

☞ **11hr_AC-He_ab0512_pt01**



(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2011-12

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on Health...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (October 2013)

Assembly

Record of Committee Proceedings

Committee on Health

Assembly Bill 512

Relating to: authorizing medically related actions by physician assistants.

By Representatives Petryk, Ringhand, T. Larson, Nygren, Pasch, Radcliffe, Rivard, Severson, Steineke, Thiesfeldt, Tranel, Brooks, Ballweg, Spanbauer and Bewley; cosponsored by Senators Vukmir, S. Fitzgerald, Olsen, Schultz and Shilling.

February 01, 2012 Referred to Committee on Health.

February 8, 2012 **PUBLIC HEARING HELD**

Present: (10) Representatives Stone, Kaufert, Van Roy, Strachota, Petersen, Litjens, Richards, Pasch, Seidel, C. Taylor.
Absent: (0) None.
Excused: (1) Representative Severson.

Appearances For

- Warren Petryk , Eleva — Rep., Author; 93rd Assembly District
- Dean Cady, Wauwatosa — Sen. Leah Vukmir, 5th Senate District
- Clark Collins, PA-C, Sun Prairie — WI Academy of Physician Assistants
- David Wilson, Madison — President/WI Academy of Physician Assistants
- Louis Falligaut, Stoughton — WI Academy of Physician Assistants

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- Lisa Pugh, Madison — Disability Rights WI
- Janis Ringhand, Evansville — Rep., 80th Assembly District
- Mark Grapentine, Madison — WI Medical Society
- (Not Provided), Madison — WI Physical Therapy Assn
- Katie Walby, Madison — Aurora Health Care
- Ryan Natzke, Marshfield — Marshfield Clinic

- Bryan Brooks, Madison — WI Academy of Anesthesiologist Assistants
- Michelle Mettner, Milwaukee — Children's Hospital of WI
- Eric Jensen, Madison — WI Chptr, American College of Emergency Physicians
- Eric Jensen, Madison — WI Society of Anesthesiologists

Registrations Against

- None.

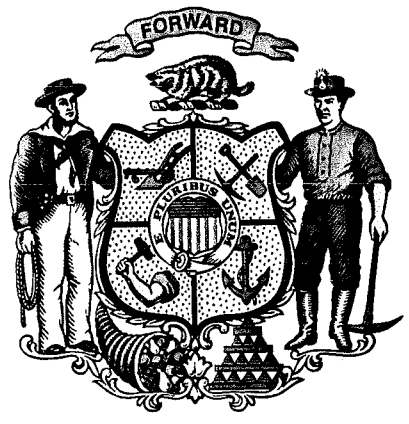
Registrations for Information Only

- None.

March 15, 2012

Failed to pass pursuant to Senate Joint Resolution 1.

Marsha Dake
Committee Clerk





Warren Petryk

State Representative • 93rd Assembly District

Date: February 8, 2012

To: Members of the Committee on Health

From: Representative Petryk

Re: AB 512

Good morning Chairman Stone and members of the Committee. I appreciate having this opportunity to come before you today to testify in favor of Assembly Bill (AB) 512. This legislation will be a positive step toward improving access to healthcare while eliminating some red tape currently encompassing the Physician Assistant (PA's) practice.

As many of you may know, PA's are highly educated, skilled, medical professionals that work under the supervision of a medical doctor. Under this supervision, a PA can perform various tasks including: interviewing patients and taking their medical history; performing physical examinations; recommending a treatment plan; and even writing prescriptions for medications.

In 2005, Assembly Bill (AB) 683 was introduced and passed with bi-partisan support. This legislation was originally intended to eliminate certain barriers for PA's and Advanced Practice Nurses but prior to passage by the committee, the PA portion of the bill was removed and was going to be addressed at a later date.

Today, we are ready to address this legislation and pass this update for the PA's. AB 512 will be consistent with the updates contained in 2005 AB 683 which will allow PA's to:

1. Refer patients for physical therapy services;
2. Order the use of physical restraints in residential facilities, as appropriate;
3. Order home health care services, as appropriate; and
4. Conduct Department of Transportation required drivers' license medical examinations and sign required paper work.

I am pleased to note that the Wisconsin Academy of Physician Assistants, the Wisconsin Academy of Anesthesiologist Assistants, the Wisconsin Society of Anesthesiologists, the Wisconsin Medical Society, the Wisconsin Chapter of the American College of

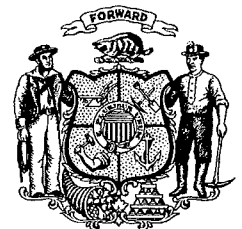
Emergency Physicians, the Wisconsin Physical Therapy Association, the Children's Hospital of Wisconsin, Aurora Health Care, and Marshfield Clinic all support AB 512.

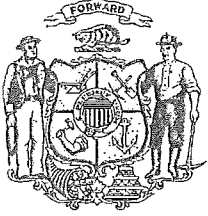
My hope is that each of you will support this bi-partisan legislation so that we may have the opportunity to increase access to health care, give our state's PA's and physicians the opportunity to provide care to patients with a little less unnecessary red-tape, and allow PA's to work at a level consistent with others in similar health care fields.

I would be happy to answer any questions at this time.



WISCONSIN STATE LEGISLATURE





LEAH VUKMIR

STATE SENATOR

February 8th, 2012

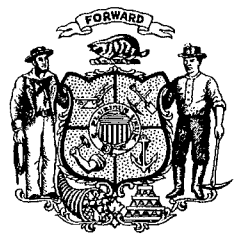
Chairman Stone, Committee members, I want to thank you for holding this Public Hearing today for Assembly Bill 512, regarding physician assistants, and certain medical duties they perform with physician supervision. This legislation is another piece of the puzzle that seeks to reduce rising health costs while increasing patient care.

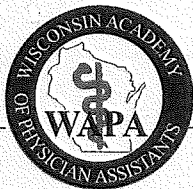
Briefly, as background, Assembly Bill 512 is a direct result of similar legislation that Senator Cowles and I worked together on back in 2005 for Advance Practice Nurses, AB 683, Act 187. Act 187 updated Wisconsin statutes reflecting certain practices that APNP's were currently performing, all within their educational scope and training. At the time that that legislation was introduced, physician assistants were also included along with advance practice nurses however, PA's were eventually removed respecting the unique relationship each profession has with physicians and with the understanding that the similar legislation could address physician assistants separately – the legislation is now before you.

Presently, physician assistants perform a variety duties within physician supervised scope of practice such as: interviewing patients about their symptoms, preparing and or recommending treatment, or ordering appropriate care, including writing prescriptions. Consistent with Act 187 for APNP's, AB 512 codifies basic functions that physician assistants perform, such as: referring patients for physical therapy; signing DOT forms for driver fitness (in keeping with current federal law); issue orders for home health services and orders for patient restraints in inpatient settings. In addition, Representative Petryk and I will be introducing an amendment that will add physician assistants to the list of those medical professionals authorized to sign student illness excuse notes.

In closing, AB 512 seeks to strengthen the present collaborative relationship PA's have with physicians while also reducing costs and increasing overall patient care.

Thank You.





WISCONSIN ACADEMY OF PHYSICIAN ASSISTANTS

TO: Members, Assembly Committee on Health
DATE: February 7, 2012
RE: Support for AB 512 – Physician Assistant Healthcare Access Improvement Act

Tomorrow, your committee will hear testimony on Assembly Bill 512. On behalf of the nearly 1000 members of our Academy, we ask your support.

Administrative red tape slows patient care, reduces efficiency, increases hassle for physicians, and adds to the already crushing expense of healthcare in Wisconsin. AB 512, the Physician Assistant Healthcare Access Improvement Act, eliminates some of this unnecessary administrative red tape.

Physician Assistants (PAs) are highly educated, highly trained health care providers who work under the supervision of Physicians. Introduced with the support of physicians, AB 512 simply authorizes PAs to carry to completion a variety of tasks that fall within the scope of their training and practice.

With physician supervision, PAs perform a variety of patient-care functions – a very basic sample:

- Interview patients about their health status and subjective symptoms;
- Perform physical examinations;
- Exercise medical judgment and decision-making;
- Prepare and recommend treatment plans as appropriate;
- Order appropriate care, and/or write medication prescriptions.

Much of the time a patient will see a PA and never actually see a physician.

AB 512 authorizes PAs to complete patient care in four discrete instances:

- 1) Authorize PAs to sign DOT forms attesting to a patient's fitness to drive;
- 2) Authorize PAs to issue orders for Physical Therapy;
- 3) Authorize PAs to issue orders for Home Health Services;
- 4) Authorize PAs to order patient restraints in inpatient settings.

In each of these instances, PAs see and examine the patients, exercise their medical judgment and recommend appropriate treatment. Though well within the scope of a PAs education and training, in each of these four instances a physician must sign a form (the DOT form, the PT order, the Home Health order or the restraint order) – even though it is quite likely the physician has not seen the patient.

PAs are authorized by Wisconsin law to write prescriptions for medication (ranging from simple antibiotics to narcotic pain medications) without a physician's signature, but not to complete these four tasks. AB 512 eliminates these antiquated physician-signature requirements. It will cut unnecessary red tape that makes providing patient care less efficient and more expensive, and eliminate unnecessary hassles for physicians and patients alike. Please support AB 512.

- ▶ Home
- ▶ Lobbying in Wisconsin
- ▶ Organizations employing lobbyists
- ▶ Lobbyists

2011-2012 legislative session

Legislative bills and resolutions

(search for another legislative bill or resolution at the bottom of this page)

Assembly Bill 512

authorizing medically related actions by physician assistants.

TEXT (proposal, UWGB analysis)
STATUS (committee actions and votes, prior amendments)
COST & HOURS (of lobbying efforts, included in this proposal)

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
◆	◆	Aurora Health Care Inc	2/7/2012	↑	
◆	◆	Children's Hospital & Health System	2/6/2012	↑	
◆	◆	Marshfield Clinic	2/4/2012	↑	
◆	◆	Wisconsin Academy of Anesthesiologist Assistants	2/3/2012	↑	
◆	◆	Wisconsin Academy of Physician Assistants	2/1/2012	↑	
◆	◆	Wisconsin Chapter of the American College of Emergency Physicians Inc	2/1/2012	↑	
◆	◆	Wisconsin Medical Society	2/4/2012	↑	
◆	◆	Wisconsin Physical Therapy Association	2/7/2012	↑	
◆	◆	Wisconsin Society of Anesthesiologists	2/1/2012	↑	

Select a legislative proposal and click "go"

House

Assembly
Senate

Proposal Type

Bill
Joint Resolution
Resolution

Proposal Number

512

(enter proposal number)

Legislative Session

2011 Regular Session

Go



WISCONSIN ACADEMY OF PHYSICIAN ASSISTANTS

TO: Members, Assembly Committee on Health

DATE: February 8, 2012

RE: Support for AB 512 – Physician Assistant Healthcare Access Improvement Act

Administrative red tape slows patient care, reduces efficiency, increases hassle for physicians, and adds to the already crushing expense of healthcare in Wisconsin. Assembly Bill 512 (and its Senate companion, SB 421), introduced by Representative Petryk and Senator Vukmir eliminate some of this unnecessary administrative red tape. Please support AB 512.

Physician Assistants (PAs) are highly educated, highly trained health care providers who work under the supervision of Physicians. Introduced with the support of physicians, AB 512 simply authorizes PAs to carry to completion a variety of tasks that fall within the scope of their training and practice.

With physician supervision, PAs perform a variety of patient-care functions – a very basic sample:

- Interview patients about their health status and subjective symptoms;
- Perform physical examinations;
- Exercise medical judgment and decision-making;
- Prepare and recommend treatment plans as appropriate;
- Order appropriate care, and/or write medication prescriptions.

Much of the time a patient will see a PA and never actually see a physician.

AB 512 authorizes PAs to complete patient care in four discrete instances:

- 1) Authorize PAs to sign DOT forms attesting to a patient's fitness to drive;
- 2) Authorize PAs to issue orders for Physical Therapy;
- 3) Authorize PAs to issue orders for Home Health Services;
- 4) Authorize PAs to order patient restraints in inpatient settings.

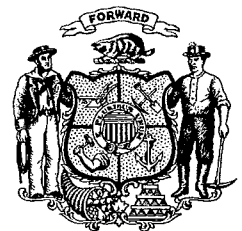
In each of these instances, PAs see and examine the patients, exercise their medical judgment and recommend appropriate treatment. Though well within the scope of a PAs education and training, in each of these four instances a physician must sign a form (the DOT form, the PT order, the Home Health order or the restraint order) – even though it is quite likely the physician has not seen the patient.

PAs are authorized by Wisconsin law to write prescriptions for medication (ranging from simple antibiotics to narcotic pain medications) without a physician's signature, but not to complete these four tasks. AB 512 eliminates these antiquated physician-signature requirements. It will make patient care more streamlined, and eliminate unnecessary hassles for physicians and patients alike.

AB 512 already has the support of the Wisconsin Academy of Physician Assistants, the Wisconsin Medical Society, the Wisconsin Chapter American College of Emergency Physicians, the Wisconsin Physical Therapy Association, the Wisconsin Society of Anesthesiologists, the Wisconsin Academy of Anesthesiologist Assistants, Marshfield Clinic and the Childrens' Hospital of Wisconsin.



WISCONSIN STATE LEGISLATURE



February 8, 2012

To: Members, Assembly Committee on Health

From: Disability Rights Wisconsin

Re: Suggested amendment to AB 512 - Medically Related Actions by Physician Assistants

Disability Rights Wisconsin (DRW) is Wisconsin's protection and advocacy agency for people with disabilities and we have an interest in Assembly Bill 512 as it relates to the healthcare of children with special healthcare needs and specifically where that intersects with a child's education. We are providing testimony to suggest a friendly amendment to AB 512 that addresses a concern we are seeing for children who receive care from both physician assistants and nurse practitioners.

In this day and age, many Wisconsinites receive their primary health care from physician assistants and nurse practitioners. Many of our laws, and this bill, appropriately recognize that fact.

However, our current truancy statute, Sec. 118.15(3)(a), Wis. Stats., states that school boards may require parents who wish to have their children's absence due to illness excused, and therefore not considered truant, to provide a "written statement from a licensed physician, dentist, chiropractor, optometrist or psychologist or Christian Science practitioner." You will note that this listing does not include a physician assistant or nurse practitioner.

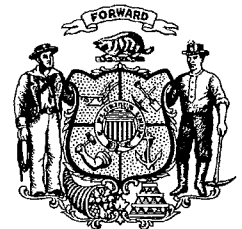
Our agency is aware of some cases in which a genuinely ill student has been considered truant because the parent could not obtain a written statement from one of the listed medical professionals under the statute, because the primary care and diagnosis of the illness was provided by a physician assistant or nurse practitioner. We do not believe it is anyone's wish to consider these students truant, or force parents to incur additional unnecessary medical expense and stress just to get a doctor's note, when the physician assistant or nurse practitioner was ready, willing and able to provide one.

Therefore, we hope that you will consider amending AB 512 to amend Sec. 118.15(3)(a), Wis. Stats, to add physician assistant and nurse practitioner, to the list of medical professionals who can provide a written excuse for any sick child so that the child is not considered truant. This is a simple change which has the preliminary support of various trade and medical associations and DPI. We do not anticipate any opposition.

Thank you for considering this request. We would be glad to provide any further information on this issue which you may need.



WISCONSIN STATE LEGISLATURE



Dake, Marsha

From: Judy Braun [brauntwn@hotmail.com]
Sent: Wednesday, February 08, 2012 2:36 PM
To: Sen.Vukmir; Sen.Galloway; Sen.Moulton; Sen.Erpenbach; Sen.Carpenter; Rep.Stone; Rep.Severson; Rep.Kaufert; Rep.Van Roy; Rep.Strachota; Rep.Petersen; Rep.Litjens; Rep.Richards; Rep.Pasch; Rep.Seidel; Rep.Taylor
Cc: Block, Cindy
Subject: Senate Bill 421 and Assembly Bill 512
February 8, 2012

TO: Members, Committee on Health

FROM: Judy Braun

I am an education advocate in Senator Fitzgerald's district and last fall I contacted his office about Truancy Statute, Sec. 118.15(3)(a), Wis. Stats. I was pleased when my concerns were moved forward into the system for consideration. These current Bills that you are working on will have a direct impact on families that I know personally. I would like to ask you to consider amending it just a bit.

Currently, Truancy Statute, Sec. 118.15(3)(a), Wis. Stats. states that school boards may require parents who wish to have their children's absence due to illness excused, and NOT considered truant, must provide a "written statement from a licensed physician, dentist, chiropractor, optometrist or psychologist or Christian Science practitioner." I was asked by a parent to attend an IEP where the District felt the child was truant because the person issuing the absence note was a Nurse Practitioner(NP). The child had been under the NP's care for several years and had been a NP for 20+ years. As a professional, she was quite taken aback because her qualifications were not accepted as was the family who had placed their trust for their child's care in her hands and were very happy with her care.

The family had to endure additional stress because not only was their child ill and needing care, but they had to take additional time and expense to meet the demands of the District. If you would consider amending the Bill to amend Sec. 118.15(3)(a), Wis. Stats. and add "physician assistant and nurse practitioner" to the current list, I feel it would be beneficial to any family with a sick child to continue to see a physician's assistant or nurse practitioner as their primary caregiver.

My grandchildren see a physician's assistant on a regular basis. It is just the norm today that medical practices have added these individuals to meet the needs of their patients. The statute when written was necessary, but as the medical profession has evolved and added these valuable positions to their overall care of patients, I would like to see the statute reflect that evolution.

Thank you for seriously considering this request. I would be happy to provide further information should you request it.

I wish to thank Senator Fitzgerald's office for keeping me informed about the actions taken to address this issue. Thank you, Cindy Block! This is my first venture into government and want to thank you all for considering my thoughts.

Judy Braun