than incorporating it as part of this rule. WRS questions the authority of a policy statement that is separate from the administrative rule. Although agencies often prefer policy statements, rules not only guarantee legislative oversight, but also formally provide for public input. Because patient protection and provider accountability are at stake in this particular situation, incorporation of any clarifications need to be in the form of rule. It is very important to WRS that advanced practice nurse prescribers and physicians work together to assure that radiographs and the interpretations of these images are of the highest quality possible.

We appreciate your attention to our concerns.

To: State Senator Rodney Moen, Chair, and Members of the Senate Committee on Health, Utilities, Veterans and Military Affairs
From: Sidney E. Johnson, MD
Representing: Wisconsin Board of Medical Examiners
Subject: Clearinghouse Rule 99-126

The Medical Examining Board has asked me to testify regarding their discussion of this rule. The board has not made a formal motion but by unanimous agreement is opposed to its passage for fear of an adverse effect on the quality of medical care given to Wisconsin citizens.

As proposed this rule dramatically expands the current scope of practice for advanced practice nurse prescribers, allowing these practitioners to order laboratory tests, radiographs and electrocardiograms independent of a collaborative relationship with a physician. Under this rule no practice guidelines, nor protocols, nor conversations with a physician colleague regarding the study to be ordered are necessary. .

The Medical Examining Board believes this rule threatens the quality of patient care by allowing an increase in diagnostic and other medical errors.

Physicians have extensive education in the medical sciences during their 4 years of medical school, and those entering the medical specialties of pediatrics, family medicine and general internal medicine have at least 3 additional years of training. The medical subspecialties such as cardiology, gastroenterology, endocrinology, oncology, etc. require an additional 2 to 3 years. Recertification examinations are required periodically, usually every 7 years. Even with this experience, obtaining an adequate history of the present illness and review of systems, performing a competent physical exam and determining a diagnostic impression, differential diagnosis and plan for evaluation and treatment can be very challenging indeed.

These tasks when done by a nurse practitioner can be performed more efficiently and accurately by interfacing with a physician colleague in a collaborative practice.

CR99-126 references laboratory tests, radiographs and electrocardiograms but does not describe the multiple possibilities in each category. For instance, laboratory tests might include blood serum and urine studies but also pulmonary function studies, and various endoscopic exams. Radiographs could include plain films of the head, chest, abdomen, spine, urinary system and extremities. This category may also include barium contrast studies and intravenous pyelograms, as well as ultrasounds, CT scans and MRI studies. Electrocardiograms may include the basic 12-lead resting study, or any of the various stress or arrythmia studies. . The selection of the appropriate study at the appropriate time and in the appropriate sequence by a nurse practitioner is best done in collaboration with a physician colleague.

I am personally aware of the SMS recommendations regarding CR 99-126 and I have reviewed minutes prepared by Ms. Wilson of the SMS regarding a telephone conference between the SMS, the WNA, and the WAFP. I should make no comment because the Medical Examining Board has not seen nor discussed those documents.

In conclusion the MEB is opposed to this proposed rule.