**STATE SENATOR KATHY BERNIER**
TWENTY-THIRD SENATE DISTRICT

State Capitol • P.O. Box 7882 • Madison, WI 53707
Office: (608) 266-7511 • Toll Free: (888) 437-9436
Sen.Bernier@legis.wi.gov • www.SenatorBernier.com

Thank you, members of the Senate Committee on Elections, Ethics and Rural Issues for accepting my testimony on Senate Bill 515.

Senate Bill 515, known as the Collaboration and Rural Expansion of Services (CARES) Act, modernizes Wisconsin's physician assistant (PA) laws

According to the Wisconsin Council on Medical Education and Workforce, Wisconsin could face a shortage of as many as 4,000 physicians by 2035. With that in mind, physician assistants (PAs) are crucial in maintaining and increasing access to primary care, especially in underserved rural areas of the state.

The CARES Act, SB 515, changes the relationship of the PA from being supervised by a physician to working in collaboration with a team that includes a physician. Collaboration would be required in the form of either a written collaborative agreement with a physician or a PA would practice under the overall direction and management of a physician.

Additionally, under the bill, the PA's employer, such as a hospital or clinic, can place whatever additional practice requirements upon the PAs the employer chooses to ensure quality of care and patient safety is maintained. For example, an employer under SB 515 can decide on how many years of experience a PA needs before he or she can work in collaboration vs. supervision. An employer under the bill could even require that a physician could collaborate with no more than a set number of PAs, as determined by the employer.

The CARES Act does not expand the PAs scope of practice. Under SB 515 the PAs practice would be limited by their education, training, and experience and determined in the practice setting, as it is today. SB 515 does not allow for an independent PA practice.

The CARES Act eliminates the four to one physician-to-PA ratio requirement. This ratio limits the number of PAs practicing in Wisconsin and creates a gap in care, especially in rural areas where there are fewer physicians.

The CARES Act creates a self-governing PA examining board. Changing PA licensing and regulation from the Medical examining Board (MEB) to a PA Examining Board ensures that those most knowledgeable about the profession are making the decisions.

In crafting this legislation, we worked very closely with the Wisconsin Academy of Physician Assistants and the Wisconsin Hospital Association, both of which support the legislation.

I encourage you to vote for Senate Bill 515 as it updates Wisconsin's PA laws to allow PAs to work to the full potential of their education, experience, and training, and provides quality care to those who need it.

January 9, 2020

RE: Letter of Support for the Wisconsin CARES Act – Petition to Wisconsin Legislators

To Whom It May Concern,

As a Wisconsin healthcare administrator and physician who values team-based care, I urge you to learn more about physician assistants (PAs) and the Wisconsin Collaboration and Rural Expansion of Services Act (CARES Act). This legislation will increase access to care, protect patients and allow each practice to determine how their team performs best.

PAs are highly educated members of the healthcare team and positively contribute to the health of the patients we serve. The Wisconsin Council on Medical Education and Workforce (WCMEW) recently found that Wisconsin could face a shortage of as many as 4,000 physicians by 2035. PAs are well poised to mitigate this shortage and now is the time to improve current laws which create barriers to PA practice.

The evolving medical practice environment requires flexibility in the composition of team members to meet the needs of patients. In my experience, having PAs on the team allows us to provide better care and greater access to patients. I find that PAs are fiercely and consistently committed to team practice and I am confident that they do not seek to practice independently. To the contrary, they are committed to working as a team with their collaborative physician.

Current PA rules create excessive and costly regulatory burden in an already busy practice environment. They are outdated and do not contribute to the health or well-being of our patients. In fact, these regulations have caused health administrators to decline hiring PAs. This only lessens access to care for patients. Surrounding states have already implemented legislative updates and, unlike Wisconsin, are seeing increased hiring and utilization of PAs. Their gain becomes our loss as homegrown Wisconsin clinicians leave the state for better practice environments elsewhere. Further, the CARES Act allows PAs to have practice parity with nurse practitioners, allowing employers to choose from the widest possible applicant pool.

I have reviewed the Wisconsin Academy of Physician Assistants (WAPA) law modernization recommendations and goals. I believe they reemphasize a commitment to team practice while calling for necessary regulatory changes that will benefit physicians, PAs and most importantly their patients. I strongly urge the Wisconsin Medical Society, the Wisconsin Hospital Association and my state legislators to support WAPA and the Wisconsin CARES Act. With the passage of this bill, our patients and the healthcare system both win.

Sincerely,

Dr. Allison Kos, DO
Chief Medical Officer

Administrative Offices
3522 W. Lisbon Ave.
Milwaukee, WI 53208
(414) 344-3350 fax

Lisbon Avenue Health Center
3522 W. Lisbon Ave.
Milwaukee, WI 53208
(414) 344-3045 fax

Hillside Family Health Center
1452 N. 7th Street, 2nd Floor
Milwaukee, WI 53205
(414) 287-0907 fax

Kilbourn Avenue Health Center
1216 W. Kilbourn Ave., Suite 124
Milwaukee, WI 53233
(414) 220-5184 fax

12th Street Urgent Care
945 N. 12th Street
Milwaukee, WI 53233
(414) 219-7769 fax

progressivechc.org

(414) 935-8000

Chairperson Bernier and Committee members,

I sincerely appreciate the opportunity to testify in support of SB 515, the CARES Act.

My name is Steve Medlin D.O. I have several roles, including be employed by Aurora Health as the medical director for the Hematologic Malignancies and Stem Cell Transplant program. In my role as a physician, I am practicing at Aurora St. Luke's in Milwaukee. I also work as an inspector for the international accreditation program for stem cell transplant programs.

I have worked with Physician Assistant's in my various roles for the last 13 years continuously. These roles have been as a direct supervisor but also at a health system level and as a medical director.

I am intimately familiar with a day to day medical practice using a collaborative agreement with both Physician Assistants as well as Nurse Practitioners. I have served in leadership in several transplant programs and all of these programs have depended on collaborative agreements from these providers. I would state that the practice of medicine in stem cell transplant programs in most medical centers hinges on the inclusion and integration of these providers. Accrediting bodies such as the Foundation for the Accreditation of Cellular Therapy (stem cell transplant accreditation) anticipate this and have developed standards to reinforce the inclusion of these valuable providers. The key to the success of their inclusion is collaboration.

Good collaboration is no accident. This is accomplished by development of specific competencies in relation to individual physician assistants. Each provider must be assessed and deemed competent in their practice, wherever that might be. Specific guidelines for competence can be taken from the American Board of Medicine for procedures or for other surgical or sub-specialty boards as relevant. In this way, the individual can develop and maintain competence and their continued competence is not dependent of what physician happens to supervise them that day.

It puts the responsibility of assessment of competence and developing a collaborative agreement on the employing health system or provider/provider group. This process is very similar to what we already do for physicians with credentialing and is intuitive. With collaborative agreements, providers will maintain competence and if they stop practice in a specific area or performing a specific procedure, a yearly or every other year re-evaluation and assessment will address this appropriately (taking away procedures or clinical tasks if not performed regularly). Likewise, new skills must have documented experience and be signed off on by the physician and group.

This does not expand a PA's scope of practice nor allow independent practice. In fact, the collaborative physician would sign off on the request and re-evaluation of yearly or every two year competency assessments. The practice of medicine must continue to live within and under the purview of the physician to maintain safety. Collaborative practice agreements deliver the best of both worlds, quality care with excellent oversite at a competitive price that helps maintain higher provider to patient ratios.

If this were approved today, I would be able to add additional PA's to my practice. With these PA's, once my training program is complete and they have gone through the required education, I document their abilities by direct and chart review of their performance. Then, they are allowed to practice collaboratively. Patients are staffed as needed, and notes for all patients are sent to me or my partners to review. The onboarding process is 1 year and myself or other physicians in my group are directly involved. Having built and maintained several large programs, I can state that this works exceptionally well and using PA's or NP's is the current staffing model of all of my prior programs.

An excellent aspect of this bill is that practice permissions are flexible. Some practices may need exceptionally detailed knowledge from their providers, the competencies and collaborative agreements can dictate what specifically is allowed. Other practices may have a basis in procedures, which can easily be dealt with using the exact same process. Example, a specific number of mole removals must be accomplished appropriately prior to competency being established and the individual being allowed to these independently. In short, the competency/collaboration agreements fit the job and are directed by the collaborative physician and/or the health group.

In conclusion, I support this bill because it helps provide the highest level of care to the residents of Wisconsin. All providers need to practice at the highest level of their training in the safest way possible. Collaborative agreements with yearly or every other year assessments will ensure these things happen.

I am available should questions arise.

Thanks again to the committee members and to committee Chairperson Bernier for holding this hearing and being the lead author of the bill.

**Stephen Medlin, DO** FACP

Medical Director. Hematologic Malignancies and Stem Cell Transplant

Clinical Adjunct Professor, SMPH-Department of Medicine

University of Wisconsin School of Medicine

Advocate Aurora Health

Vince Lombardi Cancer Clinic

Aurora St. Luke's Medical Center

2900 W. Oklahoma Avenue

Milwaukee, WI 53215

O: 414.649.6642

P: 414.557.7634

January 14, 2020

Senators:

I am testifying in support of CARES SN515.

A recent report in the Washington Post noted that it is estimated that less 2% of medical school graduates across the Unites States want to practice in communities of a population less than 25,000. I am a lifelong resident of the Northern Wisconsin, as is my husband, and both of our respective extended families. He is a paramedic and when I graduated from PA school in 2005, we had no doubt that we wanted to return to the area where we grew up to practice.

I spent my first 8 years in family medicine seeing patients across their lifespsan, from newborns through geriatrics, including well-child visits, acute care visits, adolescent medicine, managing chronic medical conditions, performing minor office procedures, and women's health. I then transitioned to urgent care and emergency medicine for the next 4 years. In each area of medicine, I encountered the difficultly of having my scope of practice limited, not necessarily by my education, training or experience but by the scope of practice of the physicians I was working with thereby limiting the access to care for those services for the patients I served.

This became none more apparent then recently in my current practice. In April 2017, I made the transition to the internal subspecialty of gastroenterology. I was happy to join an independent physician owned practice that values providing care to patients in rural areas. GI Associates is currently the only group to provide gastroenterology services to patients north of highway 29 to the Upper Penninsula of Michigan by providing outreach clinics at several locations, which I staff. I perform colorectal cancer screening consults as well as consults a variety of GI symptoms and ongoing treatment for chronic GI conditions including but not limited to Crohn's disease, ulcerative colitis, esophageal motility disorders, GERD, cirrhosis, pancreatitis, hepatitis, and functional bowel disorders including irritable bowel syndrome and chronic constipation. I have also had the pleasure of extending my practice to include pediatric gastroenterology patients over the past 18 months. However, in December 2019, our long time and sole pediatric gastroenterologist of over 20 years retired.

Due to the way Wisconsin laws are currently written, a PA's scope of practice may not exceed the scope of his or her supervising physician and therefore when our pediatric gastroenterologist retired, so did my ability to continue to providing care to our pediatric GI patients since we do not have any other pediatric gastroenterologists on staff. We have been searching for an additional pediatric gastroenterologist for the past 6 years. According to NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) a quarter of children's hospitals report vacancies of 12 months or longer for pediatric gastroenterologists. Shortages mean many patients must travel long distances or wait weeks, sometimes months, to see a specialist. My group is not a children's hospital but rather a privately owned, large group practice in central Wisconsin. Currently across the United States, fewer and fewer residents are choosing careers in pediatric subspecialties with approximately only 90 expected to complete pediatric gastroenterology residencies annually, again with almost all seeking positions at children's hospitals.

So all of the pediatric patient's that I have been following for the past 18 months, have established relationships with them and their families are now going to be forced to seek gastroenterology care by an alternative provider, at a facility substantially further distance away since the only pediatric gastroenterologists in the state are in Marshfield, Madison and Milwaukee. This is not because my training, experience or education has changed but simply because the physician with whom I used to collaborate with, in most instances "by phone" on the rare occasion when I needed to is no longer available. As a PA for nearly 15 years treating pediatric patients from 3 days old on, in a variety of settings as noted above, most often without a physician on site because of my rural practice environment, I know the meaning of collaboration well. I whole-heartedly respect and appreciate my physician colleagues and know that my role or education does not equal nor supersede theirs. However, I also feel that there is plenty my education, training and experience does offer. For these pediatric GI patients, the majority of them do not need endoscopic (procedural) evaluation and could continue to be evaluated and managed close to home. And for those that can't be, I'm confident that I could collaborate with another pediatric gastroenterologist at a distant facility just the same as I have been in my current relationship while allowing patients remain close to home. Unfortunately, I am afraid that many of these patients will be lost to follow-up because their access to care will be lost as well as the cost to travel to alternative gastroenterology services will be too great.

In turn, we will likely see an increase in these patient presenting to their primary care providers and emergency departments for symptom exacerbations. Additionally, diseases such as fatty liver disease which is being more commonly diagnosed in the pediatric population due to the prevalence of childhood obesity will go undetected. Unaddressed, it can lead to severe liver dysfunction and ultimately liver failure requiring transplant. Similarly, 1 in 4 patients with inflammatory bowel disease, such as Crohn's, is diagnosed under the age of 20 and can require a lifetime of care. Inappropriately or inadequately treated, these patients can have multiple hospitalizations and surgical resections of their intestines leading to malabsorption and other longstanding complications.

The CARES act is so important to address issues such as the one I am facing. The term "supervision" really is archaic and does not now, nor has it ever reflected the relationship I have with the physicians I work with since I became a PA 15 years ago. Our relationship is one of earned, mutual respect and is truly collaborative, and one which I deeply value. Additionally, this legislation would allow scope of practice to be determined at the practice level, taking into consideration the education, training and experience of the individual PA to make sure that access to services for patients is not reduced or limited.

Thank you for considering,

Jennifer L. Black, MSPAS, PA-C
1910-023
Former Northern Region Representative and WAPA Board Member

GI Associates
411 Westwood Drive
Wausau WI 54401

# Wisconsin Medical Society

TO: Senate Committee on Elections, Ethics, & Rural Issues

FROM: Clyde "Bud" Chumbley, MD
CEO, Wisconsin Medical Society

DATE: January 15, 2020

RE: Opposition to Senate Bill 515 – Regulation of Physician Assistants

Good afternoon Madam Chairwoman and members of the Committee on Elections, Ethics, & Rural Issues. My name is Dr. Bud Chumbley and I am the CEO of the Wisconsin Medical Society. I have practiced obstetrics and gynecology for over 40 years, during which I managed physician clinics and was a chief medical officer for hospitals in Texas and Wisconsin. In addition, I have supervised both nurse practitioners and physician assistants. I am here today on behalf of the Wisconsin Medical Society to testify **in opposition to SB 515**.

In medical practice it goes without saying that physician assistants (PAs) are vital parts of any successful care team. They are highly valued by the physicians who supervise them and are a critical extension of the physician, providing high-quality care in their own right. As the practice of medicine continues to evolve, PAs will play an increasingly important role in the physician-led care team. However, the parameters of SB 515 potentially compromise the high standards of care for Wisconsin's patients, increase government bureaucracy, and could present an ethical dilemma for Wisconsin's physicians.

SB 515 would fundamentally change the practice relationship in Wisconsin between physicians and PAs. By shifting from a supervisory relationship to a written collaborative agreement as structured under the bill, we risk placing PAs in positions they may not be prepared to deal with, which would have major impacts for patient care. This is particularly concerning for newly graduated and less experienced PAs. As physicians it is our responsibility to make sure that patients get the best care that they can possibly receive. Our biggest concerns with the written collaborative agreement under SB 515 are that it does not create any guidelines or parameters regarding timely communications between physicians and PAs, it does not lay out requirements for communication or action in emergency situations, and it does not explicitly state what role an individual physician would have in creating and executing such an arrangement. Other states with similar arrangements have similar provisions in their statutes.

Respect and trust are the cornerstones of a successful physician-PA relationship. The written agreement as structured under SB 515 defers too much authority and discretion to health care administrators who do not deliver health care services and may not be aware of the day-to-day operations of the health care team. If a physician is going to be "primarily responsible for the overall direction and management of the PA's activities" then it should be the individual physician responsible for that PA that creates and structures an appropriate agreement. They would know best the full scope of practice that an individual PA would be capable of and ensure that they are practicing to the top of their license. The collaborative arrangement as defined by SB 515 creates a path towards one-size-fits all care that would be defined by administrators, and not providers. Such a practice would not best utilize the individual skills and talents of either the PA or the physician, which would have major implications for patient care.

Phone 608.442.3800 • toll free 866.442.3800

2450 Rimrock Road, Suite 101 • PO Box 1109 • Madison, WI 53701-1109 • wisconsinmedicalsociety.org •

SB 515 would also increase government bureaucracy and regulation by creating a new and independent Physician Assistant Board. The Society holds that there should be one standard of patient care throughout the state. Creating a new bureaucratic structure potentially compromises that standard and injects more government regulation, interference, and "red tape" into health care. We should be actively working to decrease government regulation in health care, not increase it. Currently, the authorities and responsibilities concerning the regulation of PAs happens within the Physician Assistant Advisory Council, which is attached to the Medical Examining Board. This relationship helps to ensure that standards of patient care are clear, well-defined, and safe.

Lastly, SB 515 repeals the current 4:1 PA-to-physician ratio. The Society is concerned that the lack of a ratio, without any language or parameters for a backstop or physician input could lead to higher administrative workloads and create potential ethical dilemmas. We are concerned that under the bill physicians would become tasked with managing more PAs than they could handle leading to higher administrative workloads, resulting in increased burnout and decreased patient care. We are also concerned that the lack of a ratio could be used a pretext for establishing a collaborative relationship without meaningful physician interaction and input, depriving patients of the quality of care they deserve.

The Society greatly values the high-quality care and dedication that PA's have for their patients. However, the parameters and structure of SB 515 does not serve the best interests patients, nor do we believe it places PAs in the best position to continue delivering high-quality care. We hold that there is a lot of room for improvement in SB 515 and welcome the opportunity to work together to move medicine forward.

Thank you for the opportunity to come before you today and I look forward to your questions.

ProHealth Care

**Contact:**
Jeff Squire
Chief Corporate Affairs Officer
Jeff.Squire@phci.org
262-928-8080

## POSITION STATEMENT

---

### Collaboration and Rural Expansion of Services (CARES Act)
### 2019 Assembly Bill 575
### 2019 Senate Bill 515

ProHealth Care supports this important legislation to update existing laws governing Physician Assistants (PAs) that have remained relatively unchanged for 40 years.

Simplifying, standardizing and modernizing PA practice statues will increase access to high-quality and cost-effective health care for residents across the state and decrease the cost on Wisconsin's health care system.

The CARES Act will:

- Eliminate unnecessary administrative constraints by updating the physician/PA relationship from supervisory to collaborative, which more accurately reflects the current environment where physicians and PAs partner to provide care
- Allow the more than 2,600 PAs in Wisconsin to practice at the top of their license and have their scope of practice be determined by their individual education, training and experience
- Lift the physician/PA ratio requirements allowing PAs to work autonomously without the additional burden of hiring more physicians
- Address Wisconsin's projected statewide primary care physician shortage by incentivizing utilization of PAs to increase access to safe, high-quality care
- Permit direct reimbursement from third party payors (except Medicare) for care provided by PAs, providing a long-term, sustainable option for addressing the primary care physician shortage
- Expand PAs scope of practice to more closely align with and provide parity with other advanced practice health care professionals (i.e. nurse practitioners)
- Allow Wisconsin to catch up to its peers in Illinois, Indiana, Michigan and Minnesota who have already passed similar legislation.

WISCONSIN ACADEMY *of* PHYSICIAN ASSISTANTS

**TO:** **Chairperson Bernier & Members,**
**Senate Committee on Elections, Ethics and Rural Issues**

**FROM:** **Wisconsin Academy of PA's**
Mrs. Julie A. Doyle, MPAS, PA-C, President
Dr. Eric M. Elliot, DMSc, PA-C, Chair, Legislative & Government Affairs Committee

**DATE:** **January 15, 2020**

**RE:** **Support for Senate Bill 515**

Thank you for the opportunity to testify in support of SB 515, the Wisconsin CARES Act. My name is Julie Doyle. I am the President of the Wisconsin Academy of PA's, I have been a practicing PA for 26 years and I currently practice in primary care. I hold a Masters in Physician Assistant Studies from the University of Wisconsin where I also graduated PA school in 1994. I also serve as a clinical preceptor for PA and NP students, many from the same program I attended so many years ago. I do so because I am committed to expanding access to safe, high quality healthcare in every community of Wisconsin.

On behalf of the Wisconsin Academy of PAs, I would like to extend our sincere appreciation for your work in authoring and supporting SB 515, the Collaboration and Rural Expansion of Services, or CARES, act. This legislation has been nearly four years in the making and is a cooperative effort between the Wisconsin Academy of PAs and the Wisconsin Hospital Association. During this time, WAPA has also met with numerous stakeholders such as the Council on Physician Assistants, the Medical Examining Board, Wisconsin Medical Society, several county medical societies, the Wisconsin Nurses Association, and countless others. At the heart of the CARES Act is collaboration. And that is exactly what we did by working with physicians, employers, patients, legislator's and other healthcare stakeholders to create a responsible, commonsense bill aimed at improving the utilization of PA services and expanding healthcare access in rural and underserved communities of Wisconsin.

My name is Eric Elliot and I am the Chair of Legislative & Government Affairs Committee for the Wisconsin Academy of PAs. I hold a doctorate in Medical Science from Lynchburg University where I completed a PA fellowship in internal medicine. I received my PA degree from the University of Nebraska Medical Center & School while attending the US Army Inter-service PA Program. I'm also a veteran of the Army and Air Force and retired NH National Guard officer where I served as the Director for Joint Medical Planning for Army and Air. My family and I moved to Wisconsin in 2014 and I practice in disability medicine.

I would like to echo the sentiments of my colleague by extending my gratitude for the opportunity to testify in support of an outstanding and much needed piece of legislation. The CARES Act promises to make significant improvements to healthcare access, particularly in Wisconsin communities suffering provider shortages and those projected to face critical access issues in the next several years. As my colleague mentioned, many individuals and organizations have participated in the careful and deliberate drafting of the CARES Act. However, I want to take a moment to recognize a key partner in the CARES Act, that is the Wisconsin Hospital Association (WHA). Early on, WHA recognized the need for long over-due reform in PA practice law. WHA provided invaluable insight and recommendations to ensure that our bill preserves the historic PA-physician relationship and ensures that the quality of care and welfare of our patients remains first and foremost in all we do. WHA not only provided guidance but, also assisted us in conducting painstaking reviews of numerous drafts offering specific language that was ultimately incorporated in the CARES Act. No other organization provided such willing and generous participation as WHA and we are truly grateful.

It is no secret that Wisconsin and the nation is facing a shortage of healthcare providers. The PA profession was created over a half century ago when the nation was facing a similar physician shortage, particularly with primary care. Much like today, no areas suffered more than rural communities. In response, the first PA medical program was created based upon experience gained from the fast-track training of physicians during World War II. What began as a small pilot program spread rapidly across the country. Here in Wisconsin, early graduates of the Marshfield Clinic program integrated into rural practices and have provided care for generations of Wisconsin families, often serving as their primary care provider. Nobody can argue that medicine has changed over the past half century. The small-town independent physician practice has given way to large healthcare systems and has resulted in, for the first time, the majority of physicians working as employees. Physicians have also migrated away from rural Wisconsin to metropolitan areas and suburbs. They have left rural primary care positions vacant while seeking well-staffed family practice settings in cities and larger communities. Many more have sought careers in specialty practice.

While profound changes have occurred in the delivery of healthcare over the past 50 years, the laws and regulations governing PA practice in Wisconsin have failed to maintain relevance and have actually become an incumbrance to PAs performing the very mission for which they were created, expanding access to quality healthcare. This reality became evident in 2015 when WAPA began hearing from PAs across the state reporting difficulties with employability. Anecdotes rained in from new graduates turned away from rural health care positions to experienced PAs being forced out of their primary care practices due to physician retirements or practice reorganization -you may hear from some of them today. We were aware that there were problems with our practice laws and what little improvements had occurred took years to obtain and were at the cost of additional regulatory restrictions. We started asking questions as to why PAs were facing problems with employment when there was clearly a shortage of providers, physicians were facing record burnout and PAs were highly qualified practitioners.

Things weren't adding up. A major healthcare employer responded to our inquiry explaining that the problem was our practice law. In their email, they pasted Med Chapter 8, the portion of Wisconsin Administrative Code governing PA practice. They wrote, "this is why". They cited supervision requirements such as the physician to PA ratio, the 15-minute contact rule and confusing rules on PAs delegating to ancillary staff had become far too cumbersome and, in some cases, impossible to satisfy. They questioned why Wisconsin PAs have such unnecessary barriers while nurse practitioners and PAs in neighboring states do not. They explained that, with few exceptions and until things changed, their rural clinics would seek providers other than PAs. They recommended we get to work on fixing the laws. Their response was echoed over and over. We heard from staffing agencies unable to use PAs to fill their locum tenens positions because the regulation prohibited PAs from being independent contractors, one of the fastest growing segments of PA employment, nationwide. While we have been at work on this bill, research from Duke University actually demonstrated that opportunities previously advertised to Wisconsin PAs were now being advertised to NPs. We watched the growth rate of our licensed PAs go from 8.1% in 2017 to 6.8% in 2018 and down to 4.6% in 2019.

Since its inception, the Wisconsin PA profession has been governed by the Medical Examining Board (MEB) and PA's have no say in the regulation and discipline of their own profession. While there is a PA advisory council to the MEB, the council has no real authority and the MEB is under no requirement to act upon its advice and counsel. Our recent experience in meeting with the MEB, the PA Advisory Council, as well as previous MEB leadership revealed that members of the MEB are generally unaware of the education and utilization of PAs. PA practice is a healthcare profession with a unique role in medicine. As such, the regulation and discipline should be conducted by professional peers with an intimate knowledge of PA education, standards and competencies. It is important to note that this is not something new, states such as Arizona, Indiana, Iowa, Massachusetts, Rhode Island, and Utah and others have functioned with PA examining boards for many years without evidence of an adverse effect on the PA-physician practice relationship or the quality of care provided.

I would add that if PAs had been involved in professional regulation, the rules would have kept up with changes in the healthcare delivery and the needs of underserved populations. This is why it is vital that PAs regulate their own profession just as podiatrists, nurses, physical therapists and so many others do. One profession exercising regulatory control over another profession should be generally avoided. A December, 2018 joint agency report from the US Department of Health and Human Services, the US Department of the Treasury and the US Department of Labor entitled, "Reforming America's Healthcare System Through Choice and Competition" described situations in which regulatory bodies impose unnecessary barriers and undue restrictions for particular types of providers. The report explains that state regulatory bodies are oftentimes not truly responding to legitimate consumer protection concerns but are utilizing regulatory restrictions as a state-sanctioned opportunities to prevent competition from healthcare professionals with overlapping skill sets. One can easily understand how affecting positive change in this type of scenario could be extremely challenging, if not impossible. We

want to avoid the likelihood of this type of scenario, particularly when issues like access to healthcare for some of our most at-risk communities is held in the balance.

The CARES Act does not create a new independent provider. On the contrary, CARES reinforces the historic relationship between PAs and physicians and mandates collaboration in practice. Collaboration is not a new concept. One could argue that the historic term "General Supervision" historically used to allow PAs to exercise autonomous medical decision making and work in geographically remote locations was an attempt at collaboration. Many of our surrounding states have moved forward with the changes we seek through the CARES act. In Public Act 379, Michigan dropped ratios and adopted a collaborative model of physician participation in 2016, Illinois moved to collaborative practice in 2017 with passage of Senate Bill 1585 and many other states have made similar changes in recent years. Alaska adopted collaborative model in 1986 and the Veteran's Administration moved to collaborative practice for PA's across the nation and right here in Madison in 2013. Last year, the Indian Health Service adopted collaborative practice.

Indeed, many of the improvements promised by CARES are based on successes from across the country, federal agencies and from our neighboring states. Collaborative practice between PAs and physicians has been in various state practice acts and federal regulation for years. We have been unable to identify any evidence to support a derogatory effect on patient safety, quality of care or patient outcomes. Study after study supports that PAs practice high quality safe, effective medicine with equivalent outcomes to those of physicians and nurse practitioners regardless of whether their physician relationship is collaborative.

Chairperson Bernier and committee members, we trust that you will recognize the significance of the CARES Act to the people of Wisconsin how it will create a path for PA-physician teams to address the looming healthcare crisis in our most vulnerable communities.

Thank you very much for your attention to this very important legislation. We welcome any questions you might have for us.

# Red Cliff Community Health Center

36745 Aiken Road, Bayfield, WI 54814
Phone: (715) 779-3707 Fax: (715) 779-3362

Statement in Support of the Collaboration and Rural Expansion of Services Act

Jan 13, 2020

Thank you for this invitation to testify in support of the CARES Act.

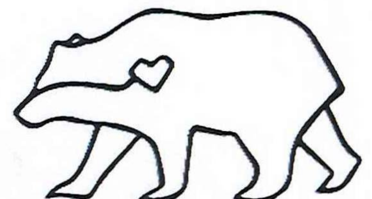
I am a physician, Board Certified in Family Medicine. I have been licensed since 1986, and Board Certified since 1989. I worked for two years in Arizona, then for 23 years in New Mexico for the Navajo Area Indian Health Service. Since June 2018, I have worked at the Redcliff Community Health Center in Bayfield, Wisconsin. All of my professional work has been in a rural setting.

The Red Cliff Community Health Center is a Federally Qualified Health Center serving both our native and non- native community of several thousand people in northern Bayfield County. Our facility provides not only an Outpatient Clinic, but Dental, Pharmacy, Mental Health, Physical Therapy, Community Health, and Optometry all under one roof. We are, therefore, a good example of the Medical Home Model. Our Outpatient Clinic is staffed by four providers. Khou Xiong, is our full time Physician Assistant. She has worked for RCCHC for over 8 years. We also have a full time Pediatrician, a full time Nurse Practitioner, and I work part time.

During my years in clinical medicine, I have worked with hundreds of medical providers, including countless Physician Assistants and Nurse Practitioners. The vast majority of these providers were well trained, competent in their field, hard- working, and dedicated to their patients and to quality health care. Each individual provider brings a unique set of skills, a unique set of strengths to their work. However, we all, physicians as well as PAs and NPs have areas where we have less experience or knowledge. It is also a fact that the complexity of the practice of medicine and the complexity of the patients' illnesses have both dramatically increased since I started practice. Consequently, we all, physicians as well as PAs and NPs, spend a substantial amount of time each day looking things up to solve a medical problem or treat an illness accurately. Also, all primary care providers, physicians, PAs and NPs rely heavily on specialist referrals for the problems that are out of our personal scope of practice.

In rural Wisconsin, New Mexico and the entire U.S., we face a critical shortage of primary care providers. In my years of work in New Mexico, it was impossible to staff all of our clinics without allowing PAs and NPs to work independently. Unless the power went out, they had the same access to the phone and the internet that physicians would have, and with experience, they functioned well independently, within their scope of practice. Here in Wisconsin, Khou Xiong is working across the hall from me, but she works independently every day, whether I am there or not. We consult with each other as needed. It is not logical that she cannot put an IUD in, inject a joint, or insert a nexplanon, each a simple office procedure which she has been trained to do, and which she is experienced in doing, without physician supervision.





In a specialty or surgical care setting, PAs and NPs work very closely with physicians. Patients often see both the PA/NP and the physician, or there will be very close supervision of the PA/NP work by the specialist. In rural primary care clinics, we are providing primary care. We are not providing surgical care. We are not providing specialty care. Therefore, not only is it impossible to staff rural clinics without allowing both PAs and NPs to work independently, it is not necessary. Rather, their scope of practice should be determined by their education, training and experience.

Finally, I invite you all to be creative and open minded in your approach to the crisis in access to health care in rural Wisconsin. The following are suggestions to help meet that challenge.

-- Provide all rural clinics in Wisconsin ready access to an internet based, peer-reviewed medical data base. The best data bases are very expensive for small clinics to afford. A state-wide subscription could be negotiated with Up to Date, for example, which clinics might then be able to afford. Quality of care improvements are immediate when providers have ready access to such a program.

-- Loan repayment programs are extremely successful historically at attracting medical professionals to areas of need. Federal loan repayment programs exist, but they are limited, and not as easy to qualify for as they should be. State support for rural clinics to help them qualify for federal loan repayment programs, and/or a Wisconsin Rural Health loan repayment program would attract health care providers who often choose more lucrative settings for purely financial reasons.

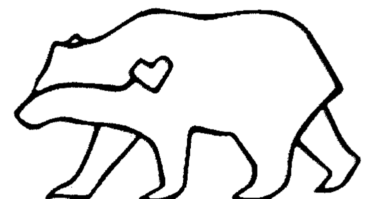
-- Increased state support of recruitment for rural health clinics. We are competing against each other to attract health professionals. Recruitment is hard for small rural clinics to budget for adequately.

-- Accept Medicaid expansion through the Affordable Care Act. In New Mexico, during my last few years there, the state accepted Medicaid expansion through the ACA. In spite of having our professional staff decrease by 50% over 2 years, due to the rural medicine provider shortage, our billing intake went up by 30%! Caring for the uninsured, and absorbing the cost of that care is a tremendous financial burden, an expense which has resulted in the closure of thousands of rural hospitals and clinics nation-wide.

Thank you so much for everything you do for our state.

Ann Reitz, MD
Medical Director
Red Cliff Community Health Center
36745 Aiken Rd
Bayfield, WI 54814
715-779-3707
areitz@redcliffhealth.org





Oneida Comprehensive Health Division
Oneida Community Health Center
Behavioral Health Services
Anna John Resident Centered Care Community
Employee Health Nursing

To: Senator Kathy Bernier, Chair
Members, Senate Committee on Elections, Ethics and Rural Issues

From: Ravi Vir, MD, MBA, FACP, Medical Director
Debra Danforth, RN, BSN, Operations Director

Date: Wednesday, January 15, 2020

**Re Testimony in Support of Senate Bill 515**

Physician Assistants are valued members of the health care team. They contribute to the health of the patients we serve in the North Eastern region of the state. There is a lack of qualified medical providers and a shortage of physicians in Wisconsin. Physician Assistants have helped to fill the gap in primary care, emergency medicine, surgery and specialty practices for 40 year in our state.

The Oneida Nation of Wisconsin and the Oneida Comprehensive Health Division fully supports the Wisconsin Academy of Physician Assistant's legislative agenda to optimize team practice. We concur the regulations that govern physician assistant practice are due for modernization.

Physician Assistants are already working in collaborative care team model and regulatory language should reflect this relationship. The evolving medical practice environment requires flexibility in the composition of teams and roles of team members to meet the needs of patients. Therefore, the manner in which Physician Assistants and physicians work together should be determined at the practice level. State law should not require a specific relationship between a physician assistant, physician, or any other entity in order for a physician assistant to practice to the fullest extent of their licensure, education, training and experience.

Current physician assistant rules create excessive and costly regulatory burden in an already busy practice environment. We find them outdated and they do not contribute to the health or well being of our patients and in fact have caused health administrators to decline hiring physician assistants, thus lessening the access to care for patients. Surrounding states have already implemented legislative updates and, unlike Wisconsin, are seeing increased hiring and utilization of physician assistants, thereby increasing access to care.

We strongly encourage your support of Senate Bill 515.

If you have any questions, please feel free to contact our offices or the lobbyist for the Oneida Nation, Forbes McIntosh

Mailing Address: P.O. Box 365, Oneida, WI 54155
https://oneida-nsn.gov/resources/health/

| | | | |
|---|---|---|---|
| Oneida Community Health Center | 525 Airport Rd., Oneida, WI 54155 | Phone: (920) 869-2711 or 1-866-869-2711 | Fax: (920) 869-1780 |
| Behavioral Health Services | 2640 West Point Rd., Green Bay, WI 54304 | Phone: (920) 490-3790 or 1-888-490-2457 | Fax: (920) 490-3883 |
| Anna John Resident Centered Care Community | 2901 S. Overland Rd., Oneida, WI 54155 | Phone: (920) 869-2797 | Fax: (920) 869-3238 |
| Employee Health Nursing | 701 Packerland Dr., Green Bay, WI 54303 | Phone: (920) 405-4492 | Fax: (920) 405-4494 |

**SB 515 Physician Testimony by Ann Bartos Merkow MD 1/15/2020**

I. Introduction

A. Thank you to committee Chairperson Bernier and committee members for the opportunity to testify in support of SB 515, the CARES Act.

B. My name is Ann Merkow and I have been a practicing physician for 40 years after graduating from UW medical school and my undergrad degree is a BS in Nursing from UWM. I am a general Internal Medicine physician and Medical Director at QuadMed including our Wisconsin clinics in West Allis, Sussex and Lomira as well as for other clinics across the nation. I have interviewed and hire numerous PAs and NPs. My husband, Steve is an Orthopedic surgeon and also has PAs in his practice.

C. To review the heart of the bill:

1. It improves the physician-PA relationship from supervision to collaboration, a relationship that better reflects the reality of modern PA practice and utilization.
2. It eliminates outdated administrative barriers that prevent PAs from expanding healthcare access to rural and underserved communities, and
3. It allows PAs to participate in the regulation their own profession.

D. I support the bill because I believe PAs are the solution to primary care in rural and underserved areas and because it allows both the PA and the physician to practice at the highest level of their licensure. I value PAs with whom I work and I believe present regulations cause roadblocks to optimal patient care.

II. I would like to point out:

A. Collaboration would be required to take the form of <u>either</u>

1. A written collaborative agreement with a physician that describes the PA's individual scope or practice; I see this in the primary care setting
   or,
2. The PA practices under the overall direction and management of a physician who is responsible for assuring the services provided by the PA are medically appropriate. I see this in the specialist setting.

B. The bill will NOT create independent PA practice. Recognizing that there have been some misunderstandings shared regarding the bill and independent practice, I want to reiterate that the bill mandates all PAs practice in a **collaborative relationship** with a physician. This is what we do at QuadMed.

C. The bill will not expand the PA scope of practice. Under the bill, a PA's scope of practice will be limited by his or her education, training, and experience and determined at the practice setting. This will allow many practices to capitalize on unique capabilities of individual PAs and ensure that they can practice at the highest level of their licensure. This is one of the principles of Patient-Centered Medical Home, the highest standard of medical care. Again, this is what we do at QuadMed.

D. The bill provides that, when a patient's care needs exceed the PA's experience, education, or training, the PA shall consult with and refer to other licensed health care providers with a scope of practice appropriate for a patient's care needs. This is what any licensed health care practitioner is or should be doing. Physicians consult with others, like other physicians, physical therapists, certified diabetic educators, etc. In fact, I consult with the PAs in my clinic on skin lesions since this is an area of special experience and expertise and in the best interest of the patients. I have also picked the brain about next steps in a difficult patient with diabetes with our PA who had experience in a diabetic clinic.

E. The bill provides that a PA will be individually and independently responsible for the quality of care he or she provides. Under current law, a PA's supervising physician is automatically responsible for the actions of the PA regardless of whether that physician participated in the care of the patient. This makes no sense. It is impractical and in fact impossible for me to review every action of a PA and that would certainly be more work than doing it myself. The values comes when the PAs can see and care for the patients and bring a diagnostic dilemma or a complex patient to me for consultation and guidance.

F. The bill eliminates many of the antiquated practice barriers of current law that prevent PAs from responding to provider shortages in rural and underserved communities and place PAs at a significant hiring disadvantage when compared to Nurse Practitioners. The bill removes barriers such as the restrictive PA-Physician ratio, the inflexible 15-minute contact requirement, and the job-killing prohibition of self-employment, a standard employment status for many locum tenens PAs backfilling critical vacancies, nationwide. We depend on locum tenens providers to backfill in our one provider clinics and I want to pick the best provider- the most knowledgeable and experienced, rather than shrinking the pool of applicants to NPs only.

G. A critical point is that the employer is given wide latitude to manage and direct its employees as it sees fit.

   Here's p. 28, lines 5-10 from the bill:

   The practice permissions provided in this section are permissions granted by the state authorizing the licensed practice of physician assistants. Nothing in this section prohibits an employer, hospital, health plan, or other similar entity employing or with a relationship with a licensed physician assistant from establishing additional requirements for a licensed physician assistant as a condition of employment or relationship.

III. In Conclusion

A. Again, I support the bill because I believe PAs are the solution to primary care in rural areas and underserved areas and because it allows both the PA and the physician to practice at the highest level of their licensure. I find that the PA schools teach and stress evidence-based medicine- the standard of care. Many of the PAs with whom I have worked could certainly have gone to medical school but for time, financial and or personal reasons have chosen the PA route instead. I have worked with PAs for 24 years now and I have been impressed that they know what they don't know and when to ask for help. This is part of the PA training and philosophy along with team-based care.

B. Thank you to Senator Bernier for authoring the bill and to all the members of the committee for taking the time to hold a hearing and allowing me to provide testimony.

C. May I answer any questions for you?

Respectively submitted,
Ann Bartos Merkow MD
Internal Medicine and Medical Director QuadMed

January 14, 2020

Dear Legislator,

I am writing today to ask that you support the Collaboration and Rural Expansion of Services (CARES) Act, SB 515 and AB 575, authored by Sens. Bernier, Kooyenga, and Hansen and Reps. VanderMeer, Edming, and Considine. This historic legislation modernizes Wisconsin's physician assistant (PA) practice laws and increases patient access to healthcare across our state.

As Director of Advanced Practice Provider Services for Infinity Healthcare, I am happy to report that the CARES Act is also supported by our group which has provided emergency medical care to Wisconsin patients for over 40 years utilizing more than 100 PAs. We know firsthand the difficulty of staffing rural emergency departments. We have capable and highly trained PAs who are ready to provide this care but unfortunately are often limited by outdated practice laws. Particularly in rural areas, we are often limited by how many PAs we can employ due to ratio requirements which have not been shown to improve patient safety or care.

The hiring process for PAs is much more burdensome than for our partner nurse practitioners (NPs). The CARES Act will ease regulatory burden in hiring PAs. Although Infinity Healthcare employs and appreciates both PAs and NPs, PAs have more emergency medicine training during their education program and are often more ready to hit the ground running upon graduation.

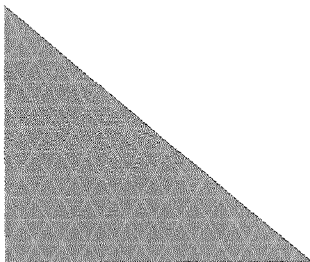
As an employer, it is very important that we participate and regulate the scope of practice of our providers. The CARES Act will allow us to oversee this at the group level where we are deeply familiar with the PA's capabilities and training rather than a one-size-fits all approach at the state level. By allowing PAs to work to the full potential of their education and experience, patients will benefit.

PAs enjoy a collaborative relationship with out partner physicians. I have been fortunate to personally be a part of this team on both the clinical and administrative level. PAs look forward to continue to work side by side with physicians to provide excellent care.

Wisconsin needs to catch up to its peers in neighboring states who have already passed similar legislation. Simplifying, standardizing, and modernizing PA practice will make a huge impact on improving healthcare for millions of patients in our state. I urge you to support the CARES Act (SB 515 and AB 575) and co-sponsor this historic legislation.

Sincerely,

Carleen M Freesmeier, PA-C, MPAS
Director of Advanced Practice Provider Services
Infinity Healthcare, Inc.
111 E. Wisconsin Avenue Suite 2100
Milwaukee, WI 53202
cfreesmeier@infinityhealthcare.com



January 13, 2020

To Wisconsin Senate Leaders:

I am an emergency medicine physician at Waukesha Memorial Hospital. I am writing in support of SB 515, the CARES act. This legislation allows for continued collaboration between physicians and physician assistants but eliminates some of the outdated administrative barriers that limit access to quality healthcare and allows PAs to participate in the regulation of their profession.

Collaboration is the heart of what PAs do. They are highly educated practitioners who are trained on the medical model which allows me to seamlessly collaborate, communicate, and function as a team. They are integral to our practice. The scope of PA practice has not changed with this legislation. This bill does not create independent PA practice. For these reasons and others, I support the SB 515, the CARES act. Thank you for your consideration.

Sincerely,

Frank Szatkowski, MD

*Red Cliff Band of Lake Superior Chippewa Indians*
88455 Pike Road
Bayfield, WI 54814
Phone: 715-779-3700 Fax: 715-779-3704
Email: redcliff@redcliff-nsn.gov

*Red Cliff Tribal Council*

January 13, 2020

Dear Honorable Members of the Wisconsin State Senate,

As the Tribal Chairman for the Red Cliff Band of Lake Superior Chippewa, I am writing this letter in full support of the CARES Act.

Our tribal clinic is a small community health facility with FQHC status. We service both clients of Native American ancestry and non-natives from the surrounding communities who desire to get their primary health care closer to home. The next three closest primary care clinics are Essentia Health and Chequamegon Clinic in Ashland, WI, which are both over 20 miles away, and NorthLakes in Iron River, WI, which is over 50 miles away. Within our clinic, Dr. Ann Reitz is medical director and the supervising doctor for Khou Xiong, our physician assistant. We also have Carol Nyman, a nurse practitioner, and Dr. Tiffany Darling, who is our pediatrician. Because of the unique qualifications that each of our providers brings into our clinic, we are able to offer a full spectrum of primary health care services, from age 0 to end-of-life care. With only four medical providers covering a 1,200 square mile radius, it is paramount that each provider can practice to the full extent of his or her training.

I support the passage of the CARES Act into law because of what it would translate into in terms of healthcare access and stability for our communities. All patients have a right to equal access to healthcare. It is unfair to ask patients to drive a longer distance when our own provider(s) can offer the same services much closer to home. Beyond that, there are individual patient factors, such as access to transportation and financial stability, and external factors, such as wintry conditions and spring floods, that commonly affect travel up here.

In summary, I am advocating for the passage of this Act as it will help eliminate many health inequities for our communities.

Sincerely,

Richard "Rick" Peterson
Tribal Chairman, Red Cliff Band of Lake Superior Chippewa
715-779-3700
richard.peterson@redcliff-nsn.gov

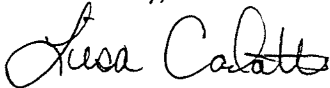
January 13, 2020

Dear Congressmen/Congresswomen

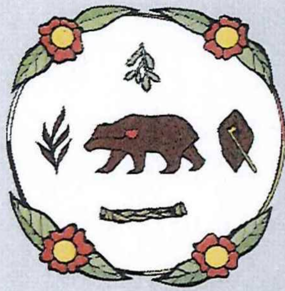
As a patient of Khou Xiong, PA-C, I am writing to ask for you support in the CARES Act and change the outdated regulations placed on the way Physicians Assistants can care for their patients.

I have been a patient of Khou Xiong PA-C since 2012, I have been provided excellent care by Khou she is very proficient in her medical knowledge and skills. It is a disadvantage to my health care and all patients when Khou is unable to perform a procedure that she has done successfully in the past, because her Supervising Doctor does not practice the same skills. We as patients, will have to travel 45 miles round trip to obtain services that Khou is very capable of but can not practice due to current regulations. Please take into consideration and make the appropriate changes to the current regulations to the way Physician Assistants can practice in the Wisconsin.

Sincerely,



Lisa Cadotte
P.O. Box 1438
Bayfield, WI 54814




# Red Cliff Community Health Center

36745 Aiken Road, Bayfield, WI 54814
Phone: (715) 779-3707 Fax: (715) 779-3362


Dear Members of the Senate,

My name is Diane Erickson. I am the Clinic Administrator for the Red Cliff Community Health Center. I am writing this letter in support of Khou Xiong, our PA, and the CARES Act.

I am aware of the different components of the Act. The one that directly impacts us here is the amendment to current law that allows each medical provider to practice to the full scope of his or her training. Here in Red Cliff, we struggle to recruit well-qualified, culturally humble medical providers. We are impacted by the national shortage of primary care providers especially acutely due to our rural setting. For this reason, it is imperative that any physician assistant we hire be allowed to practice according to his or her training and not that of the supervising physician. The current staffing is one family physician along with Khou, our PA, and a nurse practitioner. If the physician were to leave suddenly, you can imagine how crippling this would be for our clinic and our patients.

This was the experience in 2016 when the Medical Director left employment and recruitment was challenging. The next closest primary care clinics are at least 30 minutes away for many of our patients. This scenario also has financial implications. The Tribe is required to refer and pay for outside for care, for its members, if it cannot be provided on site. This would have a devastating impact and does not effectively serve the local medical community.

The more services a provider can offer, the more desirable he or she is as a candidate for any medical practice, but especially for ours. All specialty clinics are at least 40 minutes from Red Cliff. Many of our patients do have to go all the way to Duluth, MN, 1.5 hours away. When one of our providers can offer a particular service, eliminating the need for a referral, it benefits everybody: the clinician keeps up on his or her training, the patient can access services closer to home, our clinic draws more patients and the specialty clinic is not overloaded with referrals that could easily be offered at the primary care level.

Sincerely,

Diane Erickson


Diane Erickson
Clinic Administrator for the Red Cliff Community Health Center
715-779-3707
derickson@redcliffhealth.org


*Caretakers of the medicine, protectors of your health*