WISCONSIN LEGISLATURE
P.O. BOX 8952 • MADISON, WI 53708

Testimony before the Assembly Committee on Health, Aging and Long-Term Care
Assembly Bill 257
Representative Tony Kurtz and Senator Pat Testin

Good afternoon. Thank you, Chairman Moses for having this hearing today.

This committee is no stranger to the versions of the APRN bill that have come before this one. Most of you have sat through hours of testimony and heard from both sides on this issue.

We're happy to sit here today and say we're confident the bipartisan bill before you, a compromise reached between our offices, the stakeholders and the Governor's office will make it across the finish line.

In case you've forgotten some of the finer details, Advanced Practice Registered Nurses (APRNs) are registered nurses with advanced knowledge, degrees, and skill. They include Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives.

We have a serious provider shortage. In the APRN categories, vacancy rates vary between 6 and 8 percent, according to a 2025 study by the Wisconsin Hospital Association. This shortage is felt all throughout the state, but it is particularly difficult to cope with in rural areas, where healthcare providers are even more scarce. When the difference between a good outcome or a bad outcome is on the line, access to quality, dependable healthcare is everything. Allowing these highly-trained APRNs to step in and ensure our neighbors are getting the care they need can be that difference.

The APRN Modernization Act will bring Wisconsin in line with the National Consensus Model of Advanced Nurse Licensure. The bill will help provide regulatory flexibility and assist with removing barriers to allow these qualified providers to practice within their scope in the areas where they are needed most. It will also provide clarity to the scope of practice of these important healthcare providers in comparison to other professionals in the state and their peers across state lines. APRNs are recognized in states across the country, including our neighbors in Minnesota and Illinois.

Recognizing APRNs will help ease the provider shortage we feel across our state and make Wisconsin a more attractive place for these professionals to practice.

We want to take a moment and thank all the nursing groups who have continued to advocate for this bill and their profession for more than ten years. It's because of their dedication to providing the best care for their patients that we're here today. We'd also like to thank all the previous session authors from both sides of the aisle, their staff, Legislative Council and Legislative Reference Bureau for their assistance over the years.

We appreciate the opportunity to testify today, we are happy to answer any questions at this time.

Wisconsin Legislative Council

Anne Sappenfield
Director

TO: REPRESENTATIVE TONY KURTZ AND SENATOR PATRICK TESTIN

FROM: Steve McCarthy, Senior Staff Attorney

RE: Comparison of Advanced Practice Registered Nurse Licensure Requirements Under 2023 Senate Bill 145 and 2025 LRB-1565/1

DATE: May 6, 2025

This memorandum provides a brief overview of the general regulation of advanced practice registered nurses (APRNs) proposed in both 2023 Senate Bill 145, as engrossed, which was vetoed by the Governor last legislative session, and 2025 LRB-1565/1. This memorandum also provides a comparison between the bill and bill draft for specific aspects of the proposed APRN licensure in each.

As described in more detail below, key differences between the bill and bill draft relate to the use of professional titles by nurses, requirements for an APRN to practice in collaboration with a physician or dentist to provide pain management services, and APRN malpractice liability insurance.

GENERAL REGULATION OF APRNS IN THE BILL AND BILL DRAFT

Both Senate Bill 145 and LRB-1565/1 create a new system of licensure that allows a registered nurse (RN) to be licensed by the Board of Nursing as an APRN. Among other things, the bill and bill draft generally authorize an APRN to issue prescription orders, use the title "A.P.R.N.," and delegate certain tasks to other clinically trained health care workers. The system of APRN licensure replaces certain authorities granted to a person who is certified under current law as an advanced practice nurse prescriber.

The bill and bill draft provide a number of paths that allow a registered nurse to be licensed as an APRN, though whether a registered nurse must apply for a license, is automatically granted a license, or has any limitations on the license generally depends on the registered nurse's education, experience, and the type of registered nurse license the person holds. The same pathways are available in both the bill and bill draft.

The bill and bill draft recognize four distinct APRN roles: certified nurse-midwife (CNM); certified registered nurse anesthetist (CRNA); clinical nurse specialist (CNS); and nurse practitioner (NP). The bill and bill draft require the board, upon granting a person an APRN license, to also grant the person one or more specialty designations corresponding to the recognized role or roles for which the person qualifies.

The bill and bill draft also require the board to promulgate administrative rules necessary to administer the newly created APRN law, including rules establishing certain criteria that an APRN must satisfy for licensure and defining the scope of practice of APRNs. The board may also promulgate rules to oversee

the continuing education requirements. However, the board may not promulgate rules that expand the scope of practice of an APRN beyond the practices within advanced practice registered nursing.

PROFESSIONAL TITLE PROTECTIONS

Senate Bill 145 specifies that a person who holds an APRN specialty designation may use the title and acronym associated with the person's APRN-recognized role.

LRB-1565/1 allows the same use of APRN specialty designation acronyms, but also includes provisions that limit a person licensed by the Board of Nursing from using certain titles.

Specifically, the bill draft provides no person licensed by the board may use, assume, or append to his or her name any title that is not granted by the board unless the person holds another credential that entitles the person to use, assume, or append to his or her name the title, or the person is permitted to use, assume, or append to his or her name the title under any law of this state.

The bill draft provides that this limitation does not prohibit the following two things: (1) a person who holds a doctorate degree from using, assuming, or appending to his or her name the title "doctor" or any other words, letters, or abbreviations that represent that the person holds that doctorate degree or the field in which the degree was received, though if any person to whom this applies uses, assumes, or appends to his or her name the title "doctor," the person must also use, assume, or append to his or her name words, letters, or abbreviations that represent the field in which the person received the doctorate degree; or (2) a person who holds a bachelor's degree or master's degree from using, assuming, or appending to his or her name any words, letters, or abbreviations that represent that the person holds that degree or the field in which the degree was received.

LRB-1565/1 also specifies an enforcement scheme that the board must follow if it finds a violation of the requirement that no person licensed by the board may use, assume, or append to his or her name any title that is not granted by the board. Specifically, the board must issue a written warning for a first violation, suspend the person's license for a second violation, and revoke the person's license for a third violation, though general limitations on the board's authority to reinstate a person whose license was revoked do not apply to a person whose license was revoked for a third violation of improper title usage.

GENERAL COLLABORATION REQUIREMENT

Current administrative rules require a person who is certified as an advanced practice nurse prescriber to work in a collaborative relationship with a physician or dentist. The collaborative relationship may include working in each other's presence, when necessary, to deliver health care services. An advanced practice nurse prescriber is also required to document the collaborative relationship. [s. N 8.10 (7), Wis. Adm. Code.]

Senate Bill 145 provides that an APRN must practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse-midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill's requirements for independent practice is largely exempt from the collaboration requirement. Specifically, the bill allows independent practice if an APRN has completed 5,760 clinical hours of APRN practice while working with a physician or dentist during those hours of practice.

LRB-1565/1 provides general APRN collaboration requirements that differ from Senate Bill 145, but are virtually identical to language included in the Governor's proposed 2025-27 biennial budget bill.[1]

Specifically, LRB-1565/1 requires an APRN to practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill draft's requirements for independent practice is largely exempt from the collaboration requirement. Specifically, the bill draft allows independent practice if an APRN has completed 3,840 hours of **professional nursing** in a clinical setting; at least 24 months have elapsed since the APRN first began completing the required hours of professional nursing in a clinical setting; the APRN has completed 3,840 clinical hours of **APRN practice** in that recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the APRN during those 3,840 hours of APRN practice; and at least 24 months have elapsed since the APRN first began practicing advanced practice registered nursing in that recognized role.

COLLABORATION REQUIREMENTS TO PROVIDE PAIN MANAGEMENT SERVICES

Additionally, the bill and bill draft both include additional provisions relating to independently practicing APRNs providing services relating to pain that differ in several respects.

Senate Bill 145 provides that an APRN may provide pain management services only while working in a collaborative relationship with a physician.

This requirement applies regardless of whether the APRN otherwise qualifies for independent practice, except that this collaborative relationship requirement does not apply to an APRN who is providing pain management services in a hospital or hospital clinic, and who has qualified for independent practice.

LRB-1565/1 provides that an APRN may provide treatment of pain syndromes, as defined under current law, through the use of invasive techniques only while working in a collaborative relationship with a physician who, through education, training, and experience, specializes in pain management.

This requirement applies regardless of whether the APRN otherwise qualifies for independent practice, except that this collaborative relationship requirement does not apply to either of the following: (1) an APRN who is providing treatment of pain syndromes through the use of invasive techniques in a hospital or hospital clinic, and who has qualified for independent practice; or (2) an APRN who has qualified for independent practice and has hospital privileges to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.

Both the bill and bill draft contain provisions allowing an entity employing or with a relationship with an APRN to establish additional requirements for an APRN as a condition of employment or relationship.

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[1]The 2025-27 biennial budget bill has been introduced as companion bills 2025 Senate Bill 45 and 2025 Assembly Bill 50.

MALPRACTICE LIABILITY INSURANCE MINIMUMS

Senate Bill 145 specifies that an APRN must have malpractice liability insurance coverage in the minimum amounts required by a rule that must be promulgated by the board, unless the APRN's employer has coverage for the APRN in the amounts specified for participation in the Injured Patients and Families Compensation Fund (IPFCF).

LRB-1565/1 similarly specifies that an APRN must have malpractice liability insurance coverage, but specifies that it must be in amounts not less than those established for participation in the IPFCF.

CERTAIN OTHER TECHNICAL DIFFERENCES

The bill and bill draft contain certain other technical differences as described below.

Military Medical Personnel Program

Current law allows several different health care providers, including a "registered professional nurse" and an "advance practice nurse prescriber" to supervise the Military Medical Personnel Program provided the provider retains responsibility for the care of the patient.

Senate Bill 145 makes a technical change to modify the term "advance practice nurse prescriber" to "APRN," but also deletes a "registered professional nurse's" authority to supervise the program.

LRB-1565/1 only makes the technical change to include the new term "APRN," meaning that a registered professional nurse retains their authority to supervise the program as provided under current law under this bill draft.

Date Changes

Senate Bill 145 includes several references to the year 2024.

LRB-1565/1 instead includes several references to the year 2026.

Please let me know if I can provide any further assistance.

SM:kp:jal;rel

REPRESENTATIVE
Lisa Subeck

To: Assembly Committee on Health, Aging and Long-Term Care
From: Representative Lisa Subeck
Date: Wednesday, May 14, 2025

Testimony in Support of Assembly Bill 257 – The APRN Modernization Act

Chairman Moses and members of the Committee on Health, Aging and Long-Term Care:

Thank you for the opportunity to provide testimony in support of Assembly Bill 257, the Advanced Practice Registered Nurse (APRN) Modernization Act.

AB 257 establishes a dedicated license for APRNs, including certified nurse-midwives, nurse anesthetists, clinical nurse specialists, and nurse practitioners. It authorizes these professionals to issue prescriptions, use the APRN title, and delegate certain clinical duties to qualified healthcare personnel.

Notable provisions in this version of the bill include:

- **Extended supervised practice requirements** before an APRN may practice independently;
- **Enhanced clinical guidelines** for APRNs managing chronic pain to ensure safe and responsible care;
- **Clear enforcement authority** for the Medical Examining Board to uphold professional standards and integrity;
- **Protection of professional titles** to prevent misuse or misrepresentation;
- **Minimum malpractice liability insurance requirements** to ensure patient safety and provider accountability.

79TH ASSEMBLY DISTRICT

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This legislation is the result of years of thoughtful deliberation and collaboration among a wide range of stakeholders. It represents a carefully balanced, bipartisan effort to modernize Wisconsin's nursing laws, strengthen our healthcare workforce, and expand access to care, especially in rural and underserved areas. By reducing wait times and easing strain on the system, this bill helps us meet both current and future healthcare needs across the state.

I want to thank Governor Tony Evers, Representatives Tony Kurtz and Kevin Petersen, and former Representatives Joe Sanfelippo, Donna Rozar, and Mike Rohrkaste, along with Senators Patrick Testin, Rachael Cabral-Guevara, and Kelda Roys, for their leadership on this issue. I am also deeply grateful to the many stakeholders who have contributed their expertise to shape this important legislation.

I respectfully urge your support for AB 257. Thank you for your time and consideration.

Teri Vandenhouten, MSN, FNP-BC, APNP
1756 County Road C
Brussels, WI 54204-9752

May 14, 2025

Representative Clint Moses, Chair
Assembly Health, Aging and Long-Term Care Committee
Room 12 West
State Capitol
Madison, WI 53708

RE: Support of AB 257 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority

Dear Chairperson Moses and members of the Assembly Health, Aging, and Long-Term Committee,

My name is Teri Vandenhouten and I am a state certified Advanced Practice Nurse Prescriber with national board certification as a Family Nurse Practitioner. I practice in a small rural clinic in New Franken, WI. I am also on the Wisconsin Nurses Association NP Forum Board of Directors.

Thank you, chairperson Moses, for holding a public hearing on AB 257.

I am here today to share my strong support for this legislation. AB 257 will provide a separate license, APRN, for the four advanced practice nursing roles. The criteria for licensure have been reviewed and revised over the years and I am very excited today to see that this bill has bipartisan support.

AB 257 is important to meeting the demands for health care throughout Wisconsin and, in particular, our rural and at-risk populations. AB 257 supports an increase in access to quality, safe and economical health care provided by APRNs.

Wisconsin is far from the first state to adopt a model of care like that proposed in this bill. According to the American Association of Nurse Practitioners, 28 states have adopted Full Practice Authority. This legislation is long overdue, and I look forward to my colleagues providing the best care possible to those in need of care.

Thank you, Chairperson Moses, and the members of the Committee for listening to my testimony today, and who have signed on as co-sponsors. I ask all of you for your support and that it can be scheduled to be passed out of the committee as soon as possible.

I will gladly take any questions you may have.

Sincerely,

Teri Vandenhouten, MSN, FNP-BC, APNP

Gina Bryan, DNP, APRN, FAAN
709 Woodward Dr
Madison, WI 53704

May 14, 2025

Representative Clint Moses, Chair
Assembly Health, Aging and Long-Term Care Committee
Room 12 West
State Capitol
Madison, WI 53708

RE: Support of AB 257 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairperson Moses and members of the Assembly Health, Aging, and Long-Term Committee,

My name is Gina Bryan, and I am state certified Advanced Practice Nurse Prescriber with national board certification as an Advanced Practice Psychiatric Mental Health Nurse Thank you, chairperson Moses, for holding a public hearing on this impactful bill.

I am here today to testify on the importance of AB 257, the APRN Modernization Act. I remember being actively engaged in discussions with my APRN colleagues in wanting legislation that reflected a national consensus model for APRN practice which was being adopted throughout the US. That was in 2001, and I am so pleased that after many, many conversations, agreements, disagreements, reviews, revisions and compromise, we now have bipartisan support for an APRN practice act.

I am personally seeing the impact of not having enough mental health providers. The waiting lists are long and not without consequences for the individual and their family in not getting timely care and treatment. AB 257 will support increasing access to nationally board-certified advanced practice psychiatric mental health nurses throughout Wisconsin. AB 257 will allow practitioners like me to continue to work collaboratively with my physician colleagues, while eliminating the need for a burdensome written collaborative agreement. Wisconsin has a significant shortage of psychiatrists. This limits the ability of psychiatric mental health nurses to practice as they cannot find a psychiatrist willing to be their collaborator. Eliminating this requirement will benefit patients and communities across Wisconsin.

I look forward to the passage of AB 257 and I thank you in advance for your support in making this happen. Thank you again Chairperson Moses and members of the Committee for allowing me to testify today.
I am available for questions.

Sincerely,

Gina M. Bryan, DNP, APRN, FAAN

Written and Verbal Testimony for 5.14.25 Public Hearing in the Assembly Committee on Health, Aging, and Long-term Care by MaryAnn Moon

Chairperson Moses and esteemed members of the Assembly Committee on Health, Aging, and Long-Term Care. My name is MaryAnn Moon, and I am a practicing Clinical Nurse Specialist and prescriber in SE Wisconsin. I am here today personally speaking in favor of AB 257 the APRN Modernization Act, and professionally I am here representing the Wisconsin Association of Clinical Nurse Specialists.

As I have shared in past public hearings, Clinical Nurse Specialists are advanced practice registered nurses, and much like the 3 other APRN roles, Clinical Nurse Specialists can diagnose, prescribe, and treat patients across the continuum of care. CNSs also leverage their advanced knowledge and systems-thinking to improve patient outcomes, and redesign healthcare delivery ensuring that it is accessible, equitable, and affordable. Beyond this, CNSs are uniquely trained to transform and optimize the care of entire populations. One thing I think we can all agree on in this room today, is that improving the health of Wisconsinites is our primary focus. Our ability to do this is dependent on addressing social determinants of health and changing the upstream barriers at the state level. Specifically barriers that are preventing access to healthcare and putting the public's safety at risk.

Today, APRNs in the state Wisconsin are required to have a collaborative agreement with a physician. This does not make patient care safer and there is no data to even suggest that. What it does is create a barrier and limits an APRN's ability to practice and provide care based on their educational preparation, training, and certification. In the midst of an ongoing healthcare workforce shortage in Wisconsin (per the 2025 Wisconsin Health Care Workforce Report), I ask, why would we limit qualified practitioners from caring for our Wisconsin residents. And why would we consciously leave barriers in place that negatively impact our ability to recruit and retain APRNs to the state of Wisconsin. Especially, when two of our neighboring states, Minnesota and Iowa have already passed legislation that supports full practice authority.

The impact of this barrier to Wisconsinites is reduced access to healthcare especially for our vulnerable populations and those who reside in rural settings. According to the 2021 National Healthcare Quality and Disparities Report, when people do not have access to care or cannot obtain a healthcare appointment in a timely manner, health conditions worsen, hospitalizations increase, and poorer health outcomes result. APRNs are a viable answer to addressing disparities in healthcare access if we remove unnecessary restrictions and modernize state law.

Protecting the public is another key function of the APRN Modernization Act. Lack of title protection is a significant state barrier facing APRNs, especially Clinical Nurse Specialists. As you know, Title protection is used to safeguard the public from fraudulent, unqualified individuals providing services without proper credentials. Today, in Wisconsin, title protection does not exist for the four APRN roles. And as a result, employers within the state are utilizing titles like Clinical Nurse Specialist to describe positions that do not meet the education, certification, or licensure requirements to use that title. AB 257 secures title protection for all four APRN roles, but more importantly promotes and protects public safety. Wisconsinites should have confidence that the individuals who are providing care, possess the appropriate qualifications, training, and expertise to do so.

Chairperson Moses and Committee Members, I am asking that you prioritize public safety and access to care. The APRN Modernization Act offers a solution to both of these concerning issues facing Wisconsin residents. And as legislators, you have the ability to accelerate change and knock down the unnecessary barriers facing APRN practice, ultimately improving healthcare for the people of Wisconsin. I strongly urge you to vote in favor of AB 257, and pass it out of the Assembly Committee on Health, Aging, and Long-Term Care. Thank you for this opportunity to address the committee and welcome any questions.

AMERICAN COLLEGE of NURSE-MIDWIVES

ACNM Wisconsin Affiliate
Testimony AB 257
Assembly Health, Aging, and Long-Term Care Committee

Good afternoon, I am Dr. Lisa Hanson, Klein Professor of Women's Health Research at Marquette University, College of Nursing and Associate Director of the Nurse-Midwifery Program. I am also a Certified Nurse-Midwife, retired from clinical practice. I co-founded the Aurora Sinai Midwifery and Wellness Center practice in 1987 and cared for women and families there for 29 years. I have subsequently conducted clinical trials at that practice, including one funded by the NIH.

I am Vice-president of the American College of Nurse-Midwives Wi Affiliate and am here today representing our membership. We have been working on this legislation for over a decade, and I have testified numerous times along with many other certified nurse midwives regarding the need for modernization of WI APRN legislation. I will keep my testimony brief and will be available for questions.

ACNM WI asks for your support of AB 257, to remove barriers to midwifery and APRN practice in WI. This legislation will help keep midwifery program graduates in WI where they are needed to meet the needs of women, people and their families. The scientific evidence supports that midwifery care is safe and linked with exceptional outcomes and satisfaction. We urge your support in modernizing Advance Practice Nursing Legislation for WI.

With thanks and kind regards,

Lisa Hanson, PhD, CNM, FACNM, FAAN
Vice-president, American College of Nurse-Midwives, Wi Affiliate

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TO: Chairman Moses and Members of the Assembly Committee on Health, Aging and Long-Term Care
DATE: May 14, 2025
RE: Testimony in support of Assembly Bill 257, APRN Modernization Act

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Good afternoon, Chairman Moses, and members of the Assembly Committee on Health, Aging and Long-Term Care. Thank you for the opportunity to testify in support of Assembly Bill 257 (AB 257), the Advanced Practice Registered Nurse (APRN) Modernization Act.

My name is Christine Roth and I am a Certified Registered Nurse Anesthetist (CRNA) and President of the Wisconsin Association of Nurse Anesthetists (WIANA).

WIANA respectfully requests that you pass AB 257, which formally defines and describes the role, responsibility and accountability of Advanced Practice Registered Nurses (APRNs). An APRN is a registered nurse who has completed graduate-level education and acquired the clinical knowledge and skills required to provide direct patient care. CRNAs are amongst those who will qualify as an APRN under the bill. By recognizing all practicing APRNs in statute, Wisconsin will help protect its citizens through a law that defines and describes the requirements to practice as an APRN.

Nurse anesthetists have been providing anesthesia care in the United States for more than 150 years in every setting in which anesthesia care is delivered including hospitals, ambulatory surgical centers, office-based practices, obstetric units, U.S. military and VA healthcare facilities. The CRNA credential came into existence in 1956 and CRNAs became the first nursing specialty afforded direct reimbursement rights from Medicare.

The services provided by CRNAs are especially important in Wisconsin, which has a well-documented healthcare worker shortage. For example, the utilization of CRNAs is essential for providers' bandwidth in providing surgery anesthesia care. CRNAs are highly educated, experienced, qualified and capable. As a crucial source of anesthesia care in Wisconsin, Nurse anesthetists deserve to be recognized as APRN's and the consumers of their services deserve to be protected by the safeguards that the requirement for APRN licensure provides.

AB 257 has three significant changes from last session in order to gain support from Governor Evers' and legislators. The first is, it requires four years of experience instead of three years before an APRN can practice independently without a written collaborative agreement with a physician. Second, it adds additional guard rails around the ability of APRN's to offer pain management services to patients. Lastly, the bill specifies that nurses may not call themselves something they are not.

On a related note, Wisconsin CRNA's have been paying into the Wisconsin Injured Patients and Families Compensation Fund (IPFCF) since the 1970's and support our other colleagues being able to pay directly into the fund as well.

Thank you again for your time and consideration of this important piece of legislation.

Wisconsin Nurses Association

3162 County Road B
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Nurses: Visible, Valued, Vital

May 14, 2025

Representative Clint Moses, Chair
Assembly Health, Aging and Long-Term Care Committee
Room 12 West
State Capitol
Madison, WI 53708

RE: Wisconsin Nurses Association support of AB 257 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairperson Moses and members of the Assembly Health, Aging, and Long-Term Committee,

Thank you, Chairperson Moses, for holding this public hearing on AB 257. The Wisconsin Nurses Association (WNA) would like to share our support of Assembly Bil 257 that provides for licensure of Advanced Practice Registered Nurses (APRNs). AB 257 contains the agreed upon criteria to practice as an APRN in Wisconsin for the four roles: certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist and nurse practitioner.

WNA has engaged in many consensus meetings over the past fifteen years with legislators, the Governor's office, and other key stakeholders to arrive at the language contained in AB 257. WNA believes that AB 257 supports access to timely, safe, quality, economical and patient-centered and collaborative care throughout Wisconsin delivered by educated, competent and experienced APRNs.

We are seeing an increase in APRNs practicing in our rural areas of the state and providing care to our at-risk populations. AB 257 supports APRNs to practice more independently as it no longer requires the burden of procuring a physician collaborator. With this burden removed, we can assume that there will be an increase in care and services for Wisconsin's ambulatory, long-term, mental health, correctional health, community-based and primary care settings throughout Wisconsin.

WNA wants to thank all of the legislators who have signed on in support of AB 257. We appreciate your trust in the quality care that will be provided by this highly educated, competent and experienced nursing workforce.

Sincerely,

Gina Dennik-Champion MSN, RN, MSHA
WNA Executive Director

Testimony for AB 257 – the APRN Modernization Act

My name is Mary Beck Metzger, and I am a Family Nurse Practitioner (FNP) at the Rock River Community Clinics in Watertown and Whitewater which are affiliated with a Community Dental Clinic in Fort Atkinson. These are safety-net clinics for individuals who would otherwise have very limited access to the health and dental care and services needed. I see individuals for care of chronic conditions like hypertension, diabetes, heart failure, depression, arthritis, and asthma; follow-up after ER visits or hospital stays; routine well woman care; well child visits: the full spectrum of primary care. As an FNP I am a primary care provider and advocate for my patients and their families. I have spent my entire nursing career of 46 years in Wisconsin.

I have been a part of the group of advanced practice registered nurses (APRNs) who have *worked on this legislation for 17 years.* We feel strongly that APRNs should be allowed to work at the top of their license; to be able to provide care to patients congruent with their education, training, experience, and national certification. ***27 states, D.C., the Veteran's Administration, Puerto Rico and Guam allow NPs full authority over their own practice.***

If voted into law, the bill would allow APRNs, after two years of required physician supervision as an RN, and two years of physician collaboration as an APRN to practice without requiring physician involvement in their APRN practice. Responsibility for the APRN's practice would rest with the individual APRN with oversight from the Wisconsin Board of Nursing. Currently APRNs are limited to practice where they can find a collaborating physician, and this has become quite difficult and expensive for APRNs who wish to practice in rural or underserved areas outside of a healthcare organization. Most APRNs who work in medium/ large organizations may not see much change in their practice agreements. It is a professional responsibility of every health care provider to recognize when they need to consult with or refer to another health care provider with more expertise when they reach the limit of their own expertise. This will not change, regardless of legislation.

There is overwhelming evidence over the past 50 years that APRNs provide essential health services to patients in primary care settings, specialty and acute care settings, anesthesia services, maternal-child-health care, FQHCs, the military and VA, and psychiatric, drug and alcohol treatment. Wisconsin continues to witness a shortage of physicians in our population dense and rural communities which has only increased since the COVID public health emergency and will continue into the future. Research repeatedly demonstrates that APRNs provide safe, high-quality care with equivalent outcomes to their physician counterparts. This is why APRNs are in such high demand as they work in many different roles in health care.

The APRN Modernization Act legislation is good for the people of Wisconsin because it protects the public with truth and transparency about the responsibility and accountability of APRN practice, updates antiquated language to reflect current APRN practice and responsibilities, eliminates unnecessary barriers that have proven to provide no value to the delivery and safety of APRN care and services and sets a high standard of safety in caring for our patients. The APRN Modernization Act also brings Wisconsin more in line with national standards, updating the language of our practice act to more closely resemble our neighboring states of Minnesota, Iowa, and Illinois. We need to update our statutes to provide a favorable practice environment, or risk losing our APRN graduates to other states.

Thank you for allowing me to submit my testimony!

Mary Beck Metzger, RN, DNP, FNP-BC, APNP

Lake Mills, WI

WACEP
Wisconsin Chapter
American College of Emergency Physicians

Testimony by Dr. Aurora Lybeck on behalf of WACEP
on AB 257 and Related Concerns on Emergency Department Staffing

Good morning, Chairman Moses and committee members. My name is Aurora Lybeck. I'm an emergency physician at Madison Emergency Physicians (MEP Health) and an Executive Board member of the Wisconsin Chapter of the American College of Emergency Physicians (WACEP).

Thank you for the opportunity to testify today on AB 257. I'm here testifying for information only as I believe WACEP will not be taking a position for or against this bill.

We recognize the significant strides made to protect patients and provide basic requirements for clinical experience, transparency in provider titles and guardrails on pain practice, but we still believe this bill has a major deficiency, the lack of physician staffing requirements for emergency departments.

In his last two executive budget proposals, Governor Evers included a provision, intended to be part of these APRN discussions, that would statutorily require hospitals to *"have sufficient qualified personnel at all times to manage the number and severity of emergency department cases anticipated by the location" and "**at all times, have on-site at least one physician who, through education, training, and experience, specializes in emergency medicine."*** WACEP strongly supports this position.

In speaking with many nursing colleagues and other organizations, we understand that the intention of AB 257 is not necessarily to provide for independent practice in a high-acuity setting like an emergency department. But WACEP has significant concerns about how a new APRN law could be utilized to promote the proliferation of low-cost, substandard emergency care.

Unfortunately, it's a trend we are seeing nationally and has taken hold in some hospitals in Wisconsin - emergency departments without emergency physicians.
I think most people think that emergency departments can handle any individual mishap or medical emergency.

However, rural emergency departments and for profit, publicly traded "microhospitals" that are starting to proliferate, often have no secondary support from other specialties and minimal staffing. This sets up any provider, without proper training, for failure which can often result in poor outcomes for our patients.

Emergency physicians are specifically trained to handle complex medical cases. We often have to provide immediate, life-saving treatment for a patient, regularly making split second medical decisions based on minimal, if any, medical information.

In an emergency, seconds matter. When a child chokes on a toy and can't breathe, when a farmer collapses from a massive heart attack, when a pregnant woman arrives with heavy bleeding—we don't have time to "phone a friend." We need someone trained to perform a cricothyroidotomy, to place a central line, to lead a resuscitation. Physicians are trained for these scenarios through thousands of hours of residency, simulation, and judgment built over time. APRNs are valuable team members, but they are not interchangeable with physicians, especially in unsupervised, high-acuity settings.

I work in several rural and critical access hospitals across Wisconsin. More often than not, overnight in particular, I'm the only doctor in the hospital. While I enjoy working alongside my PA and NP colleagues in the busier emergency departments, the rural hospitals are a different and arguably higher risk environment.

I get called to respond to emergencies for inpatients as well. In those moments—whether it's a crashing medically complex patient, acute stroke, an emergent complicated childbirth, or a baby born not breathing—we are the bottom line. Those patients can't always wait for a specialist to drive in from home. We are the ones who intervene in time to save lives and prevent deterioration.

That level of responsibility requires a unique skill set—one forged through years of training and clinical experience. For instance, my own post-graduate training included: my Masters, MD doctoral program, 4 year residency, and 1 year fellowship and ongoing training and education, which totals over 33,000 hours to date.

Experienced Emergency physicians have a wealth of experience and expertise. It's not something that can be replaced or replicated through parallel pathways or leaving a different provider alone in a hospital in hopes that something "bad" doesn't happen that they can't handle.

This calls for unique policy guardrails around the type of clinicians who may practice independently in emergency departments because, as opposed to our other physician colleagues who manage complex medical cases, in our practice environment, there is often no time to consult specialists or references for immediate life-saving measures.

We hear a lot about access in the context of APRN independence. But quality of care, especially in an emergency department can be a matter of life and death. While there are definitely

healthcare provider shortages generally, I personally am not seeing a shortage of emergency physicians. We've also heard the argument that the requirement of a single emergency physician on staff at all times would put hospitals out of business in rural Wisconsin. I'd argue that an emergency department without an emergency physician is really just an "urgent care".

If you live almost anywhere in northern Wisconsin, if you live in parts of western Wisconsin, and your nearest hospital emergency room is thirty miles away, shouldn't your emergency department have an emergency physician on staff at all times? Our position is yes – absolutely. If we can't guarantee our patients - your constituents – that at all times, then many Wisconsin residents are denied access to a true emergency department.

A Wisconsin hospital, no matter where it's located, should not be able to make that bad choice. And yet some are doing so. Patients that seek emergency care in Whitehall, Oconto Falls, Chilton, Barron, and Cumberland have, at times, not had access to a physician at all. That is exactly why we seek clear requirements in Wisconsin law on emergency department staffing.

While the legislature may be moving towards conclusion on this APRN independence debate, the conversation **and hopefully legislation** regarding emergency department staffing will soon follow. We ask the legislature, and specifically this committee, to look closely at this issue, introduce legislation, and work towards ensuring that our state's residents get the consistent care they deserve for any medical emergency – anywhere, any time.

Thank you very much for your time today and I'm happy to answer any of your questions.