



PATRICK SNYDER

STATE REPRESENTATIVE • 85th ASSEMBLY DISTRICT

Testimony in Support of Senate Bill 254

Chairman Testin and Members of the Committee on Health and Human Services,

Thank you for convening to hear testimony on Senate Bill 254. This legislation promotes prompt, appropriate patient care; supports smooth transitions between health care facilities, reducing costs for patients; and encourages establishing efficiencies for health care providers.

Wisconsin has a workforce shortage, which is impacting communities and employers throughout the state; health care is no exception. In many small and rural communities, access to health care is a significant challenge. This legislation will ease that burden by allowing advanced practice clinicians to make certain determinations, with a physician, for the purpose of invoking a health care power of attorney or advanced directive.

Senate Bill 254 makes three main changes to statute:

1. Under current law, two physicians, or one physician and one psychologist, must make a determination of incapacity for a health care power of attorney (POA) to be activated. This legislation allows physician assistants (PAs) and advanced practice registered nurses (APRNs) to be one of two providers to make determinations of incapacity. One of the two required providers must still be a physician.
2. Similarly, under current law, two physicians must declare a patient to have a terminal illness or to be in a persistent vegetative state to invoke an advanced directive, commonly called a living will. This bill would allow a PA or APRN to be one of the two providers to make these determinations. One of the two providers would still need to be a physician.
3. Allows PAs and APRNs to issue Do-Not-Resuscitate bracelets to alert emergency responders of a patient's wishes.

PAs and APRNs perform a critical role in our health care system; patients across the state rely on their services for prompt, comprehensive care. Several communities in Wisconsin depend solely on these types of providers for their care, because the closest physicians are many miles away. For these communities, and others that rely heavily on advanced practice providers, this legislation will allow for a continuity of care that currently is prohibited under state law.

While it is certainly appropriate for these providers to be allowed to make these determinations, patient safety is foremost, so there are safeguards built into the legislation. Consistent with all other medical treatments, procedures, evaluations, etc., the bill requires that a PA or APRN has sufficient training, education and experience to make determinations of incapacity, terminal illness or persistent vegetative state. Explicitly stated in the legislation, it allows the licensing



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board to take action against a providers' license if they make these determinations inappropriately. Lastly, to preserve patients' rights over their own care, the legislation continues the current law practice of allowing a POA or advanced directive to be written uniquely to express the wishes of the patient—meaning the patient could still require two physicians to make the activations addressed in this bill.

There is also one proposed amendment to the legislation, which was adopted by the Assembly. Under current law, there is a process by which an incapacitated person without a healthcare POA can be admitted to hospice. The amendment to this bill would apply the same concept of allowing advanced practice providers to make certain determinations of incapacity to this section of statute.

In conclusion, this legislation uses the regulatory framework that already exists in health care, ensuring that these critical determinations are only made by qualified providers, to support more expeditious, accurate and continuous patient care. I respectfully request that you join me in supporting this legislation.



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STATE REPRESENTATIVE • 85th ASSEMBLY DISTRICT

FAQs:

Q: What is an Advanced Practice Registered Nurse?

A: Under the legislation, an “advanced practice registered nurse” means a nurse licensed under chapter 441 who is currently certified by a national certifying body approved by the board of nursing as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist.”

Q: How will this impact existing advanced directives and healthcare power of attorney documents?

A: This legislation would not change previous directives. If the legislation is enacted, a patient would need to change his or her directive to reflect current law if desired.

Q: Does this legislation apply to all Do Not Resuscitate orders?

A: No, this only applies to DNRs in the community. It does not apply to issuing DNRs once a patient has been admitted to a hospital.

Q: How does this impact the physician and physician assistant supervisory relationship?

A: The goal of this legislation is to allow advanced practice providers to make determinations to improve patient care under the current regulatory structure, therefore, it does not make changes to physician/physician assistant relationships. Consistent with current law, physicians would have the ability to determine whether the physician assistants that they oversee have the competency to make these determinations.

Q: Would *any* physician assistant or advanced practice registered nurse be able to make these determinations under the legislation?

A: No, only advanced practice providers with the experience, training and education necessary could make these determinations, which is consistent with current law pertaining to physicians and psychologists making these determinations. An advanced practice provider would face action against his or her license if they made a determination outside their scope of practice; this is consistent with how other medical practice is regulated.

Q: What if a patient wanted two physicians to make these determinations for their own care?

A: This legislation allows advanced practice providers to make these determinations under statute, but it does not dictate that patients must let these providers make the determinations. In other words, a patient could write his or her POA or advanced directive to allow only physicians to make the determinations.

Q: Could a patient write their POA or advanced directive to include advanced practice providers under current law?

A: A patient could write his or her POA or advanced directive in that way, however, it would be legally unenforceable as written because statutes prohibit advanced practice providers from making these determinations, separately from the POA/living will scripts.



HOWARD MARKLEIN

STATE SENATOR • 17TH SENATE DISTRICT

November 20, 2019

**Senate Committee on Health and Human Services
Testimony on Senate Bill (SB) 254**

Good morning!

Thank you Chair Testin and committee members for hearing Senate Bill 254 (SB 254), which makes changes to the statute for certifications for advance directives and findings of incapacity related to powers of attorney (POA) for health care.

SB 254 updates Wisconsin's Advanced Directives and health care POA laws to recognize the ability of advanced practice registered nurses (APRNs) and physician assistants (PAs) to make professional, medical determinations required under those statutes.

The bill allows a PA or APRN to determine incapacity, persistent vegetative state, or terminal illness for purposes of activating a patient's wishes under his or her advanced directive or health care POA. An additional physician must also reach the same conclusion for the directive or POA to activate. Under current law the decision must be made by two physicians or a physician and a psychologist.

It also allows a health care professional, defined as a person licensed as a physician, PA, or APRN to issue a Do-Not-Resuscitate (DNR) order following a request from the patient that conforms with the advanced directive statute. SB 254 does not change the process for issuing a DNR, but adds PAs and APRNs to the list of people who can issue the order.

Rep. Snyder and I have introduced this proposal at the request of the Wisconsin Hospital Association (WHA). You will hear testimony from WHA and other stakeholders that could be impacted by the proposed changes.

My district covers a large portion of southwestern Wisconsin, including many rural communities. Wisconsin health care facilities are facing a dire workforce shortage from medical assistants to physicians, and the problem is more acute for rural hospitals. This issue, coupled with an aging population and antiquated statutes, has created challenges for health care providers, patients, and their families.

By introducing SB 254, we are seeking to ease that burden by enabling additional members of the health care workforce – APRNs and PAs – to act under Wisconsin's advanced directives and health care POA statutes consistent with their existing licensed scope of practice.

Under their existing scope of practice, APRNs and PAs are permitted to make the professional, medical decisions made under the advanced directive and POA statutes. However, current law refers only to physicians and has not been updated to recognize APRN and PA practice. This bill updates statute to align with current scope of practice, thus removing a regulatory burden impacting individuals, and their families and providers that have specified their wishes through advanced directives or a health care POA document.

As the average age of Wisconsin's population continues to trend older and the workforce shortage in the near future is likely to increase, it is critical that we update statute now to reflect the current scope of practice of PAs and APRNs to get ahead of future challenges.

After introduction of SB 254, we drafted an amendment, Senate Amendment 1 (SA 1) that would clarify that the determination of incapacity could also be made for the purpose of admission to hospice. The amendment comes after conversations with constituents/stakeholders—they are very supportive of the legislation, but believe this would improve it even more.

Thank you again for hearing SB 254, and your consideration of the bill.

STATE SENATOR KATHY BERNIER
TWENTY-THIRD SENATE DISTRICT



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From: Senator Kathy Bernier

To: Senate Committee on Health and Human Services

Re: Testimony on Senate Bill 286
Relating to: permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.

Date: November 20, 2019

Thank you Chairman Testin and committee members for hearing Senate Bill 286 today. Easy access to prescription medication is essential for everyone. However, for many Wisconsin women, getting and maintaining a prescription for birth control can be a major challenge.

To get a prescription for birth control, Wisconsin women must start by making an appointment with a physician or advanced practice nurse. As you all know from experience, seeing a doctor is not only expensive, but just getting an appointment can require waiting weeks for an opening. These challenges are magnified for women in rural areas, who not only wait weeks for an appointment, but often must travel long distances to reach a doctor. Unfortunately, most insurance and health care protocols make getting a prescription renewed or starting medication again after a break just as difficult.

At a time when the US is suffering from a nationwide doctor shortage, the American Medical Association reports that 30% of Wisconsin counties do not have an OB/GYN. This limited access to physicians can result in women going without their birth control medication for a period of time, which can increase the risk of unplanned pregnancy.

However, according to a Pew Research study, 93% of all Americans live within five miles of a pharmacy. SB 286 takes advantage of the widespread availability of pharmacies by allowing women who are 18 or older to receive a prescription for hormonal birth control directly from a pharmacist. SB 286 is modeled after laws in 12 other states and would require the pharmacy examining board, after consultation with the Medical Examining Board, the Board of Nursing and the Department of Health Services to establish standard procedures for pharmacists to prescribe birth control for those 18 and older. The bill requires a self-assessment questionnaire, modeled after guidelines established by the American Congress of Gynecologists and a blood pressure screening to ensure that the medication is safe for the patient. The pharmacist would also be required to send a report to the patient's primary care provider.

This legislation is supported by the Wisconsin arm of the American College of Obstetricians and Gynecologists, the Wisconsin Nurses Association, and the Pharmacy Society of Wisconsin.

It is also important to note that unintended pregnancy is the number one reason women seek an induced abortion. Allowing easier access to contraceptives can reduce the number of unplanned pregnancies and thereby reduce the number of abortions in Wisconsin.

Senate Bill 286 is an opportunity to remove obstacles that keep Wisconsin women from having access to reliable birth control. Please vote to recommend passage of Senate Bill 286 and help make the lives of women across Wisconsin a little easier.



Wisconsin Medical Society

TO: Senate Committee on Health and Human Services
FROM: George Morris, MD
President, Wisconsin Medical Society
DATE: November 20, 2019
RE: Opposition to Senate Bill 254 – Certifications to advance directives and findings of incapacity related to powers of attorney for health care

Good afternoon Mr. Chairman and esteemed members of the Health Committee. My name is Dr. George Morris and I am a board-certified neurologist with over 30 years of practice. I am also the current President of the Wisconsin Medical Society and am here today to testify **in opposition to SB 254**.

The Wisconsin Medical Society (Society) has long been a leader in promoting the use of advance care directives and health care powers of attorney (HCPOA) for both patients and physicians. Through our sponsorship of numerous advance care planning events, facilitated conversations, materials and our Honoring Choices Wisconsin program we have helped thousands of Wisconsinites fill out their advance care directives and HCPOAs. It is because of our extensive work with this issue that we are here today to help inform the conversation surrounding the proposed changes contained within SB 254.

Our foremost concern is the changing of the standard regarding certifications of a terminal condition or persistent vegetative state. Chapter 154 of the state statutes requires that two physicians personally examine a patient before a determination of a terminal condition or persistent vegetative state can be made. This standard helps to ensure and maintain patient care and protection. SB 254 would alter this standard and allow physician assistants and advanced practice registered nurses to make this same determination. We appreciate the concerns regarding access, but stress that it is vitally important that we get this decision right, particularly when such determinations would result in critical life-sustaining treatment decisions. Physicians are almost exclusively the only ones who can accurately interpret the information utilized to determine a terminal condition or a persistent vegetative state for appropriate patient care. These determinations require careful, specific examinations and ancillary testing through the use of electroencephalograms (EEGs), evoked potentials, or other specialized scans; which often can't be interpreted and contextualized by other advanced practice clinicians.

I had a patient a while back who had suffered a severe brain injury. It looked like she would not survive, and she had very minimal obvious brain activity on her exam. With careful evaluations it was clear that she did have some preserved brain function and was young, so we recommended supportive care when the family asked about withdrawing care. After almost a year she is living at home with assistance. I am not sure an advanced practice clinician could have had the correct discussion with the family, in which case she would not be with us today.

The gravity of the situation regarding determinations of a terminal condition or persistent vegetative state are not ones that I, or my peers take lightly. We are keenly aware of the shortages of health care practitioners across this state and the burdens that face clinicians, patients and their families when access proves difficult.

Indeed, we support numerous efforts to grow our workforce, reduce burnout, and improve practice efficiency. However, when it comes to some of the most vital and sensitive decisions that patients and their families will ever make, we want to make sure that we get that decision right.

We do agree with some of the provisions within SB 254 and welcome an opportunity to work towards helping increase access to care and improving practice efficiency. But we sincerely hold that the changes in SB 254 regarding the threshold for determining a persistent vegetative state or terminal condition could unnecessarily jeopardize patient care.

ELDER LAW AND SPECIAL NEEDS SECTION

REAL PROPERTY, PROBATE & TRUST LAW SECTION

To: Senate Committee on Health and Human Services
Date: November 20, 2019
Re: Opposition of SB 254

The Real Property Probate Trust (RPPT) Section and Elder Law and Special Needs (ELSN) Section of the State Bar of Wisconsin oppose Senate Bill 254 as proposed.

Presently, Wisconsin law requires that, unless otherwise specified in the individual's power of attorney for health care instrument (POA), the activation of an individual's POA takes effect upon a finding of incapacity by (i) 2 physicians or (ii) 1 physician and 1 licensed psychologist, who personally examine the individual. SB 254/AB 287 seeks to allow advanced practice registered nurses (APRNs) and physician assistants (PAs), along with 1 physician, the authority to activate a POA. RPPT and ELSN sections have concerns that these proposed changes could result in the improper activation of an individual's POA or Living Will, which could irreparable harm to the individual.

APRNs and PAs are a valued and integral part of our health care system, but due to the seriousness of the activation of a POA and/or a Living Will, both sections agree that the protections provided by current law should remain. While the bill does require "sufficient education, training and expertise", the sections would like a better understanding of the education and training requirements as prescribed by the proposed bill. Additionally, there is a risk that an APRN or PA may not feel free to make a decision under the POA or Living Will that is contrary to the decision made by the physician with whom such APRN or PA is either supervised by or works with in a health care setting.

Advanced planning and alternative decision making are important tools for Wisconsin residents to determine how their own care when they can't speak for themselves. Residents often with the assistance of attorneys have carefully drafted these documents so their choices are fulfilled and maintained.

If you have any additional questions please contact Cale Battles, Government Relations Coordinator, at (608) 250-6077 or cbattles@wisbar.org.

The State Bar of Wisconsin establishes and maintains sections for carrying on the work of the association, each within its proper field of study defined in its bylaws. Each section consists of members who voluntarily enroll in the section because of a special interest in the particular field of law to which the section is dedicated. Section positions are taken on behalf of the section only.

The views expressed on this issue have not been approved by the Board of Governors of the State Bar of Wisconsin and are not the views of the State Bar as a whole. These views are those of the Section alone.



STATE BAR OF WISCONSIN



ADVOCATE. ADVANCE. LEAD.

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TO: Members of the Senate Committee on Health and Human Services

FROM: Matthew Stanford – General Counsel
Ann Zenk, Vice President – Workforce & Clinical Practice
Kyle O’Brien, Senior Vice President – Government Relations

DATE: November 20, 2019

RE: WHA Supports SB 254 – Bipartisan Legislation Recognizing Advanced Practice Nurse and Physician Assistant Diagnoses in the Advance Directive Statutes

Issue in Brief

- *Patients, hospitals, nursing homes, and hospices in rural and urban Wisconsin rely every day on advanced practice nurses and physician assistants to make independent and critical health care diagnoses.*
- *SB 254 removes barriers to fulfilling a patient’s wishes in their Power of Attorney or Living Will document by recognizing the modern education, training and licensure of an advanced practice nurse or physician assistant to make the independent health care diagnoses necessary to activate the patient’s advance directive.*
- *The bill maintains the requirement that a physician independently examine and concur with the advanced practice nurse’s or physician assistant’s independent diagnosis to activate the patient’s wishes under their Living Will or Power of Attorney document.*
- *Like physicians, making such a diagnosis without sufficient education, training, and experience will subject an advanced practice nurse or physician assistant to licensure discipline.*

WHA is pleased to support SB 254, bipartisan legislation co-authored by Representatives Snyder and Doyle and Senators Marklein and Ringhand to update Wisconsin’s Power of Attorney and Living Will (advance directives) statutes to recognize the ability of advanced practice nurses (APRNs) and physician assistants (PAs) to make the professional, medical diagnoses required under those statutes. Wisconsin’s Power of Attorney and Living Will statutes enable individuals to express and have health care providers act upon the individual’s wishes regarding their health care.

This legislation is necessary to address outdated statutory language that does not recognize modern APRN and PA education and training, resulting in delays in fulfilling patients’ expressed advance directives.

Patients throughout Wisconsin now rely on APRNs and PAs as primary and specialty care providers that work within care teams in diverse health care settings, including hospitals, clinics, nursing homes and hospices. Over the years, as the education and training of APRNs and PAs has evolved so too has the practice of APRNs and PAs in team-based care delivery settings.

However, in some cases Wisconsin law has not similarly evolved, creating an unnecessary regulatory bottleneck on Wisconsin’s health care workforce – particularly in rural and other areas of the state that heavily rely on care teams that include APRNs and PAs to provide care in their communities.

This bill removes a regulatory burden impacting individuals that have specified their wishes through a Living Will or health care Power of Attorney instrument, as well as their families and health care providers, by updating those laws to reflect the current licensed scope of practice of the APRN and PA professions. Although their existing licensed scope of practice can include the types of professional, medical diagnoses made under the Living Will and Power of Attorney

statutes, those statutes currently refer only to physicians and have never been updated to recognize the APRN and PA professions. This bill makes those updates to Wisconsin law.

Under the bill, what is the role of an APRN or PA in activating a patient's wishes stated in their advance directive?

- **Activation of an individual's wishes under the individual's Living Will.** Under current law, an individual's treatment wishes under a living will can only be acted upon following a determination by two physicians that the individual has a terminal condition or is in a persistent vegetative state. The bill modifies current law to require that the determination be made by one physician plus one physician, PA, or APRN, if the individual PA or APRN has sufficient education, training, and experience to make that diagnosis.
- **Activation of an individual's health care Power of Attorney.** Under current law, an individual may create a health care Power of Attorney instrument that authorizes an agent to make health care decisions for the individual should he/she become incapacitated. Also under current law, the agent's authority is only activated under the Power of Attorney document when two physicians or one physician and one psychologist examine the individual and determine that the individual is incapacitated. The bill modifies current law to require that the exam and determination be made by one physician plus one physician, psychologist, nurse practitioner, or physician assistant, if the individual nurse practitioner or PA has sufficient education, training, and experience to make that diagnosis.
- **Do-not-resuscitate orders for emergency medical personnel.** Chapter 154 of the state statutes currently authorizes a statutorily-recognized do-not-resuscitate bracelet that a patient may use to direct emergency medical personnel to not perform CPR. Subject to several conditions, a patient can request that his/her attending physician issue the do-not-resuscitate order bracelet. For purposes of issuing a DNR order bracelet, the bill changes "attending physician" to include PAs and APRNs serving as the "attending health care professional," *if the individual APRN or PA has sufficient education, training, and experience to make that order.*

The bill addresses competency and redundancy to ensure quality evaluations under the advance directive statutes.

- **Pursuant to the bill, APRNs and PAs cannot activate a Power of Attorney or Living Will without having the education, training and experience to make the statutorily required diagnosis.** Sections 35 and 36 of the bill explicitly amend the nursing and physician assistant licensure statutes to make clear that an APRN or PA must have sufficient education, training, and experience to perform the diagnoses required under the Power of Attorney and Living Will statutes. Like other critical diagnoses currently made by these licensed professionals, it is a violation of their licensure statute to perform such actions without the education, training, and experience to do so as determined by their licensing board.
- **Unlike other critical diagnoses made by APRNs and PAs, the bill requires a physician to personally examine the individual and agree with the APRN's or PA's independent evaluation and diagnosis in order for the patient's Power of Attorney or Living Will wishes to be effectuated.** APRNs and PAs have independent medical judgment under Wisconsin law and their diagnoses and actions are independent medical determinations. The bill recognizes the independent medical evaluation of APRNs and PAs; however, the bill provides redundancy by requiring a physician to independently examine the patient and reach the same medical conclusion as the APRN or PA in order for the patient's Power of Attorney or Living Will wishes to be fulfilled.
- **The bill does not change individuals' existing advance directive documents and preserves the ability of an individual to continue to require two physicians to activate the individual's advance directive wishes.** At the individual's direction, the bill gives an option to individuals to utilize an APRN or PA to activate their Power of Attorney or Living Will document.

WHA is pleased to support this targeted and meaningful statutory change that preserves high quality, team-based care in Wisconsin while removing an unnecessary regulatory bottleneck on Wisconsin's health care workforce impacting patients.

If you have any questions, contact Kyle O'Brien, Senior Vice President Government Relations, at kobrien@wha.org or (608) 274-1820.



WISCONSIN ACADEMY
of
PHYSICIAN ASSISTANTS

To: Chairperson Testin
Members, Senate Committee on Health & Human Services
From: Paula R. Cynkar, MPAS, PA-C
Date: November 20, 2019
Subject: Support for SB 254

On behalf of the Wisconsin Academy of Physician Assistants, I respectfully request you support Senate Bill 254, legislation which would allow physician assistants to participate in a finding of incapacity to make a health care power of attorney effective, to issue do-not-resuscitate orders, and to certify a patient has a terminal condition or is in a persistent vegetative state.

I am a PA practicing in Hospital Medicine at the University of Wisconsin Hospital here in Madison. I earned my Physician Assistant Degree from the University of Wisconsin in 2002. In my role, I also supervise PAs and nurse practitioners within the Division of Hospital Medicine.

Over 2,700 PAs practice in Wisconsin, working with physicians to provide quality, cost-effective, team-based care to patients across the state. PAs practice in every area of medicine performing activities such as physical exams, diagnosing and treating illnesses, performing procedures, assisting in surgery, and prescribing medications.

PAs are rigorously and extensively educated in the medical model. There are currently five accredited PA programs in Wisconsin, all of which provide a master's degree in PA Studies. Such students fulfill 24-27 months of master's level coursework based on the medical model of education. The didactic phase includes more than 1,000 hours of classroom study. PA students complete coursework in basic sciences, behavioral sciences, and clinical medicine in subjects such as human anatomy (including cadaver dissection), pharmacology, surgical principles and procedures, microbiology, physiology, diagnostic methodology, history and physical examination, clinical skills labs, women's health, emergency medicine, public health, behavioral health, pediatric, and geriatrics, among others. This is followed by more than 2,000-3,000 hours of clinical rotations where students work full time in family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry, among others. In these rotations, PA students receive the hands-on training necessary to prepare them for PA practice. All PA programs in the United States are accredited by the Accreditation Review Commission on Education for the Physician Assistants to ensure consistent content and quality of all programs in the US.

In accordance with our accrediting body, ARC-PA, Physician Assistant programs maintain a curriculum that includes instruction on how to provide medical care across the life span of a patient. The specific standard, B2.06, defines this instruction to include the care of prenatal, infant, children, adolescents, adult and elderly populations in the facets of providing preventative, emergent, acute, chronic, rehabilitative and end-of-life care. As this relates to the current bill

proposal, students are educated on these topics within a number of courses to attain competency including behavioral health and geriatrics, which incorporates topics such as functional assessment, identification, and intervention in cases of dementia, understanding palliative care, advanced directives and communication with dying patients and their families. Other course work also includes medical ethics to discuss Physician Assistant's role in preserving their patient's autonomy while also maintaining ethical codes of beneficence and nonmaleficence. In addition to their didactic instruction, the students learn to apply these concepts in their clinical year as discussed in the Psychiatry rotation as well as Internal Medicine, Primary Care, Surgery, and Emergency Medicine.

PA professional certification is regulated by a single, national certifying body, the National Commission on Certification of Physician Assistants. PAs maintain certification by completing 100 hours of continuing education credits every two years and passing a recertification exam every 10 years.

PAs, who work in CMS- and Joint Commission-accredited facilities where end of life care is provided, are subjected to credentialing and privileging to outline scope and competencies. These standard operating procedures will ensure competencies are maintained.

TO: MEMBERS SENATE- HEALTH AND HUMAN SERVICES COMMITTEE

FROM: SHERYL KRAUSE, MS RN CEN ACNS-BC

SUBJECT: SUPPORT SB 254 – BIPARTISAN LEGISLATION RECOGNIZING
ADVANCED PRACTICE NURSE AND PHYSICIAN ASSISTANT
DIAGNOSES IN THE ADVANCED DIRECTIVE STATUTES

DATE: NOVEMBER 20, 2019

Thank you to co-authors Senators Marklein and Ringhand and Representatives Snyder and Doyle for this legislation to update Wisconsin's Power of Attorney and Living Will (advanced directives) statutes to recognize the ability of advanced practice nurses (APRNs) and physician assistants (PAs) to make the professional, medical diagnoses required under those statutes. Thank you to Chair Testin and Vice-Chair Kooyenga, and to the Health and Human Services Committee for considering this important legislation that will enable individuals to express and have health care providers act upon the individual's advanced wishes regarding their health care, without unnecessary delays.

In my practice as a Clinical Nurse Specialist and a hospital leader I do not see the potential for delays in respecting an individual's wishes as hypothetical. I see these situations play out every day. In many hospital and clinic settings we have a single physician working with multiple APRNs and PAs. These advanced practice clinicians have stepped up to provide access to care in the face of physician shortages. These APRNs and PAs know the patients they care for very well; they've studied the patient's history, they've examined them and interacted with the patient and their family. They are intimately familiar with the patient's wishes, the family dynamics and the medical picture, yet are forced to step back and not make the determination they are very capable of making. In this situation hospitals are forced to find a second physician, perhaps even pulling that physician away from an emergency department that could become inundated with patients at any moment, resulting in further delay to activating the advanced directive, or delay to patients waiting for care in a busy emergency room.

PAs and APRNs with their core curriculum and with the requisite training, education and experience can make the clinical judgements necessary to respect the patient's advanced directives. My 30-plus years in nursing and my experience as a past-chair and member of the Board of Nursing have demonstrated that nurses want to practice within their education, training and experience and that if there is ever a question that they are not, or that there are issues with clinical practice, the Board of Nursing is ready and able to take action to ensure that nursing practice occurs within that nurse's scope.

Nurses want to practice within their scope and the licensing boards want to ensure they do. The bill wisely includes specific language making it a violation of APRN and PA licensure statutes to perform such actions without the education, training, and experience to do so as determined by their licensing board.

I ask you to support this important statutory change that will sustain high quality, team-based care in Wisconsin while removing unnecessary delays that impact patients, their families, our health care workforce and the entities they work for.