

SB 477- Relating to the Delegation of Podiatric Services

February 6, 2018

Good morning, members of the committee, and thank you for the opportunity to provide testimony today on Senate Bill 477. This bill expands the role of physician assistants and nurse practitioners in the field of podiatry in order to reduce wait times and costs for patients in Wisconsin.

Physician assistants and advanced nurse practitioners have begun playing an increasingly valuable role in medicine. Both professions require years of specialized education and national certifications that allow them to work alongside physicians. However, current law limits the practice of podiatry exclusively to licensed podiatrists. Senate Bill 477 allows podiatrists to delegate non-surgical medical services to physician assistants and advanced nurse practitioners as supervised by a podiatrist. As healthcare evolves, many specialties have already developed a similar delegation authority and this bill would allow podiatry to catch up.

In practice, podiatrists have explained this bill would allow them to delegate duties like completing a patient's primary evaluation, demonstrating a physical therapy technique, and changing the dressing on a cast, to list a few examples.

In drafting this bill, we've worked closely with the Wisconsin Nurses Association and the Wisconsin Academy of Physician Assistants to understand how their profession can best assist podiatrists and ultimately help patients to receive the highest quality care. Today you will hear podiatrists give their expert position on how this bill will improve the future of their profession.

Thank you again for the opportunity to speak on this bill. I would be happy to answer any questions you may have.



To:

Chairperson Leah Vukmir

Members, Senate Committee on Health & Human Services

From:

Reid Bowers, PA-C

Date:

February 6, 2018

Subject:

SB 477 - Delegation of the Practice of Podiatry

Testimony For Information Only

My name is Reid Bowers. I am a physician assistant and I currently practice in hematology and oncology at the Vince Lombardi Cancer Clinic at St. Luke's Medical Center in Milwaukee. I also serve as chairperson of the Advocacy Committee of the Wisconsin Academy of Physician Assistants. On behalf of the Wisconsin Academy of Physician Assistants, I am here to testify for information only regarding Senate Bill 477.

Podiatrists, like the over 2,000 PAs in Wisconsin, play a crucial role in providing health care in Wisconsin, particularly in our state's rural areas. Though WAPA had concerns with the bill as originally introduced, thanks to the efforts of Rep. Murphy and the willingness of our friends at the Wisconsin Podiatric Medical Association to work with us, our concerns have been addressed.

Regarding SB 477, WAPA always supported what we understood was the fundamental intent of the bill: expand access to care and to provide new opportunities for podiatrists and PAs to work together.

Our initial concerns with SB 477 centered around that the bill would newly empower podiatrists to direct and supervise the provision of nonsurgical patient services performed by a PA and, as introduced, SB 477 did not well define the nature of this new relationship. Under current law, PAs provide health care services as part of physician-PA teams with allopathic and osteopathic doctors of medicine (MDs and DOs) and under the auspices of a physician supervisor.

As part of these physician-PA teams, PAs provide a full range of medical care to patients including taking histories, ordering and interpreting tests, diagnosing, performing procedures, establishing treatment plans, making referrals and writing prescriptions. In short, PAs through working with physicians, practice in every medical setting, including specialty care and surgery.

Regarding podiatrists, we have great respect for them and, like other medical professionals, PAs generally enjoy working alongside them. However, because PAs have not been historically supervised by DPMs, we did not have a good understanding

of what the nature of this relationship would look like in actual practice under the bill and sought that it be clarified.

The substitute amendment before you:

- Clarifies it is the employer of PA who assumes legal responsibility for any medical care, including the practice of podiatry, provided by a PA during the course of his or her employment. This was critical for us to clarify because under current law, as noted, PAs practice as part of PA-physician teams, with the physician's liability insurance providing coverage for a claim against a PA for actions relating to health care services provided within the scope of the PA's employment. As introduced, SB 477 was silent regarding whether a PA would be similarly protected when practicing with a podiatrist. The substitute amendment fully addresses this concern by making clear that when if a PA practices with a podiatrist, it is the employer who assumes legal responsibility for the care, just like when a PA practices with a physician;
- Empowers the Council on Physician Assistants, housed at the Department of Safety and Professional Services, to advise the Podiatry Affiliated Credentialing Board on practice standards for PAs practicing podiatry; and
- Ensures that the nature of the relationship between a podiatrist and a PA closely resembles the nature of the relationship between a physician and a PA under current law. For example, under MED chapter 8 of the administrative code, the nature of the PA-physician relationship is one of "general supervision," meaning that the constant physical presence of the physician is often unnecessary, and that only particular circumstances require direct observation of a physician, and that when a PA needs to consult with a physician, the rules provide that contact by telecommunication is permissible. The substitute amendment amends the underlying administrative code to ensure a PA-podiatrist relationship is similar to a PA-physician relationship.

As a profession, we anticipate we will come before you in the *next* legislative session to modernize how PAs are regulated in Wisconsin, such that we would continue to practice *with* physicians and, if SB 477 is signed into law, with podiatrists, but in a collaborative framework, as opposed to the supervisory relationship as required by current law and as would be required under SB 477. This would eliminate some of the administrative burden that is shackling the PA profession from helping to answer Wisconsin's healthcare shortage. Our friends at the Wisconsin Podiatric Medical Association have already assured us they are interested and willing to work with us on our anticipated legislation.

With that, thank you for your time and I'd be happy to attempt to answer any questions.