



## WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

**2001 Assembly Bill 256**

**Assembly  
Amendments 1 and 2**

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### **Assembly Bill 256**

Assembly Bill 256 provides that no person may practice perfusion, attempt to do so, or make a representation as authorized to do so, without a license to practice perfusion granted by the Medical Examining Board (MEB). The bill defines “perfusion” as follows:

“Perfusion” means that branch or system of treating the sick which is limited to the operation and management of extracorporeal circulation to support, temporarily replace, measure, treat, or supplement the cardiopulmonary and circulatory system of a patient, including, when necessary to and part of the management and operation of extracorporeal circulation, the use of blood testing and advanced life support techniques and technologies, autotransfusion, and the administration of blood, blood products, and anesthetic and pharmacological agents.

The bill also creates a Perfusionists Examining Council to serve the MEB in an advisory capacity. The council consists of three licensed perfusionists appointed by the MEB, one physician who is a thoracic surgeon or a cardiovascular anesthesiologist appointed by the MEB, and one public member appointed by the Governor.

### **Assembly Amendment 1**

Assembly Amendment 1 specifies that the physician who is appointed to the Perfusionists Examining Council would be a cardiothoracic surgeon (rather than a thoracic surgeon) or a cardiovascular anesthesiologist.

## **Assembly Amendment 2**

Assembly Amendment 2 modifies the provision of the bill that allows certain persons to obtain a perfusionist license without satisfying the applicable education and examination requirements (commonly referred to as a “grandfather provision”).

Under the bill, the grandfather provision would require the Medical Examining Board to grant a perfusionist license to any person who, before January 1, 2004, submits an application that includes evidence that the person meets *at least one* of the following requirements:

1. During the three-year period immediately preceding the bill’s effective date, the person had three years of experience performing perfusion during cardiopulmonary surgeries at a health care facility licensed in the United States.

2. During the period beginning on January 1, 1996, and ending on January 1, 2003, the person has had five or more years of experience performing perfusion during cardiopulmonary surgeries at a health care facility licensed in the United States.

3. The person is licensed as a clinical perfusionist by the American Board of Cardiovascular Perfusion and, during the period beginning on January 1, 1999, and ending on January 1, 2003, the person has successfully completed an educational program of perfusion approved by the Commission on Accreditation of Allied Health Education Programs.

Assembly Amendment 2 deletes the grandfather provision in the bill and replaces it with one that requires the Medical Examining Board to grant a perfusionist license to any person who, before January 1, 2004, submits an application that includes evidence that the person has, for all of the 10-year period before the effective date of the bill, been practicing perfusion.

## **Legislative History**

On April 18, 2001, the Assembly Committee on Public Health recommended adoption of Assembly Amendment 1 and passage of Assembly Bill 256, as amended, both on votes of Ayes, 7; Noes, 0.

On November 6, 2001, the Assembly adopted Assembly Amendments 1 and 2 on voice votes, and passed Assembly Bill 256, as amended, on a vote of Ayes, 94; Noes, 4.

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