



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

TO: Honorable Members of the Assembly Committee on Health

FROM: State Representative Nancy VanderMeer

DATE: March 9, 2021

SUBJECT: Testimony in Support of Assembly Bill 125

Thank you Chairman Sanfelippo for holding a hearing on AB 125 today and thank you to fellow members of the Assembly Committee on Health for being here. As I'm sure you're familiar with, Physician Assistants (PAs) are critically important healthcare professionals. They are extremely important to maintaining and increasing access to primary care, especially in underserved/rural parts of the state.

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, assisting in surgery, and prescribing medication. This proposal attempts to maintain and increase access to high quality medical care for Wisconsin patients by reducing workforce barriers for physician assistants. In addition, this bill updates Wisconsin's PA laws to allow PAs to maximize their contribution to the care continuum by fully utilizing their scope of education and training in order to provide quality care to those that need it, all the while maintaining a strong connection with their physician colleagues.

In addition, the primary components of this legislation include:

- **Changing the PA/Physician relationship from "supervision" to "collaboration."**
The bill would not create independent PA practice. PAs would still be required to practice in collaboration as part of a healthcare team including a physician. Collaboration would be required to take the form of either a written collaborative agreement or under the overall direction and management of a physician. Collaboration would simply allow more flexibility at the practice site and would optimize team-based care. The proposal would allow practice to be determined at the practice level by a PA's individual education, training, and experience.
- **Preserving the PA scope of practice.**
The bill would not expand the PA scope of practice. Under the bill, a PA's scope of practice would be limited by his or her education, training, and experience and determined in the practice setting, as it is today.
- **Eliminating the 1-to-4 Physician-to-PA ratio requirement.**
Physician/PA ratios arbitrarily limit the number of PAs practicing in Wisconsin and create gaps in care, especially in rural areas with fewer physicians.



NANCY VANDERMEER

STATE REPRESENTATIVE • 70th ASSEMBLY DISTRICT

(Wisconsin Council on Medical Education & Workforce. 2018 Healthcare Workforce Report.

<https://static1.squarespace.com/static/5a3ac16af14aa15aede6d0ed/t/5b48b65faa4a997984be0b1c/1531491941742/WCMEW+2018+Workforce+Report.pdf>)

In closing, I'd like to point out that this legislation was drafted in collaboration with, and with input from the Wisconsin Academy of Physician Assistants, and the Wisconsin Hospital Association, the Wisconsin Medical Society and other specialty provider groups. On a personal note, I'd like to add that this legislation is meaningful to me and my constituents, I believe, because as alluded to previously, Physician Assistants are essential components to healthcare delivery in rural parts of the state, where my constituents and I reside.

I think that one of the best things we can do as a legislative body is to remove barriers to care by allowing and encouraging healthcare professionals to provide care where it's needed. That may be an oversimplification, but we've proven that we have the desire and the ability to do so. Last session, with direct support from many of you, we re-authorized the Interstate Medical Licensure Compact and during the previous legislative session we entered our state into the Enhanced Nurse Licensure Compact. Both of these efforts made it easier for healthcare providers to provide care where it's needed. In addition, we've proven that we can do that while still not compromising quality of care or sacrificing the integrity of standards placed upon healthcare providers and professionals, both internally and externally. This proposal is different than the compacts, but I think there are a number of similarities, especially relating to outcomes.

Again, thank you for the opportunity to be here today and the opportunity for a public hearing on this legislation.

Fiscal Estimate - 2019 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 19-4354/1
 Introduction Number AB-0575

Description
 regulation of physician assistants, creating a Physician Assistant Examining Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty

Fiscal Effect

State:

- No State Fiscal Effect
- Indeterminate
 - Increase Existing Appropriations
 - Decrease Existing Appropriations
 - Create New Appropriations
 - Increase Existing Revenues
 - Decrease Existing Revenues
 - Increase Costs - May be possible to absorb within agency's budget
 - Yes
 - No
 - Decrease Costs

Local:

- No Local Government Costs
- Indeterminate
 - 1. Increase Costs 3. Increase Revenue
 - Permissive Mandatory Permissive Mandatory
 - 2. Decrease Costs 4. Decrease Revenue
 - Permissive Mandatory Permissive Mandatory
- 5. Types of Local Government Units Affected
 - Towns Village Cities
 - Counties Others 0
 - School Districts WTCS Districts

Fund Sources Affected

Affected Ch. 20 Appropriations

GPR
 FED
 PRO
 PRS
 SEG
 SEGS 20.165(1)(hg)

Agency/Prepared By	Authorized Signature	Date
DSPS/ Brian Bell (608) 267-1811	Daniel Hereth (608) 267-2435	10/28/2019

Fiscal Estimate Narratives
DSPS 10/28/2019

LRB Number	19-4354/1	Introduction Number	AB-0575	Estimate Type	Original
Description regulation of physician assistants, creating a Physician Assistant Examining Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty					

Assumptions Used in Arriving at Fiscal Estimate

estimated one-time costs of \$17,984.25. Please see attachment for details

Long-Range Fiscal Implications

Ongoing costs estimate at \$ 27,895.49, which includes an additional 0.5 FTE position, which could not be absorbed within the agency's budget. Please see the attachment for further details.

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
Fiscal Estimate

Division	
Name of Preparer	AB 575 - Relating to: regulation of physician assistants; creating a Physician Assistant Examining Board, extending the time limit for emergency
Bill or Rule	

\$ 17,984.25

Hourly	Fringe	Total
\$ 24.63	0.1575	\$ 213.82
\$ 36.79	0.1575	\$ 12,775.33
\$ 27.26	0.1575	\$ 631.07
\$ 30.18	0.1575	\$ 349.33
\$ 31.93	0.1575	\$ 554.38
\$ 32.58	0.1575	\$ 1,508.45
\$ 28.50	0.1575	\$ 494.83
\$ 16.05	0.1575	\$ 55.73
\$ 16.05	0.1575	\$ 148.62
\$ 14.84	0.1575	\$ 120.24
\$ 23.32	0.1575	\$ 863.77
\$ 23.21	0.1575	\$ 268.56

Classification	Hours	Brief Description
Program Assistant Supervisor Advanced (Wood)	7.5	One time cost to onboard new members (includes basic website updates, adding in ICE, welcome letters, payroll processing adding to SharePoint, collecting contact information, etc.); revise the PA landing page of the website, update the Council to a board in ICE and to create new position types; separate existing records from MEB records and move them to the PA Examining Board
Administrative Rules Coordinator (Kleven)	300	300 hours of rules promulgation
Reg. Spec.	20	Set up new PA Board screening and intake process
Records Mngnt Sup	10	Set up new PA Board screening and intake process
Prog/Policy Analyst Adv	15	Update ICE to include new PA Board data
RMPS - Lange, S	40	Create timeline for all changes for project, create checklists, complete systems testing, revise requirements in ICE checklists
RMPS - Wallace, S	15	Update online renewals process in ICE, update DRN's & NOI's, work with RFMS to update forms and website, train staff on new requirements, edit SOP's
LPPA (3) Renewals 1hr each	3	Train on new requirements
LPPA (4) Health 2hr each	8	Revise standard operating procedures, assist with new forms, train on new requirements, systems testing
OOA (7) x 1hr each	7	Train on new requirements
RFMS - Gulliani, T	32	Work with RMPS Wallace to update renewal forms and website, amend application forms, create new forms for education requirements, update website with new forms
PPA - Boyle-Prior, M	10	Create new information for website, facilitate staff training
Supplies and Services	Amount	Brief Description

Hourly	Fringe	Total
\$ 27.26	0.1575	\$ 315.53
\$ 18.01	0.1575	\$ 2,188.89
\$ 24.97	0.1575	\$ 144.51
\$ 38.81	0.1575	\$ 673.84
\$ 38.81	0.1575	\$ 898.45
\$ 16.05	0.4183	\$ 23,674.26
\$ 16.05	0.1575	\$ 260.09
\$ 24.63	0.1575	\$ 42.76
\$		\$ 101.50

Classification	Hours	Brief Description
Reg. Spec.	10	Intake complaints related to new PA Board and related code and statutes; set up screening panel
CPI	105	Investigate complaints related to new PA Board and related code and statutes
Paralegal Attorney/Attorney Sup.	5	Provide support as needed for complaints related to new PA Board and related code and statutes
Board Counsel	15	Handle all legal work related to new PA Board and related code and statutes including additional screening duties
LPPA - New Staffing	1040	Provide counsel to new PA Board
OPA/Bureau Assistant (Glaeser)	14	40 hours per week / 6 month position to assist in the increased volume for reg type 23 during the spring/summer months
Program Assistant Supervisor Advanced (Wood)	1.5	Estimated number of hours to staff each meeting (# of meetings to be determined)
Supplies and Services	Amount	Per board member: ongoing cost to manage appointment updates and term expirations (includes basic website updates, adding in ICE, welcome letters, payroll processing adding to SharePoint, collecting contact information, etc.).
Reimbursement	\$ 76.50	Brief Description: Mileage reimbursement per meeting (per board member). This amount is based on an estimated average of 150 miles roundtrip for DSPS board members
Per Diem	\$ 25.00	Ongoing cost of \$25.00 per meeting (per board member). The aggregate amount will be the cost per meeting (\$25/member), multiplied by the number of annual meetings determined necessary to conduct business for the proposed examining board.

STATE SENATOR KATHY BERNIER
TWENTY-THIRD SENATE DISTRICT



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Thank you, Chairman Sanfelippo and members of the Health Committee for holding this public hearing on Assembly Bill 125.

Assembly Bill 125 updates the regulation of physician assistants (PAs) in Wisconsin, which would permit hospital systems and clinics to more effectively position their PAs to help expand access to health care, particularly in rural and underserved areas.

In the last year PAs have played an important role in treating patients during the COVID-19 public health crisis. AB 125 would allow the hospital systems and clinics to utilize PAs to work to their fullest capabilities when the next public health crisis occurs.

According to the Wisconsin Council on Medical Education and Workforce, Wisconsin, could face a shortage of as many as 4,000 physicians by 2035. With that in mind, physician assistants (PAs) are crucial in maintaining and increasing access to primary care, especially in underserved rural areas of the state.

AB 125 changes the relationship of the PA from being supervised by a physician to working in collaboration with a team that includes a physician. Collaboration would be required in the form of either a written collaborative agreement with a physician or a PA would practice under the overall direction and management of a physician.

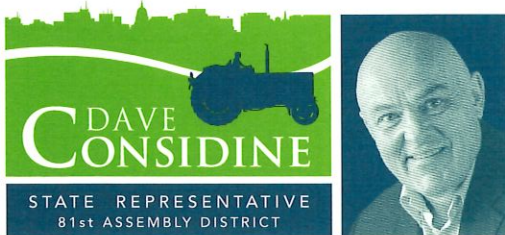
Additionally, under the bill, the PA's employer, such as a hospital or clinic, may place whatever additional practice requirements upon the PAs before collaboration to ensure quality of care and patient safety is maintained. So, for example, though AB 125 eliminates the current, one-size-fits-all four-to-one physician-to-PA ratio requirement, individual hospitals or systems could impose practice requirements which make sense for their practices and the populations they serve. In particular, this could help healthcare systems close gaps in care in rural settings and in inner-city settings.

AB 125 does not expand the PA's scope of practice. The PA's practice would be limited by their education, training, and experience and determined in the practice setting, as it is today. AB 125 does not allow for an independent PA practice.

Finally, this bill allows the PAs to be regulated by a Medical Examining Board-affiliated credentialing board, similar to the Occupational Therapist and Podiatrist have an affiliated credentialing board.

In crafting this legislation, we worked very closely with the Wisconsin Academy of Physician Assistants, Wisconsin Hospital Association, both of which support the legislation, and the Medical Society and Family Practice Physicians, which stand neutral.

I encourage you to vote for Assembly Bill 125 as it updates Wisconsin's PA laws to allow PAs to work to the full potential of their education, training, and experience, and provides quality care to those who need it.



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EMAIL Rep.Considine@legis.wisconsin.gov
WEB <http://legis.wisconsin.gov/assembly/81/considine>

To: Assembly Committee on Health
From: Representative Dave Considine
Re: Testimony on Assembly Bill 125
Date: March 9, 2021

Chairperson Sanfelippo, Vice-Chair Summerfield, and fellow committee members, thank you for holding a public hearing today on Assembly Bill 125. I appreciate the opportunity to submit written testimony in support of this legislation, and I'm grateful for your willingness to listen.

AB 125 creates a Physician Assistant Affiliated Credentialing Board attached to the Medical Examining Board which will update the regulation of PAs. The changes made by this board would allow physician assistants to better utilize their expertise and education. Additionally, this legislation would allow employers more flexibility in how they supervise physician assistants.

This important proposal would increase access to healthcare for people while maintaining a high standard of care. Physician assistants provide much-needed healthcare in rural communities like mine, where people have to wait for extended periods of time to see specific physicians like psychiatrists. Our healthcare system will operate more efficiently if we allow supervised PAs to utilize their experience and knowledge.

Following the testimony today I ask you to please consider voting to advance AB 125 to the floor of the Assembly. Thank you again for scheduling this public hearing and for your time and attention. Please let me know if you have any questions or concerns.

Dave Considine



WISCONSIN ACADEMY
of
PHYSICIAN ASSISTANTS

To: Chairperson Sanfelippo
Members, Assembly Committee on Health

From: Eric M. Elliot, DMSc, PA-C
Chairperson, WAPA Legislative & Government Affairs Committee

Date: March 9, 2021

Subject: Testimony in support of Assembly Bill 125

Thank you for the opportunity to testify in support of Assembly Bill 125, legislation to update and modernize the physician-physician assistant relationship. My name is Eric Elliot. I am a former president of and the current chairperson of the Wisconsin Academy of PAs Legislative & Government Affairs Committee.

I would also like to thank Representatives VanderMeer, Edming and Considine and Senators Bernier, Kooyenga and Pfaff for authoring this legislation. AB 125 is a re-introduction of 2019 AB 575, bipartisan legislation reflecting a compromise agreed to last session by the Wisconsin Academy of Physician Assistants, the Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Academy of Family Physicians, and associated specialty physician associations.

This compromise, in the form of a substitute amendment to 2019 AB 575, passed the Assembly on a voice vote in February 2020 and was poised for concurrence in the Senate when the COVID-19 public health crisis caused the last Senate floorperiod to be cancelled.

I am a physician assistant, holding a doctorate in Medical Science from the University of Lynchburg where I completed a fellowship in internal medicine. I received my PA degree from the University of Nebraska Medical Center & School while attending the U.S. Army Inter-service PA program. I am a veteran of the Army and Air Force, a combat veteran and a retired New Hampshire National Guard officer where I served as clinician, a supervisor and as the director for joint medical planning for Army and Air. For the last several years, I have practiced in disability medicine conducting comprehensive medical evaluations and forensic reviews of disabled veterans and service members. For obvious reasons, I share a special connection with my patient population and my patient population shares a special connection with me. For many veterans, a physician assistant served as their primary medical officer or battalion surgeon, providing lifesaving measures during combat operations. For many service members, PAs served as their primary care provider and cared for their spouses and children in the garrison environment.

The roots of the PA profession are strongly tied to the military medical community. Our PA profession was created over half-century ago when the nation was facing a serious physician

shortage like the crisis predicted today. Much like today, no areas suffered more than rural communities. In response, the first PA medical program was created based on experience gained from the fast-track training of physicians during World War II. Former military corpsman and medics were selected for the initial cohort of PAs. What began as a small pilot program soon spread across the country. In Wisconsin, early graduates of the Marshfield clinic PA program integrated into rural practices and have provided care for generations of Wisconsin families, often serving as their primary care provider. For decades, PAs proved invaluable in expanding access to high-quality healthcare to rural and underserved communities.

Over the last half century, much has changed in the practice of medicine and how healthcare is delivered. Many small-town independent physician practices have given way to large healthcare systems and has resulted, for the first time, in most physicians working as employees. Many physicians have migrated away from rural Wisconsin to metropolitan areas and suburbs. Many have left their rural primary care positions to seek well-staffed family practice settings in our cities and larger communities. Many more have sought careers in specialty practice.

Despite these dramatic changes, the laws and regulations governing PA practice here in Wisconsin have not kept up with how medical care is delivered in Wisconsin. Laws and regulations that may once have made sense have become a barrier to PAs performing the very mission for which they were created, expanding healthcare access to those in need. In recent years, we have heard from new PA graduates being turned away from rural health care positions. We heard from experienced PAs being forced out of their primary care practices due to physician retirements and vacancies because there were not enough physicians in the practice to maintain the 1:4 physician:PA ratio required in Wisconsin. A major rural Wisconsin healthcare employer explained that the problem is Wisconsin's practice laws and recommended that PAs get to work on fixing them. They copied and pasted Med Chapter 8, the section of the Wisconsin Administrative Code governing PA practice in the body of an email and wrote, "this is why". They cited antiquated supervision requirements such as the 1:4 physician-to-PA ratio and the 15-minute contact rule. They pointed out confusing rules about PAs delegating to ancillary staff. They explained that the unnecessary restrictions had become far too cumbersome and, in some cases, impossible to satisfy, particularly in rural areas. The problem is real.

AB 125 addresses these problems by modernizing how PAs are regulated in Wisconsin, allowing them to practice to the highest extent of their education, experience, and training. PAs would continue to practice as part of healthcare teams, in collaboration with a physician, but hospitals and healthcare systems would be given more flexibility to determine at the practice level how best to utilize and deploy the PAs they employ. PAs would, for example, be freed to practice more easily, particularly in rural Wisconsin, without compromising patient care and safety.

In addition, under AB 125, PAs would be allowed to regulate themselves, like other Wisconsin healthcare professionals. This regulatory board would be affiliated with the Medical Examining Board, helping to maintain the close physician-PA relationship at the root of how PAs practice, preserving this historic relationship.

Having mentioned the historic relationship between PAs and our physician colleagues, let me close by mentioning the much-appreciated cooperation from the Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Academy of Family Physicians, and their associated specialty physician groups in crafting the compromise language before you. On behalf of the Wisconsin Academy of Physician Assistants, I sincerely appreciate all the time WHA, WMS, the Family Practice Physicians, and the specialty physician groups have spent with us to achieve this consensus.

Thank you for your time and I respectfully ask for your support of AB 125. With that, my colleagues and I would be happy to answer any questions you may have.

RE: Letter of Support for the Wisconsin CARES Act – Physician Petition to Wisconsin Legislators

To Whom It May Concern,

As a Wisconsin physician who values team-based care, I urge you to learn more about PAs and about the Wisconsin Collaboration and Rural Expansion of Services Act (CARES Act) legislation which will increase access to care, protect patients, and allow each practice to determine how their team performs best. It has been introduced into both the Senate and Assembly. AB 125

Each practice is unique. Each member of the team is unique. As with all healthcare professionals, we need to empower practices to determine, within each unique setting, how to function best as a team while caring for Wisconsin's patients. I work in hospice and palliative medicine and our palliative team not only is dependent on our PA partners to make sure our patient's receive the best patient care but their collaborative work and their knowledge base at the end of their training helps them to be key consultants on complex patients who need high level symptom management and end of life care.

In practicing with PAs the current, overly restrictive regulations create unnecessary barriers that currently reduce access to care for patients. PAs are highly educated with an average of 6 years of undergraduate and graduate professional education. Their graduate education is optimally rooted in the medical model, allowing me to seamlessly collaborate, communicate and function as a team. In my practice, having PAs on the team allows us to provide better care and greater access to patients. The PAs in my practice are fiercely and consistently committed to team practice and I am confident that PAs do not seek to practice independently.

We are a team! As physicians, our years of education and training is optimally combined with the contributions of PAs and in my practice, I want to be able to provide the best care possible. The Wisconsin CARES Act enables each member of the team to practice at the top of their license, improves access to high-quality care, improves efficiency, provides for high-value care and eliminates artificial barriers. To meet the current and future needs of Wisconsin's healthcare system, this new bill is set to optimize support for patients, physicians, PAs, office staff and administrators, thereby increasing the number of patients who can receive necessary care each day.

Learn more about the Wisconsin CARES Act. Wisconsin PAs want nothing more than to be better able to practice optimally on teams with physicians. With the passage of this bill, our patients and the healthcare system both win.

Sincerely,

Hilary Bingol, M.D., F.A.C.P., F.A.A.H.P.M., H.M.D.C.

ADDRESS: 700 West Ave S, La Crosse, WI, 54601

DATE: 3-8-2021

PHYSICIAN LICENSE No.: 46837-20

I am a member of all the following organizations:

X American Medical Association

X Wisconsin Medical Society

X American Association of Hospice and Palliative Medicine

X Palliative Care Network of Wisconsin



9200 W. Wisconsin Ave.
Milwaukee, WI 53226

March 5, 2021

Re: Letter of Support for the WisCARES Act LRB 0656 & LRB 1941 – Physician Petition to Wisconsin Legislators

To Whom It May Concern,

I am writing this letter in support of the Wisconsin Collaboration and Rural Expansion of Services (CARES) Act. As a practicing Wisconsin physician, as well as in my role in administration, I have come to learn the tremendous value of our Physician Assistants (PAs) within Wisconsin's health care system. This legislation would allow for improved access to care for Wisconsin residents, while also removing what appear to be unnecessary barriers for PAs, physician partners, health care systems, and patients alike.

The CARES Act aims to remove regulations that create unnecessary barriers that have not been proven to improve patient safety or care. Moving from a supervised role that currently requires an agreement with a specific physician partner, this legislation would transition the PA to a collaborative role, similar to what currently exists for Nurse Practitioners. This would allow for more efficient and overall improved team-based care for our patients. It would allow for medical practices to best determine, within their own unique settings and practice models, how to function most effectively as a team. Larger health care systems, currently providing the most complex and highest acuity care to our Wisconsin residents in need, would also benefit greatly with the removal of restrictive PA-physician agreements, allowing PAs to be integrated into health care teams with greater flexibility. This is highly needed in our complex care environments. I fully predict that this legislation will improve access to care for our patients. The pandemic has only highlighted the importance of these changes as many of proposed statues were enacted in with emergency orders to allow PAs to re-deploy to COVID units in response to staffing shortages.

Within our own institution, this legislation would help improve our ability to recruit and retain high quality PAs, while removing the staffing constraints created by the current PA-MD ratio. It would also provide parity with Nurse Practitioners, health care providers that are in many ways utilized in similar ways within the walls of our institution.

As an Orthopaedic Surgeon and physician leader, I ask your support for the Wisconsin CARES Act. Wisconsin PAs want nothing more than to be better able to practice optimally on health care teams with physician collaboration. With the passage of this bill, our patients, health care teams, and health care system would all benefit.

I greatly appreciate your time and attention to this matter.

Best Regards,

David King, MD

Chair, Department of Orthopaedic Surgery, Medical College of Wisconsin
Medical Director, Musculoskeletal Service Line, Froedtert & the Medical College of Wisconsin

To: Members, Wisconsin Legislature
From: Amy Parins MPAS, PA-C
Date: March 8th, 2021
RE: Letter of Support for the PA Modernization Act – Petition to Wisconsin Legislators

To Whom It May Concern,

My name is Amy Parins and I am a faculty member at the UW Madison PA Program. I have spent the last thirteen years working as a clinician practicing primary care, internal medicine, and addiction medicine. I also am a PA educator, and have been teaching our next generation of PAs for the past five years. I also serve as the medical director of MACH One Health, an organization that serves people experiencing homelessness by helping to bridge gaps in the health care system.

As a PA who serves our most vulnerable medically underserved patients I ask that you support AB125 the PA law modernization act. This bill will bring much needed, common-sense updates to our currently very outdated PA practice laws and improve patient access to high quality care across the State.

There are currently more than 2,600 PAs licensed in Wisconsin. While Wisconsin is home to five accredited PA programs, up to 40% of our PA program graduates leave to practice in another state. At the same time, the Wisconsin Council on Medical Education and Workforce (WCMEW) recently found that Wisconsin could face a shortage of as many as 4,000 physicians by 2035. PAs are well-poised to mitigate this shortage – and now is the time to improve current laws which create barriers to PA practice.

Under AB 125, PAs would continue to practice on health care teams with physicians and other practitioners. However, they would face fewer administrative burdens, which can be a barrier to providing care in high-need areas. AB 125 will allow PAs to practice to the full extent of their education, training, and experience and make it easier for PAs, physicians, and employers to work together to provide high-quality care to patients. These changes, which many other surrounding states have already made, will help Wisconsin retain more of the providers it has worked so hard to train.

This bipartisan legislation reflects a compromise agreed to last session by the Wisconsin Academy of Physician Assistants, the Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Academy of Family Physicians, and associated specialty physician associations. With the passage of this bill, our patients and the healthcare system both win. I strongly encourage you to support this bill.

Sincerely,

Amy E Parins MPAS, PA-C

Faculty, Assistant Professor

University of Wisconsin Madison PA Program

750 Highland Ave. Madison WI, 53705

March 5, 2021

Re: Letter of Support for WisCARES Act (LRB 0656 & LRB 1941) - Physician Petition to Wisconsin Legislators

To Whom It May Concern,

I am writing this letter in support of the Wisconsin Collaboration and Rural Expansion of Services (CARES) Act. As a practicing Wisconsin physician, as well as in my role in hospital administration, I have come to learn the tremendous value of our Physician Assistants (PAs) within Wisconsin's health care system. This legislation would allow for improved access to care for Wisconsin residents, while also removing what appear to be unnecessary barriers for PAs, physician partners, health care systems, and patients alike.

The CARES Act aims to remove regulations that create unnecessary barriers that have not been proven to improve patient safety or care. Moving from a supervised role that currently requires an agreement with a specific physician partner, this legislation would transition the PA to a collaborative role, similar to what currently exists for Nurse Practitioners. This would allow for more efficient and overall improved team-based care for our patients. It would allow for medical practices to best determine, within their own unique settings and practice models, how to function most effectively as a team. Larger health care systems, currently providing the most complex and highest acuity care to our Wisconsin residents in need, would also benefit greatly with the removal of restrictive PA-physician agreements, allowing PAs to be integrated into health care teams with greater flexibility. This is highly needed in our complex care environments. I fully predict that this legislation will improve access to care for our patients in need, something that will continue to be an issue heading forward.

I do not share some of the concerns surrounding scope of practice for PAs, as the PA role is well-established and the PA role would continue to be legally and ethically obligated to collaborate and consult with physicians based on the patient condition and need. This is standard of care and would continue to be so with the adoption of this legislation. Most importantly, with stringent internal credentialing and privileging processes currently being utilized within each care environment, continued oversight of scope of practice would not change and would continue to be overseen by local institutions.

Within our own institution, this legislation would help improve our ability to recruit and retain high quality PAs, while removing the staffing constraints created by the current PA-MD ratio. It would also provide parity with Nurse Practitioners, health care providers that are in many ways utilized in similar ways within the walls of our institution.

I urge you to support the Wisconsin CARES Act. Wisconsin PAs want nothing more than to be better able to practice optimally on health care teams with physician collaboration. With the passage of this bill, our patients, health care teams, and health care system would all benefit.

I greatly appreciate your time and attention to this matter.

Kindly,



Michael E. Stadler, MD, FACS
Interim Chief Medical Officer, Froedtert Hospital & Medical College Physicians
Associate Professor, Otolaryngology and Communication Sciences
Chief, Div. of Head & Neck Surgical Oncology and Reconstruction

Re: Letter of Support for the Wisconsin CARES Act – Physician Petition to Wisconsin Legislators

To Whom It May Concern,

As a Wisconsin physician who values team-based care, I encourage you to learn more about PAs and the Wisconsin Collaboration and Rural Expansion of Services Act (CARES Act). This legislation will increase access to care, protect patients through removing staffing barriers, and allow each practice to determine how their team performs best.

Each practice is unique. Each member of the team is unique. As with all healthcare professionals, we need to empower practices to determine, within their unique setting, how to function best as a team while caring for Wisconsin's patients.

I practice with PAs and the current, overly restrictive regulations create unnecessary barriers that reduce access to care for patients. PAs are highly educated with an average of 6 years of undergraduate and graduate professional education. Their graduate education is rooted in the medical model, allowing them to seamlessly collaborate, communicate and function as a team. In my practice, having PAs on the team allows us to provide better care and greater access to patients. The PAs in my practice are fiercely and consistently committed to team practice. I am confident that PAs do not seek to practice independently.

As physicians, our years of education and training are optimized with the contributions of PAs. The Wisconsin CARES Act enables each member of the team to practice at the top of their license, improves access to high-quality care, improves efficiency, provides for high-value care and eliminates artificial barriers; thus, allowing our PAs to provide the best care possible. To meet the current and future needs of Wisconsin's healthcare system, this new bill is set to optimize support for patients, physicians, PAs, office staff and administrators, thereby increasing the number of patients who can receive necessary care each day.

As an attending physician at Southeastern Wisconsin's only academic center and one of the largest employers of PAs, I can also speak to the positive impact PAs have had on medical student and resident education as PAs have provided consistency on medical teams, additional patient coverage during academic lectures, and early medical student exposure to patient care through our M1-M2 clinical experiences.

Within our practice, this legislation specifically would accomplish the following:

- Remove employment barriers for PAs at our institution allowing us to recruit from a larger provider pool
- Remove staffing constraints created by the PA-MD ratio requirement which is significantly impacting our urgent care sites, workplace clinics, and ICUs as well as limiting post-graduate educational programs offered to PAs in these areas
- Remove administrative burden for management of PA practice by creating parity with Nurse Practitioners' collaborative agreements
- Maintain continuity of patient care, especially when a physician leaves a practice, through local oversight of PA scope and competencies via privileging, focused professional practice, and ongoing professional practice evaluations

I urge you to support the Wisconsin CARES Act. Wisconsin PAs want nothing more than to be better able to practice optimally on teams with physicians. With the passage of this bill, our patients and the healthcare system both win.

Vincent P. Mathews, MD
Signature

Chair of Radiology, Medical College of Wisconsin
Title/Specialty

Vincent

Mathews

902 N Blue Spruce Circle
Hartland, WI 53029

First Name (print)

Last Name (print)

Voting Address: Street, City, Zip

3/8/2021

Date

61934-20

License Number



03/08/2021

Members of the Wisconsin Legislature
Madison, WI

Aaron Triplett D.O.
Emergency Medical Director MCHS Barron and Bloomer
RE: AB125

Dear Members of the Wisconsin Legislature,

On behalf of the Wisconsin Academy of Physician Assistants, I am writing in support of the updated legislation in AB 125. As the Medical Director for two rural emergency departments in western Wisconsin, I work daily with multiple highly trained PA's. Their practice in these emergency rooms is vital to maintaining these resources and delivering appropriate emergency health care to the people of these communities. The current language and structure that governs the practice of physician's assistants within the state is outdated and results in multiple unnecessary barriers that unnecessarily limits the practice of PA's in Wisconsin. The proposed updates would remove these barriers and serve to enhance the delivery of healthcare within our communities.

The updated language in the bill would allow the PA's practice to be determined by their education, level of experience, and credentialing board of the local hospital. These changes enhance the delivery of healthcare within our state by empowering hospitals and clinics at a local level to utilize the most highly qualified PA's at the fullest extent of their skills and training. The proposed changes also better support our communities during times of crisis by allowing physician's assistants to practice without a collaborating physician during times of disaster within their scope of practice.

Sincerely,

Aaron Triplett D.O.

A handwritten signature in black ink, appearing to read "Aaron Triplett".

TO: Rep. Sanfelippo, Chair
Members of the Assembly Committee on Health
FR: Dr. Ann Sheehy, Hospitalist - UW Health
RE: Support Assembly Bill 125
DT: March 9, 2021

I write today as a physician leader from UW Health to endorse Assembly Bill 125. We urge you to support Physician Assistants (PAs) by advancing the PA Modernization Act (AB 125) out of committee. Doing so is a step forward in increasing access to care, protecting patients, and allowing each practice to determine how their team performs best.

I practice with PAs in my current position as a hospitalist at UW Health and I have seen first-hand the limits Wisconsin law places on our PAs ability to practice at the top of their licenses and fully utilize their training. Border states including Illinois and Minnesota have enacted similar legislation and I worry that our state will fall behind. If we fall behind, this may lead to an exodus of talented PAs from our state, as PAs seek to find employment that is rewarding and allows them to use their training appropriately.

This bill contains many changes that would positively impact PA practice and patient care. As an example, this bill changes the Physician/PA relationship from “supervision” to “collaboration,” which much better represents how we practice today. Other positive changes in this bill would help ensure a highly skilled PA workforce in rural areas of the state by increasing certain flexibilities.

Perhaps most importantly, as a frontline physician in the COVID-19 pandemic, I can attest to the impact PAs had on our surge staffing efforts. Our PAs were qualified and skilled to care for the sickest COVID-19 patients, and they provided a critical workforce during this time. I personally do not know how we would have cared for all of our patients had it not been for our PAs who fearlessly stepped in to serve. Their talent, care and skill has never been more apparent than during the public health emergency.

Our PAs are excellent clinicians, and passage of AB 125 would simply align the law with their skills and training. I am fully in support of this legislation and know that with the passage of this bill, our patients and the healthcare system both win.

Please join me in support of AB125. Thank you for your consideration. I can be reached by contacting Connie Schulze, Director of Government Affairs for UW Health at 608/516-2552 if you have any questions.