



RACHAEL A. CABRAL-GUEVARA

STATE SENATOR • 19TH SENATE DISTRICT

Testimony before the Senate Committee on Health

Senator Rachael Cabral-Guevara

May 24, 2023

Hello, members of the Senate Committee on Health. Thank you for allowing me to testify on Senate Bill 143, an important piece of legislation that will act as a consumer protection tool and help prevent confusion among medical professions.

After years of schooling, residency, and going through the process of licensure, physicians have worked hard to earn their respective titles. Over the past few years, both new fields of medicine and new licenses have been created to meet the ever-growing health care need. This has sometimes resulted in patient confusion over the roles that are filled by health care practitioners.

I understand professional sub-specialties exist. As an example, I am a Board Certified Family Nurse Practitioner. I am not a physician, surgeon, or radiologist—nor would I ever advertise I am. I know several groups have requested exceptions for specific professions and concerns about reimbursement. Both of those issues can be solved by the amendment to this bill.

If we are able to pass this bill as amended, we can ensure patients are protected by slowing the roll of the healthcare titling “alphabet soup” while allowing medical professionals to determine if exceptions need to be granted in conjunction with the applicable credentialing board. Additionally, we can spell out in black-and-white that reimbursement is not impacted if CMS uses a specific title.

Thank you again for your time. I am hopeful you would be able to support this bill that aids in standardizing and providing protections to physician titles to help prevent confusion among the public on who possesses a physician’s professional license.



GAE MAGNAFICI

STATE REPRESENTATIVE • 28th ASSEMBLY DISTRICT

I am writing to express my support for Senate Bill 143, which seeks to regulate the use of specific words and terms related to medical professionals in titles, advertising, and descriptions of services. As a Representative, I believe this bill is crucial in ensuring clear and accurate representation within the healthcare industry. I strongly urge you to co-sponsor this critical legislation.

The existing law already prohibits individuals from using "doctor of medicine" or "M.D." unless they possess the appropriate qualifications or are licensed physicians. Similarly, the title "Doctor of Osteopathy" or "D.O." is limited to those with the relevant degree. However, there are still instances where individuals who are not licensed physicians misrepresent themselves as such, which can be misleading and potentially harmful to the public.

This bill aims to address this issue by further restricting the use of words, terms, letters, or abbreviations that falsely represent a person as a physician. It provides a comprehensive list of such terms and ensures that only licensed physicians can use them in their titles, advertising, or description of services. By implementing these restrictions, the bill safeguards the public's trust and helps prevent confusion and misinformation.

Furthermore, the bill establishes a provision for granting exceptions to healthcare providers who are not licensed physicians. This provision allows the relevant boards to consider individual cases and determine if exceptions should be awarded based on specific criteria. The criteria for giving exceptions will be developed in consultation with the department, the veterinary examining board, and any credentialing board, providing a fair and comprehensive framework for evaluation.

This bill strikes the right balance between protecting the public from misleading representations and accommodating legitimate exceptions for non-physician health care providers. It establishes a clear standard for medical titles, ensuring patients can make informed decisions about their healthcare providers.

In conclusion, I request your support and co-sponsorship of SB 143. By supporting this bill, you will enhance transparency, prevent misrepresentation, and promote the highest standards of professionalism within the healthcare industry.

Thank you for your attention to this matter, and I look forward to your positive response.

May 24, 2023

Members of the Senate Health Committee

Wisconsin Dental Association

Re: Senate Bill 143 relating to the use of certain words and terms that refer to a physician

Chairwoman Cabral-Guevara and members of the committee thank you for the opportunity to offer comment on Senate Bill 143 relating to use of certain words and terms that refer to a physician.

The Wisconsin Dental Association, with more than 3,100 member dentists, is the leading voice for dentistry in Wisconsin. WDA members are committed to promoting professional excellence and quality oral health care in the Badger State. The WDA appreciates the conversations we've had with Senator Cabral-Guevara and the bill sponsors to clarify that Senate Bill 143 is not intended to include the practice of dentistry and, if necessary, will seek an amendment to ensure Senate Bill 143 does not create unintended consequences for our member dentists.

All dentists graduate from an accredited dental school and receive one of two degrees – a DDS (Doctor of Dental Surgery) or a DMD (Doctor of Dental Medicine). Dentists work in a variety of settings and dental specialties are recognized in those areas where advanced knowledge, skills and training are greater than those taught in a pre-doctoral dental education program.

A dental specialty is an area of dentistry that has been formally recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards. Currently there are 12 dental specialties recognized by the National Commission including Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Dental Anesthesiology, Dentofacial Orthopedics, Pediatric Dentistry, Endodontics, among others. Wisconsin's dental practice act generally avoids getting into the specific listing of titles and specialties, apart from defining who can call themselves a dentist. In the practice act, 447.03 (b):

(1) Dentists. Except as provided under sub. (3) and ss. 257.03 and 447.02 (3), no person may do any of the following unless he or she is licensed to practice dentistry under this chapter:

(b) Use or permit to be used, directly or indirectly, for a profit or otherwise for himself or herself, or for any other person, the title, or append to his or her name the words or letters, "doctor", "Dr.", "Doctor of Dental Surgery", "D.D.S.", or "D.M.D.", or any other letters, titles, degrees, terms or descriptive matter, personal or not, which directly or indirectly represent him or her to be engaged in the practice of dentistry.

Further, there are administrative rules surrounding unprofessional advertising, Chapter DE 6:

DE 6.02 Unprofessional advertising. The following, without limitation because of enumeration, constitute unprofessional advertising:

(c) Notice of a practice as a specialist in a dental specialty unless the dentist has successfully completed a post-doctoral educational training program approved by the Commission on Dental Accreditation of the American Dental Association in a specialty recognized by the American Dental Association. Advertising as a specialist in a non-American Dental Association-recognized specialty is prohibited.

WDA members are committed to promoting professional excellence and quality oral health care. Again, on behalf of our more than 3,100 member dentists, the WDA appreciates the effort to-date to clarify that Senate Bill 143 is not intended to include the practice of dentistry and, if necessary, will seek an amendment to ensure Senate Bill 143 does not create unintended consequences for our member dentists.





5/24/23

Senate Health Committee

RE: Opposition to SB 143 Relating to the use of certain words and terms that refer to a physician.

Thank you, Chairperson Cabral-Guevara and members of the Senate health committee, for the opportunity to present today. My name is Dr. Brian Wussow and we also have Dr. Rob Cadwallader representing our chiropractic organization. I am the president of the Chiropractic Society of Wisconsin or CSW and Dr. Rob was our first president.

The CSW opposes SB 143 in its current format as it unfairly restricts healthcare providers including Doctors of Chiropractic from continuing to utilize appropriate clinical titles that have been in existence for close to 50 years. Wisconsin statutes, federal Medicare regulations and the post-graduate education associated with obtaining the Doctor of Chiropractic degree all demonstrate that chiropractors are fully qualified to utilize many of the titles this bill proposed to restrict or eliminate.

Please note that we would support specific amendments to the proposed legislation that would incorporate the title chiropractic before the second title of physician, radiologist, orthopedist, neurologist, and other related chiropractic specialized training certifications. The use of the term chiropractic prior to the subsequent specialty title provides absolute clarification for the public which has been stated as the purpose of the proposed legislation.

It is important to note that for approximately 50 years federal Medicare regulations have recognized and classified chiropractors as physicians under 42 USCS section 1395(r)(5).

The term chiropractic physician is currently authorized in Statute or rule in 33 States. The term chiropractic physician is specifically used and requires the term chiropractic to always precede the term physician to clearly identify and define that the physician is a chiropractor and not a medical doctor. Wisconsin is one of the minority of states that currently does not have this specific language. Thus, the proposed legislation is not only unnecessary, but completely goes against the national trend of correctly identifying the training and skills of the Doctor of Chiropractic as chiropractic physicians.

The chiropractic profession has developed post-graduate diplomate programs in radiology, orthopedics, pediatrics, neurology, and other specialties. Chiropractors have been correctly using the terms such as chiropractic radiologist for decades without issue or public confusion. The proposed legislation would cause harm to those chiropractors who earned their specialized degree and are correctly using the terms in their practice.

The CSW also opposes the proposed amendment for the following reasons:

1. The amendment specifically provides that the medical examining board would control the terms and approvals for chiropractors not the chiropractic examining board. We do not believe the medical examining board would want to take on this responsibility and if they did, their actual knowledge of the chiropractic profession would not rise to the level of the chiropractic examining board.
2. The amendment appears to require approvals for individual providers rather than for a group or classification of providers. If this analysis is correct the approval process would be unworkable simply on the sheer volume of requests to the medical board.

In summary, we ask that the committee members oppose SB 143 in its current format. There is no current public crisis related to confusion of healthcare titles. A person who is seeing a chiropractic neurologist knows that they are a chiropractor and not a medical doctor. The false premise of public confusion should not force a chiropractor who has correctly achieved the educational requirements to use a specific title to remove the title.



Wisconsin Society of
Anesthesiologists
Physician Led Care

**Testimony of Dr. Michael Bottcher, Board President
of the Wisconsin Society of Anesthesiologists on SB 143 and SB 145**

Good Afternoon, Madam Chair and Committee Members.

My name is Michael Bottcher, I am an Anesthesiologist at Gundersen Health System and Board President of the Wisconsin Society of Anesthesiologists. I am sorry that I could not attend this public hearing as I am unable to reschedule surgeries to appear in person.

Thank you, Sen. Cabral-Guevara, for authoring Senate Bill 143. Physician title protection, also known as Truth in Advertising legislation, is an issue that is very important to the WI Society of Anesthesiologists. This legislation is imperative to ensure transparency in healthcare and allowing patients to make informed decisions.

We feel very strongly that patients should understand who is providing their care. In the context of independent practice, especially when a non-physician is providing pain management care or performing certain procedures, it is especially important that there is transparency in the services offered or provided to patients and that professional titles are clear.

The WSA recognizes that similar title protection is afforded to advanced practices nurses, including of course certified registered nurse anesthetists, in SB 145. We have no objection to clear title protection for those providers and we would hope that they would agree that physician specialty titles should likewise be limited only to those trained as medical doctors.

We do consider SB 143 as a component of an overall compromise on SB 145. The WSA opposes SB 145 as currently drafted but we are willing to continue working with stakeholders to find compromise on APRN independent practice that, most importantly, ensures patient safety and maintains quality of care.

Additionally, in respect to the amendment introduced to SB 143, we are reviewing this language now and hope to work with you on modifications. While we understand and agree with the need to accommodate other existing professional titles, we are concerned that the process proposed in the amendment could leave the door open to unnecessary challenge and debate and undermine the clear intent of SB 143. We hope to work with you going forward to avoid any unintended consequence from either the bill or any adopted amendment.

Thank you again for your leadership on this bill and your time today.



MEMORANDUM

TO: Members of the Senate Committee on Health

FROM: Jo-ell Carson, Executive Director, Wisconsin Veterinary Medical Association

DATE: May 24, 2023

RE: **WVMA's Opposition to Senate Bill 143, Medical Titling Legislation**

On behalf of the more than 2,300 members of the Wisconsin Veterinary Medical Association (WVMA), we respectfully request that you **oppose** Senate Bill 143 because it will greatly and detrimentally affect the practice of veterinary medicine in the State of Wisconsin.

SB 143 will prohibit our board-certified veterinary surgeons, anesthesiologists, cardiologists, dermatologists, neurologists, oncologists, pathologists, radiologists, and others from clearly indicating to patients and colleagues that they have undergone advanced training and obtained appropriate and meaningful certifications. Why would the medical profession want to prevent Wisconsin board certified Doctors of Veterinary Medicine (DVMs) from being able to accurately describe their specialties to their patients and to the public?

A board-certified veterinary specialist is a veterinarian who has completed additional training in a specific area of veterinary medicine and has passed an examination that evaluates their knowledge and skills in that specialty area. Currently, there are 22 American Veterinary Medical Association (AVMA)-Recognized Veterinary Specialty Organizations comprising 46 distinct AVMA-Recognized Veterinary Specialties. More than 16,500 veterinarians across the United States have been awarded Diplomate status in one or more of these specialty organizations after completing rigorous postgraduate training, education, and examination requirements.

There are many specific examples, but one is veterinary anesthesiology. The appropriate term for a DVM who has gone through a residency training program and has passed the American College of Veterinary Anesthesia and Analgesia (ACVAA) board exam under the guidance of the American Board of Veterinary Specialties (ABVS) is "Veterinary Anesthesiologist". These veterinarians specifically describe themselves as, "Diplomate - American College of Veterinary Anesthesia and Analgesia or DACVAA." No private DVM practitioner or other veterinarian in the United States can use this term without this certification. It is meaningful and must be preserved.

Board-certified veterinary specialists serve animals and the public through collaboration and teamwork with primary care veterinarians, human medical professionals, research scientists, and public health officials. We believe it is entirely inappropriate that the medical profession believes that it should be able to prohibit Wisconsin veterinarians from accurately describing their hard-earned veterinary specialties. We urge you to oppose SB 143.

What do board-certified veterinary specialists do?

A board-certified veterinary specialist is a veterinarian who has completed additional training in a specific area of veterinary medicine and has passed an examination that evaluates their knowledge and skills in that specialty area. Currently, there are 22 AVMA-Recognized Veterinary Specialty Organizations™ or RVSOs comprising 41 distinct specialties. Veterinarians can be specialists in many areas, including behavior, ophthalmology, internal medicine, surgery, dentistry, and more. The RVSOs are referred to as colleges, but they're not schools or universities.

A board-certified veterinary specialist's expertise complements that of your animal's primary care veterinarian. You may be referred to a board-certified veterinary specialist if diagnosing or treating your pet's health problem requires specialized equipment and/or expertise that your animal's primary care veterinarian does not have.

It's critical you, your veterinarian, and board-certified veterinary specialist communicate and work together to provide the best care for your pet.

Veterinary specialties

Here's a list of AVMA-Recognized Veterinary Specialty Organizations™ with very brief descriptions of what these specially trained veterinarians do. For more information about the specialties, click the link to go to the website of the specialty college responsible for certifying veterinarians in that specialty:

[Anesthesia and analgesia](#): veterinary specialists who are experts at assessment and mitigation of anesthetic risks, delivery of anesthetic and analgesic drugs, maintaining and monitoring physiologic well-being of the anesthetized patient, and providing the highest levels of perioperative patient care including pain management.

[Animal welfare](#): veterinary specialists with advanced training and experience in animal welfare.

[Behavior](#): veterinary specialists with advanced knowledge of animal behavior and behavior modification.

[Dentistry](#): veterinarians who specialize in the diagnosis and treatment of dental, oral, and maxillofacial diseases.

[Dermatology](#): veterinary specialists with advanced training and expertise in the diagnosis and treatment of allergy and diseases affecting the skin, ears, nails and/or hooves of animals.

[Emergency and critical care](#): veterinary specialists who work exclusively in both emergency rooms and intensive care units to care for animals that are often the "sickest of the sick".

[Internal medicine](#), which includes specialties of:

- [Cardiology](#): veterinary specialists who diagnose and treat conditions of the heart and circulatory system.
- [Internal Medicine](#): veterinary specialists trained to manage complex medical problems or disease conditions affecting multiple body systems.
- [Neurology](#): veterinary specialists who diagnose and treat diseases of the brain, spinal cord, and other parts of the nervous system.
- [Oncology](#): veterinary specialists who diagnose and treat cancer.

[Laboratory animal medicine](#): veterinary specialists working in research or in practice, making sure laboratory animal species (rabbits, rats, mice, etc.) receive proper care.

[Microbiology](#): Veterinarians who specialize in research, teaching, and/or diagnosis of infectious diseases. Specialties include:

- [Virology](#)
- [Immunology](#)
- [Bacteriology/Mycology](#)
- [Parasitology](#)

Veterinary nutrition: veterinary specialists dedicated to the research and the clinical application of nutrition and diet in health and disease.

Ophthalmology: veterinary specialists who study diseases and conditions of the eye.

Pathology: veterinary specialists practicing microscopic and clinical pathology to protect and improve animal, human and environmental health to benefit society.

Pharmacology: veterinary specialists who study how medications/drugs affect animals.

Poultry: veterinary specialists who work with chickens, turkeys, ducks, and other fowl, usually in food production settings.

Preventive medicine: veterinary specialists improving animal, human, and environmental health through surveillance, recognition, outbreak investigation, and management of animal diseases; prevention and control of zoonotic diseases and foodborne illnesses; reduction of bites, injuries and other environmental and occupational human health hazards related to animals; promotion of food protection and wholesomeness; and promotion of humane animal care and the use of animals in animal-facilitated therapy.

Radiology: veterinary specialists who focus on the study of x-ray, ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), and other imaging procedures that allow us to see "inside" an animal's body; radiation oncologists specialize in the treatment of cancer patients using radiotherapy.

Sports medicine and rehabilitation: veterinary specialists who focus on returning animals to normal function after injury, lameness, illness, or surgery.

Surgery: veterinarians who specialize in performing surgery. A certified surgeon will be certified in either small animal or large animal surgery. Within these groups, many surgeons will focus their work in a sub-category, but they are not limited to them:

- Orthopedics: these surgeons focus on the bones, joints, ligaments, muscles, and tendons that make up the body's skeletal system.
- Soft Tissue surgery: these surgeons focus on the internal organs and non-bone tissues of the body.
- Neurosurgery: these surgeons focus on the brain, spinal cord and other parts of the nervous system.

Theriogenology: veterinary specialists who diagnosis and manage conditions affecting animal reproduction.

Toxicology: veterinary specialists who study the effects of poisons and other toxic products on the body (and how to treat animals affected by these toxins).

Veterinary practitioners: veterinary specialists with extensive and advanced training in specific animal species and practice areas:

- Avian Practice (birds)
- Equine Practice (horses)
- Beef Cattle Practice (cattle raised for meat)
- Feline Practice (cats)
- Canine and Feline Practice (dogs and cats)
- Exotic Companion Mammal Practice (ferrets, rabbits, mice, rats and other small mammals often kept as pets)
- Food Animal Practice (cattle, sheep, goats, and pigs)
- Dairy Practice (cows that produce milk)
- Reptile and Amphibian Practice (snakes, lizards, salamanders, turtles, etc.)
- Shelter Practice (diverse population of animals in a shelter setting)
- Swine Health Management (pigs)

Zoological medicine: veterinary specialists who work with zoo collection animals, free-living wildlife, aquatic species, and companion zoological animals.

Testimony in opposition to Senate Bill 143

Senators Cabral-Guevara, Roys, and Wanggaard.

Thank you for this opportunity to provide comments with regard to Senate Bill 143.

My name is Gene Yellen-Shiring and I am a licensed chiropractor in the State of Wisconsin. I am currently a member of the Wisconsin Chiropractic Examining Board but am not speaking on behalf of the Board. I also currently serve as the Delegate from Wisconsin to the American Chiropractic Association but do not speak on behalf of the ACA. Previously I have served as President of the Wisconsin Chiropractic Association. In 2020 I retired after almost 30 years of clinical practice here in Madison. I also have held the designations of Certified Chiropractic Sports Practitioner, and Certified Chiropractic Extremity Practitioner.

I speak with you today trying to understand the intention of this legislation, while at the same time harboring concerns about its potential deleterious effects.

As a member of the Examining Board, I fully understand the importance of protecting the public from disingenuous and unqualified individuals seeking to manipulate the system or take advantage of unsuspecting and vulnerable members of the public.

That said, as a chiropractor, whose profession has been maligned, denigrated and manipulated by organized medicine over the decades, I also have a healthy skepticism for the motivations behind these types of legislation and the negative effect they can have on non-MD healthcare providers and those who seek their care.

I've spent my entire career working toward fulfilling the vision of a chiropractic profession fully integrated into the healthcare delivery system. Working side-by-side with medical colleagues for the benefit of the sick and suffering, our professions have made great strides together over the past 50 years.

In my career I have seen the full spectrum of physician and chiropractor engagement. On the one hand, I have had wonderful relationships with many individual physicians, nurses, and other providers. On the other hand, organized medicine has engaged in nefarious practices to contain and undermine the chiropractic profession.

On the positive side of the spectrum, in January of this year, I had the opportunity to serve with a healthcare team consisting of two physicians, a physical therapist, and myself providing healthcare to the poor and uninsured in Antigua, Guatemala. It was a shining example of teamwork and respect, in which we provided care to over 500 individuals in one week who otherwise would not be able to afford such care.

Fortunately, this is a far cry from how the chiropractic profession was treated in the last century where there is incontrovertible evidence of bad behavior by organized medicine. This is reflected most acutely in the the 1990 decision by the United States Supreme Court to uphold a 1987 US Circuit Court of Appeals ruling by Judge Susan Getzendanner that the American Medical Association had engaged in an unlawful conspiracy, in restraint of trade, in violation of the Sherman Antitrust Act "to contain, and eliminate the chiropractic profession."

I would like to think that the various health care professions have matured enough over the past three decades to respect the rigors of one another's educational requirements, but maybe I am wrong.

In Wisconsin, chiropractic education requires the prerequisite of a four year bachelor's degree prior to matriculation into a chiropractic college where an additional four years of professional studies are required, for a total of 8 years of education. An internship of one year at a chiropractic college is also required for those training to become a licensed chiropractor. This education also entails successful completion of four sets of national boards.

In addition, numerous chiropractic colleges offer post graduate residency programs lasting 1 to 3 years that can result in board certification or diplomate status in various chiropractic specialties including sports practice, radiology, rehabilitation, nutrition, and neurology, among others.

These programs require at least 100 credit hours for a certification program and 300 credit hours for a diplomate program. In addition, they require successful completion of a certifying examination administered by the appropriate chiropractic specialty board.

The public benefits from understanding the advanced clinical specialty training of these doctors and clinicians as it helps them select the doctor best able to treat them, training which may be extremely valuable in helping the person to work through a condition and restore their health.

Conversely, if a chiropractor is forbidden by statute from informing the public that they have specific advanced practice education, a member of the public is unable to make this differentiation.

If the main purpose of this legislation is to prevent confusion of the public, then, perhaps a compromise can be achieved by requiring the specialty adjective to be preceded by the type of healthcare provider holding the specialty.

In other words, by requiring the phrasing: chiropractic nutritionist, chiropractic sports practitioner, chiropractic radiologist rather than simply nutritionist or sports practitioner, the public can reasonably be expected to understand that this healthcare provider is not a medical doctor. Additionally, the chiropractor must be able to show that they have completed the appropriate post graduate requirements if they are using such specialty language in their communications.

I would like to offer this as a potential solution for this committee to consider.

Thank you for the opportunity to provide comments this afternoon with regard to SB 143.