



TO: Wisconsin State Legislature

FROM: Wisconsin Academy of Family Physicians  
Wisconsin Academy of Ophthalmology  
Wisconsin Chapter – American Academy of Pediatrics  
Wisconsin Chapter – American College of Emergency Physicians  
Wisconsin Dermatological Society  
Wisconsin Medical Society  
Wisconsin Psychiatric Association  
Wisconsin Radiological Society  
Wisconsin Society of Anesthesiologists  
Medical College of Wisconsin

DATE: December 2, 2021

RE: Assembly Bill 396 and Senate Bill 394 Substitute Amendments

The above organizations, representing thousands of Wisconsin physicians across the state, continue to appreciate your attention to the concerns raised over AB 396 and SB 394, which would allow advanced practice nurse practitioners to practice independently. While substitute amendments have made some changes to the original bills, provisions containing the most troubling threats to our state’s successful health care system remain. **Patients are best served when physicians are involved in their care.** The bills continue to remove physicians from the health care equation and therefore are a step backward.

While Wisconsin’s high quality health care system is rooted in physician-led team-based care, the pending legislation creates a system where physicians could be carved out of health care, removing patient access to health care experts with the highest level of education, training and experience. If enacted in its current form, the legislation would create additional health care silos and thus less efficient, more expensive health care.

Potential real-world effects of AB 396/SB 394 as amended:

- The bill **eliminates physician collaboration with APRNs** and allows for independent practice without requiring additional minimum baselines for clinical experience or training. As numerous studies have shown, independent nursing practice leads to over-prescribing of drugs, overutilization

of expensive imaging tests and the subsequent over-exposure to radiation, leading to a combination of reduced efficiency and increased costs.

- While the bill creates unsupervised, independent nursing practice, it **fails to create safety guardrails** in areas of practice such as pain management, primary care, or requiring physician involvement in supervising an emergency department.
- The bill creates new practice definitions for nursing professions that grant significant broad powers – **including prescribing ability** – despite there being no history of independent nursing practice in Wisconsin. Services nurses are allowed to provide under the current physician supervision model should not automatically be enshrined in state statutes under a significantly different model of independent practice.
- The bill and substitute amendments still include **expansive references to pain management care** in the scope of practice definition for nurse anesthetists. These provisions, coupled with the elimination of collaboration, create dangerous openings for nurse anesthetists to participate in any form of pain medicine, including nerve blocks around the spinal cord, carotid artery, and internal abdominal structures. No person, nurse or physician, should practice in pain management without appropriate and substantial training due to the significant complexities and risks to patients.
- The bill still eliminates the current requirement that a physician specialist supervise a nurse anesthetist in training.

Wisconsin's patients are fortunate to have ready access to a health care system that is consistently rated as providing some of the nation's highest-quality care. That quality is not by accident – it springs from physician-led health care teams. We ask legislative policymakers to continue asking the bills' proponents what problems these bills fix, and how the bills establish proper guardrails that protect patients' access to high quality, efficient care.

Thank you for your consideration.