



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

**Testimony before the Assembly Committee on Health, Aging and Long-Term Care
Senate Bill 258**

Senator Patrick Testin and Representative Tony Kurtz

Good afternoon. Thank you, Chairwoman Cabral-Guevara 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 scarcer. 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 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.



To: Senate Committee on Health
From: Representative Lisa Subeck
Date: Wednesday, May 28, 2025

Testimony in Support of Senate Bill 258 – The APRN Modernization Act

Chair Cabral-Guevara and members of the Committee on Health:

Thank you for the opportunity to provide testimony in support of Senate Bill 258 (SB258), the Advanced Practice Registered Nurse (APRN) Modernization Act.

SB 258 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

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 SB 258. Thank you for your time and consideration.



WISCONSIN ASSOCIATION OF
NURSE ANESTHETISTS
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TO: Chair Cabral-Guevara and Members of the Senate Committee on Health
DATE: May 28, 2025
RE: Testimony in support of Senate Bill 258, APRN Modernization Act

Good afternoon, Chair Cabral-Guevara and members of the Senate Committee on Health. Thank you for the opportunity to testify in support of Senate Bill 258 (SB 258), 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 SB 258, 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.

SB 258 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.

Jennifer Popies, MS, RN, CCRN, AGACNP-BC, ACNS-BC, APNP
N3325 Jefferson Rd
Rubicon, WI 53078

May 28, 2025

Senator Cabral-Guevara, Chair
Senate Committee on Health
Room 300 Southeast
State Capitol
Madison, WI 53708

RE: Support of SB 258 - 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 Senator Cabral-Guevara and Members of the Senate Committee on Health,

Thank you for holding this public hearing on SB 258 which I like to call "The APRN Modernization Act. My name is Jennifer Popies and I am a member of the Wisconsin Association of Clinical Nurse Specialist (WIACNS). In my work role I am the Cardiovascular ICU, Ethics & Transitions of Care at Froedtert Hospital in Milwaukee. I hold national board certification as CNS and a State of Wisconsin certificate as an Advanced Practice Nurse Prescriber.

My CNS colleagues are very pleased to see the amount of bipartisan support for SB 258 and the companion bill AB 257. We are supportive of the consensus language that was proposed by representatives of the Governor's Office. I know that over the years legislator offices have received a lot of information about the competencies, quality and safe care provided by Clinical Nurse Specialists and my colleagues, Certified Nurse Midwives, Certified Registered Nurse Anesthetist and Nurse Practitioners. Our reputation is now well known among you, our employers and the patients we care for.

I would like to thank Senator Testin for his commitment to getting this bill into law. I also want to extend appreciation to the members of this committee who have sign-on as co-sponsors, Chairwoman Cabral Guevera, Senator Drake and Senator Smith.

I look forward to SB 258, "The APRN Modernization Act" being enacted into law so I can say that I hold a State of Wisconsin License as an Advanced Practice Registered Nurse – Clinical Nurse Specialist and continue with all of my responsibilities in providing care my patient population.

I will gladly answer any questions you may have.

Sincerely,

Jennifer Popies

MaryAnn Moon, MSN, RN, APNP, ACNS-BC
925 N. Browns Lake Drive
Burlington, Wisconsin 53105

May 28, 2025

Senator Rachael Cabral-Guevara
Senate Committee on Health
State Capitol
Madison, Wisconsin 53708

Dear Chairperson Cabral-Guevara and esteemed members of the Senate Committee on Health. My name is MaryAnn Moon, and I am an Advanced Practice Nurse Prescriber, more specifically a Clinical Nurse Specialist practicing in southeast Wisconsin. Personally, I am providing testimony in support of SB 258 the APRN Modernization Act, and professionally I am representing the Wisconsin Association of Clinical Nurse Specialists.

As I have shared in past public hearings, Clinical Nurse Specialists (CNSs) are advanced practice registered nurses (APRN), 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, the 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. SB 258 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 Cabral-Guevara 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. 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 SB 258 and pass it out of the Senate Committee on Health. Thank you for the opportunity to address the committee today.

Respectfully,

MaryAnn Moon

MaryAnn Moon, MSN, RN, APNP, ACNS-BC
925 N. Browns Lake Drive
Burlington, Wisconsin 53105

May 28, 2025

Senator Rachael Cabral-Guevara
Senate Committee on Health
State Capitol
Madison, Wisconsin 53708

Dear Chairperson Cabral-Guevara and esteemed members of the Senate Committee on Health. My name is MaryAnn Moon, and I am an Advanced Practice Nurse Prescriber, more specifically a Clinical Nurse Specialist practicing in southeast Wisconsin. Personally, I am providing testimony in support of SB 258 the APRN Modernization Act, and professionally, I am representing the Wisconsin Association of Clinical Nurse Specialists (WiACNS).

As I have shared in past public hearings, Clinical Nurse Specialists (CNSs) are advanced practice registered nurses (APRN), 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.

Today, APRNs in the state Wisconsin are required to have a collaborative agreement with a physician. SB 258 will remove this requirement which the members of WiACNS strongly support. This will support access to healthcare services, 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.

My association is very pleased about the amount of bipartisan support for SB 258 and the companion bill AB 257. We are also supportive of the consensus language that was offered by the Governor's office representatives.

WiACNS wants to thank you Chairperson Cabral-Guevara for your long-term commitment to making the APRN Modernization Act a reality. We also want to share our appreciation to Senator Testin for his commitment to getting this bill to the Governor's desk. The APRN Modernization Act offers a solution to the issues facing Wisconsin residents as it relates to their access to quality, safe health care delivered by APRNs.

Thank you for the opportunity to share WiACNS support SB 258/AB 257. We ask that SB 258 be passed out of the Senate Health Committee as soon as possible.

Respectfully,

MaryAnn Moon

Tina Bettin, D.N.P., M.S.N., FNP-BC APNP
509 Hillcrest Drive
Marion, WI 54950

May 14, 2025

Senator Rachael Cabral Guevara, Chair
Senate Health Committee
Room 323 South
State Capitol
Madison, WI 53707

RE: Support of SB 258 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 Cabral Guevara and members of the Senate Committee on Health,

My name is Tina Bettin, 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 Manawa, WI. I am also on the President of the Wisconsin Nurses Association NP Forum Board of Directors.

Thank you, chairperson Cabral Guevara, for holding a public hearing on SB 258 and what we fondly call the APRN Modernization Act.

I am here today to share my strong support for this legislation. SB 258 will provide a separate license, APRN, for the four advanced 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.

SB 258 is important to meeting the demands for health care throughout Wisconsin and, in particular, our rural and at-risk populations. SB 258 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 Cabral Guevara, and the members of the Committee for listening to my testimony today, and the Committee members who have signed on as co-sponsors, including you Madame chair, Senators Smith, and Drake. I also want to extend our sincere appreciation to Senator Testin for sponsoring this bill (again). I ask that SB 258 can be scheduled to be passed out of the committee as soon as possible.

I will gladly take any questions you may have.

Sincerely,

Tina Bettin, D.N.P., M.S.N., FNP-BC APNP

May 11, 2025

Dear Senator Cabral-Guevara and members of the Senate Committee on Health,

I am writing this letter in support of the Advanced Practice Registered Nurse or APRN Modernization Act SB 258 and AB 257.

My name is Tina Bettin. I am a doctoral prepared Family Nurse Practitioner. I have been a nurse practitioner for over 37 years, over 32 years of those years working in rural Wisconsin. I am president of the Nurse Practitioner Forum of the Wisconsin Nurses Association, representing the nearly 5000 nurse practitioners in the State.

The APRN Modernization Act is needed for citizens of Wisconsin. Our State currently faced a healthcare workforce challenge. 70 of our 72 counties face primary care provider shortages per HRSA data on Rural Health Information Hub as of April 2021, and patients of Wisconsin need more choice and access to cost-effective care. There are multiple changes needed to move our State forward. However, this legislation is the only option with no-added cost and no delays to help the State safely address that need. With the shortage of primary care providers in Wisconsin, it is imperative to allow Wisconsin patients full and direct access to nearly 5000 nurse practitioners in Wisconsin who have a track record of safe, cost-effective care by retiring the unneeded and expensive collaborative agreements.

In addition to positively impacting the health of Wisconsin, the APRN Modernization Act can have a positive impact on the Wisconsin economy. Based on previous states that have implemented full practice authority (FPA) of NPs, the research shows the economic impact also. Arizona adopted FPA in 2001 with positive changes in five years. The NP workforce double across the state and grew by 70% in the rural areas. North Dakota adopted FPA in 2011 with the workforce increasing by 83% within six years. In 2013, Nevada adopted FPA with the APRN workforce growing by 34% in three years and many APRNs moving from more restricted areas to Nevada. Lastly, in 2014, Nebraska adopted FPA resulting in growth in 20 state-designated primary care medically underserved areas within five years of adaptation.

I have been providing high-quality health care to the nearly 2000 patients that I care for in Waupaca County. Every day I evaluate patients, diagnosis diseases, manage treatments and prescribe medications for my patients. Patients that are exclusively seen and managed by me. My employer tracks quality metrics on a monthly basis and this data is transparent within our health care system. Consistently, my metrics for quality data has been high resulting in some of the highest quality within the entire health system all while caring for rural individuals. On an annual basis, I am typically one of the top three quality performers within my call group that is presently 14 providers but has been up to 19, and our call group is usually first or second in quality metrics annually within my health care system. But I am not an anomaly. The other nurse practitioners also consistently earn high quality outcomes-quality is our tradition.

The problem is that while our education and national certification prepare us to diagnose, treat and prescribe, it's currently illegal for us to practice our profession without a regulated agreement with a physician--in essence a permission slip to provide care. This outdated requirement needlessly bottlenecks our state workforce and creates barriers to getting more care to more places. Our educational preparation is not the same as physicians, but one has not been proven to be superior to another. Nurse practitioner and APRN education is competence based, and builds on previous educational components that were taught based on national program accreditation

This model of licensure is not unique or new. It's the model in 27 other states, DC and 2 US territories. There is 60 years of data on nurse practitioners, from the time of our birth in 1965 with Loretta Ford and Dr. Henry Silver in Colorado to present. This data overwhelmingly shows that nurse practitioners provide quality care. Multiple single studies and numerous systematic reviews reveal the quality of care provided by NPs and APRNs is comparable to physicians. One study in 2018 by Adams and Markowitz, in their Hamilton Project showed that NPs care is equal in quality but at a lower cost, and that removing restrictions on their practice can help alleviate shortages and improve efficiencies.

The Bill will also provide title protection and delineate the educational and national certification requirements needed to practice as an APRN in Wisconsin. The practice requirements or scope of practice do not expand the types of services APRNs provide now but would make the language of State Law be consistent with national recommendations from the "Consensus Model for APRN Regulation" published in 2008 by the National Council of State Boards of Nursing and the 48 nursing groups that made up the APRN Consensus Work Group. This directive is further supported by the 2010 and 2020 Institute of Medicine/National Academy of Medicine reports "The Future of Nursing" which stated that APRNs' scope of practice varies widely "for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work."

For over three years during the COVID public health emergency, nurse practitioners and other APRNs practiced under full practice authority in the State of Wisconsin under Governor Evers' emergency orders. During this time of significant health care need and burden, the nurse practitioners and APRNs were asked to step up, which occurred and the sky did not fall, but now we are being asked to again step back into a subservient role.

Nurse practitioners and APRNs can have a significant positive impact on substance abuse issues in Wisconsin. At the Federal level on December 29 2022, Congress passed into law the Consolidated Appropriations Act of 2023, allowing medication assisted therapies such as Suboxone/buprenorphine to be prescribed by all providers with a DEA license for controlled substances. Prior to this Federal change, Wisconsin citizens did not have the full access to this life saving treatment because to prescribe this life-saving medication in Wisconsin, APRNs needed to have a collaborative agreement with a physician who prescribed the Suboxone/buprenorphine because of the collaborative language in the State.

Over 30 years ago, I testified in support of the passage of the 1993 Wisconsin Act 138, which created the section in Statute 441 authorizing prescriptive language for advanced practice nurses, at which time Wisconsin was one of leaders in the nation for advanced practice nurses. In this legislation as well as the associated rules and regulations from the Board of Nursing (N8), there was no mention of collaboration as it was an assumed professional attribute just like our physician counterparts collaborate. Collaboration language was added in 2000. Multiple federal agencies have recommended APRNs should be practicing to the full scope of their education and training. This includes the Federal Trade Commission's 2014 report, "Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses," and the 2018 publication "Reforming America's Healthcare System Through Choice and Competition." A quarter of a century later, it's time to again step forward.

In closing, I ask that you support APRN Modernization Bill for the citizens of Wisconsin. There is a health care workforce ready to help. According to the 2018 report "Reforming America's Healthcare System," collaborative agreements do not foster collaborative care. Instead, they negatively impact care because of the various constraints that the agreement puts in place-access, financial, and lack of innovation. The report also states that "economic analysis indicates that expanding APRN SOP, consistent with APRN

education, training, and experience, would have clear consumer benefits, particularly in rural and poorer areas." Wisconsin needs to move forward at this time to provide the citizens with the healthcare options they deserve and break the glass ceiling that is negatively impacting healthcare.

Thank you

Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP

Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP

Date: May 28, 2025

Senator Rachael Cabral-Guevara, Chair
Senate Committee on Health
State Capital
Madison, WI 53707

Re: Support for Senate Bill (SB) 258-advanced practice registered nurses (APRNs), extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairman Cabral-Guevara and members of the Senate Committee on Health,

Thank you Senator Cabral-Guevara for holding this public hearing on SB 258. My name is Chris Bakke and I work for a health system as a traveling Nephrology NP. I'm credentialed to work at three different organizations in central and northern WI to help meet patient needs as telehealth is not always an option. I'm often involved in team-based care working with other healthcare professionals collaboratively along with patients and their caregivers to improve patient outcomes. I am also the APRN Representative to the Wisconsin Nurses Association Board of Directors (BOD) and the Liaison to the NP Forum BOD.

I am in support SB 258 as it contains the agreed upon criteria and language that involved key stakeholders to practice as an APRN in WI for the four roles: nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, and clinical nurse specialist. SB 258 modernizes language to reflect current APRN practices and responsibilities with breaking down regulatory barriers while providing protection of the public with Board of Nursing oversight.

According to the Wisconsin Hospital Association's (WHA) 2025 Health Care Workforce Report, there is ongoing strain on the WI healthcare workforce which is exacerbated by the aging population often needing increased demand in care, retirement, and burnout. This is seen in urban areas and is greatly exacerbated in rural areas as access to care by specialists and primary care providers is limited. It is very difficult to recruit healthcare professionals to rural areas. WHA advocates for policies to address workforce shortages and enhance access to care, particularly in rural areas. WHA also advocates that some of WI's health care needs can be met with the available workforce by allowing health care professionals to work to the top of their education, training, and experience similar to what the APRN already holds. I have a front row seat to this healthcare strain and SB 258 can help be a part of the solution.

I want to thank all of the legislators for their time and consideration along with those who have signed on for support of SB 258. Please feel free to contact me if you have any questions.

Sincerely,

Chris Bakke, DNP, MSN-APN/Admin, APNP, FNP-BC, CNN-NP

Testimony for SB 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. **28 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

TO: Chairperson Rachel Cabral-Guevara and Members of the Senate Committee on Health
FROM: Wisconsin Chapter, American College of Emergency Physicians (WACEP)
DATE: May 28, 2025
RE: SB 258, APRN Licensure and Independent Practice

WACEP recognizes the significant strides made to protect patients and provide basic requirements for clinical experience, transparency in provider titles, and guardrails on pain practice, contained in SB 258. We commend the authors, the governor, and particularly health care committee members on both sides of the aisle for working towards compromise. WACEP, however, is still of the position that this bill has a major deficiency: the lack of an emergency physician staffing requirement 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.

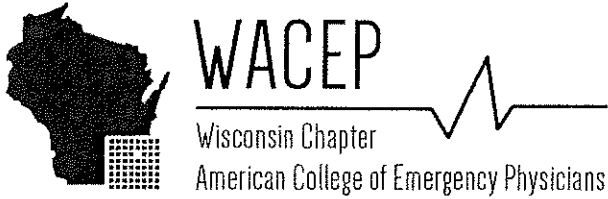
It is WACEP's understanding that the intention of SB 258 is not necessarily to provide for independent practice in a high-acuity setting like an emergency department – yet it may result. WACEP has significant concerns about how a new APRN law would be utilized to promote the proliferation of substandard emergency care specifically, and patient care generally.

It is not unreasonable to assume that if you or your constituents suffered a medical emergency and were ambulated to the nearest hospital emergency department, there would at least be an emergency physician on staff. But you could be wrong, especially if you live in a rural part of the state or if you are transported to one of these new "microhospitals". Unfortunately, it's a trend we are seeing nationally and has taken hold in some hospitals in Wisconsin - emergency departments without emergency physicians. This sets up any provider, without proper training, for failure which can often result in poor outcomes for 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. 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. Our rural residents don't deserve a lower chance of survival than others in a car crash or a medical emergency.

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 Oconto Falls, Chilton, Baron, 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.

Wisconsin Affiliate of the American College of Nurse Midwives
May 27th, 2025

Dear members of the Senate Health Committee,

The Wisconsin Affiliate of the American College of Nurse Midwives urges you to support SB 258- The APRN Modernization Act. The affiliate has worked for over a decade with stakeholders and multiple representatives to draft legislation that will remove unnecessary barriers to care for your constituents across the state.

Wisconsin has multiple counties in which there is no obstetric provider and women and their families have to travel great distances to receive quality, evidence-based care. CNMs (certified nurse midwives) are ready to help fill that gap in care and evidence demonstrates that care from CNMs leads to excellent maternal and infant outcomes.

Please support SB 258 and reach out to our membership should you have any questions or concerns.

Sincerely yours,

MaryAnne Scherer, MSN, CNM, APNP
Legislative representative for WI Affiliate of ACNM