

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



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**From: Senator Kathy Bernier**  
**To: The Senate Committee on Sporting Heritage, Small Business and Rural Issues**  
**Re: Testimony on Senate Bill 312**  
**Relating to: composition of local boards of health**

**Date: February 10, 2022**

Thank you Chairman Stafsholt and committee members for allowing me to provide testimony on Senate Bill 312 regarding the composition of local boards of health. This bill passed the Assembly Committee on Health unanimously and the full Assembly by voice vote.

Under the current law, local health boards are required to appoint a licensed physician and a registered nurse to the board. In some rural areas of Wisconsin, finding available doctors and nurses with time to volunteer for these roles can be difficult. This bill helps fill these vacancies by expanding the list of eligible appointees to include physician assistants and advanced practice registered nurses.

While appointing authorities would still be required to first seek out RNs or physicians, this bill provides an alternate solution for health boards who are struggling to appoint medical professionals. Physician assistants and advanced practice nurses are more than qualified for health board positions. Their education, patient experience, and case assessment skills qualify them to fulfill all of the prescribed duties of board members. This bill allows for local health boards to fill long-standing vacancies in rural areas while also allowing Wisconsin's hard-working, competent PA's and RN's to serve their communities in this needed way.

Thank you once again for hearing Senate Bill 312. I hope you will join me in support of this important change, as every Wisconsin community deserves governing bodies that are fully staffed by capable people.



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# JON PLUMER

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STATE REPRESENTATIVE • 42<sup>nd</sup> ASSEMBLY DISTRICT

Testimony – **Senate Bill 312**– Relating to: composition of local boards of health

**Senate Committee on Sporting Heritage, Small Business and Rural Issues**  
**February 10, 2022**

Mr. Chairman and members of the committee, thank you for the opportunity to testify on this common-sense legislation. Senate Bill 312 allows local health boards more flexibility when it comes to appointing members.

Currently, state statute requires local health boards to have at least three members who are not elected officials or employees of the governing body that establishes the local health department and “have a demonstrated interest or competence in the field of public health or community health.” Additionally, the appointing authority must make a “good faith effort” to appoint a registered nurse and physician to two of those three spots.

Finding individuals with the specified credentials and a willingness to volunteer their time to serve on a health board can be difficult, especially in rural areas of the state where the number of practitioners can be limited. Senate Bill 312 states that if a physician and/or registered nurse cannot be found to serve on a health board, a good faith effort must be made to appoint a physician assistant or advanced practice registered nurse to the board in their place. Physician assistants and advanced practice nurses are valuable members of our health care teams and more than qualified to serve on our local health boards. This legislation simply gives our local governments one more option when it comes to appointing members to their local health boards.

Senate Bill 312 has support from the major stakeholders in public health boards:

- League of Wisconsin Municipalities
- Wisconsin Counties Association
- Wisconsin Association of Local Health Departments and Boards
- Wisconsin Public Health Association

I look forward to your support of this common sense legislation. If you have any questions, I would be happy to answer them.

**Senate Committee on Sporting Heritage, Small Business and Rural Issues**  
**Written Testimony for SB312**  
**Submitted by: Denise Brusveen**  
**February 10, 2022**

Hello, my name is Denise Brusveen. I reside near Poynette, WI, and I serve on the Columbia County Board of Supervisors. Additionally, I am a member of our county's Health and Human Services Committee, or as you might refer to it – our local board of health.

I feel that it is important to have medical representation on our county health boards, but current state law restricts the potential value of this representation. In my county, we have many good doctors and registered nurses, but it can be difficult to find individuals who want to serve on our committee.

Just last fall, a doctor from another county was appointed by our county board chair to serve as the physician on our health committee because he said he was unable to find anyone residing in our county that met the current statutory requirement to fill the position. Meanwhile, there were multiple able and willing individuals who both reside and work in our county as licensed healthcare providers who could have filled that role if their credentials were also acknowledged in state statute.

I think that the intention of this bill is to take us a step in the right direction by expanding who counties may consider, but in reality, it actually restricts us further. The way that the current statute reads, the county board chair is to make a good faith effort to appoint a physician and a registered nurse. And it ends there. If they are unable to find one or both of those individuals, they are able to choose other members at their discretion.

What this bill does is requires them to move on to locating a physician assistant or advanced practice nurse practitioner next. Thus, in the counties where very few (or none) of these individuals reside, this indeed does make it more restrictive.

Our counties are already making a good faith effort to locate a physician and a registered nurse. It hasn't been my experience that locating a nurse is the problem. The problem is in locating a physician. I have yet to meet the physician that was appointed to my county's committee over a year ago. I would much rather have someone who is living in our community and engaged in our committee than someone who is simply filling a statutory requirement.

Amending this bill to read, "In appointing the members who are not elected officials or employees, a **good faith effort shall be made to appoint a registered nurse and a physician, physician assistant, or advanced practice registered nurse.**" This would greatly expand our options from within each county to meet its unique needs.

In my county, our board of health committee is combined with human services. Thus, if given the choice between a physician assistant who works in family practice vs an emergency room doctor, anesthesiologist, or surgeon, the choice would be easy for me. The physician assistant would be exposed to a much wider range of types of people, health issues, and family dynamics as well as just

plain more people in general and would likely be a more valuable advisor for our committee. But the way this bill is written, each of the medical doctors would still need to be prioritized over individuals with other credentials.

I testified in person at the Assembly public hearing last summer on AB292 (the companion bill to this one), and one of the representatives questioned whether a physician assistant or advanced practice registered nurse is able to fill the role of a physician. Thus, I looked into this concern further after that hearing and discovered that 252.04(9)(a) would also need to be amended to read, "physician, physician assistant, or advanced practice registered nurse."

It seems that this amendment would need to take place even for this bill as it is currently written, in order to give the "second tier" choice of physician assistant or advanced practice registered nurse the proper authority to supervise and administer written orders for local vaccination programs.

Thus, I cannot support this bill in its current form. If it were to be amended as suggested above, to give physician assistants and advanced practice registered nurses equal consideration to physicians, and the change was made to ss. 252.04(9)(a), it would have my full support. Without these amendments, I feel that this bill does nothing that our counties aren't already doing.

Respectfully,

Denise Brusveen