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TO: Chairperson Leah Vukmir and Members of the Senate Health Committee  
FROM: Gina Dennik-Champion, MSN, MSHA, RN  
Executive Director, Wisconsin Nurses Association  
DATE: February 9, 2012  
RE: Testimony on SB 383 – Anesthesiologist Assistants  
Information Only

My name is Gina Dennik-Champion and I am a registered nurse (RN) and Executive Director of the Wisconsin Nurses Association (WNA). WNA is a professional nurses association with membership open to any Wisconsin RN. One of our policy priorities is to collectively and collaboratively advocate for access to comprehensive quality health care services for all people.

I am here today as the Executive Director of WNA to testify for Information Only on SB 383, which creates licensure and a council for anesthesiologist assistants, supervised by the State of Wisconsin's Medical Examining Board.

WNA uses a process in reviewing and determining positions on legislative proposals that address scope of practice for other healthcare professionals. We begin our review with the underlying principle that, *WNA will review or consider other professions as we would want to be reviewed or considered*. Using our criteria in reviewing SB 383, WNA has four areas that we believe warrants further review. These four areas are as follows:

WNA Criteria 1: Does the regulatory process include a system for handling complaints and for disciplining individuals who violate the standards of practice?

Upon the review of the role of the anesthesiologist assistants council which is described on page 9, Section 19, lines 20-24 the language includes "... the promotion of the role of anesthesiologist assistants in the delivery of health care services." WNA questions if this purpose is in conflict with the role and purpose of Boards and Council, as the Department of Safety and Professional Services states, "The Department of Regulation and Licensing and related professional boards protect the citizens of Wisconsin by ensuring the safe and competent practice of licensed professionals" (Source, DSPS website, <http://drl.wi.gov/section.asp?linkid=3&locid=0>). The current bill offers no statements that address public protection, but does include statements regarding self-promotion of the profession. WNA does not believe that self-promotion should be a purpose of regulatory boards.

WNA Criteria 1: Does the regulatory process include a system for handling complaints and for disciplining individuals who violate the standards of practice?

Using the same WNA criteria, there seems to be lacking a process for licensure by endorsement for those out-of-state licensed anesthesiologist assistants wanting to establish residence in Wisconsin. This is important, as Wisconsin does not have an anesthesiologist assistant school, meaning most assistants will be licensed in another state. WNA would like to suggest that the board adopt a licensure by endorsement process, as required by other boards.

WNA Criteria 2, Will the proposed change improve access to care (especially for the underserved), i.e. is there a need for the service that is not being met by current authorized providers?

As I stated in beginning of my comments, one of WNA's priorities is to collectively and collaboratively advocate for access to comprehensive quality health care services for all people. WNA would like to know how SB 383 increases access to anesthesia services? There are only 25 anesthesiologist assistants in Wisconsin. They must practice dependently, delivering anesthesia only under anesthesiologist (MD) supervision. The increased need for anesthesia services, particularly in rural parts of Wisconsin, is addressed through the utilization of Certified Registered Nurse Anesthetists (CRNAs), who can practice without physician supervision in Wisconsin. CRNAs, which are nationally board certified and are a Board of Nursing recognized provider, practice in those areas of the state where anesthesia services are delivered twenty-four hours a day, seven days a week.

WNA Criteria 3, Will the licensing/certification fees cover the costs of the regulatory activity or will nursing license fees (as the largest regulated group) need to subsidize the costs of regulating the new professional group?

WNA has concerns about the allocation of dollars collected from licensure fees, and the directing of those monies away from the Board of Nursing, which is in dire need of additional support in the form of staff, technology, case reviewers, and other resources. The nursing workforce represents the largest number of licensed health care professions in Wisconsin, generating approximately \$8,000,000 per biennium from licensure fees. It can easily be concluded that these fees support the Professional Services arm of the Department of Safety and Professional Services. Every time a new licensing board is created, nursing licensure fees are used. It is already a challenge for the Board to effectively and efficiently monitor the issues related to nursing education, practice, and policy proposals, in addition to the disciplinary responsibilities that exist with an 80,000-plus nursing workforce. WNA does not see how the creation of a new regulatory board/council for 25 individuals will be able to generate adequate revenue to cover their operational expenses in order to meet the public safety standards.

On behalf of WNA, I want to thank you Senator Vukmir and the Committee for allowing me to provide our information to you on SB 383. I hope you find this information helpful.

I will gladly answer any questions you may have.