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TO: Members of the Wisconsin State Legislature

FROM: Kyle O'Brien, Senior Vice President - Government Relations
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DATE: May 15, 2019

Subject: Opposition to Recently Circulated Advanced Practice Registered Nurse (APRN) Legislation – LRB 429

Last week legislation related to the licensure and scope of practice of APRNs in Wisconsin was circulated for co-sponsorship as LRB 429. This bill is similar to legislation first developed in 2014 and first introduced (but did not pass) in 2017. Since that time, WHA has offered up several changes to the bill's authors to address fundamental disagreements between stakeholders on this legislation. While we have engaged in multiple meetings, including those WHA has initiated, our compromise amendments have yet to be included in the draft bill and our concerns remain unaddressed.

On May 14, the Wisconsin Nurses Association (WNA) sent out an email to its membership urging members to contact their legislators to co-sponsor LRB 429. In that alert, WNA indicates that LRB 429 "has been written and reviewed by multiple parties including the APRN Coalition Steering Committee, *the Wisconsin Hospital Association*, representatives and legal professionals." This statement is a mischaracterization of WHA's position and role in the creation of this bill. We wanted to use this opportunity to clarify with the legislature WHA's position on this legislation.

While WHA supports the goal of creating a statutory license for APRNs that encompasses the four APRN roles – Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), and Clinical Nurse Specialists (CNSs), WHA remains concerned with several elements of the bill as drafted.

Key concerns in the bill as drafted that have been unaddressed include:

- The bill fully relinquishes the definition of the scope of practice for a new APRN license and the four APRN roles to the Board of Nursing. Nursing groups have blocked WHA's compromise proposal to include in the statute broad, but clear defined scopes of practice for each APRN role, coupled with Board authority to provide further specificity through rulemaking regarding the statutory scope of practice determined by the legislature.
- The bill defers to the Board of Nursing to determine whether collaboration with physicians should be a practice requirement for APRNs. Although representatives from nursing groups say collaboration is a fundamental part of APRN practice, they have blocked a WHA compromise proposal to simplify Wisconsin's existing collaboration requirements with one or more physicians to deal with issues outside of his or her licensed scope of practice. WHA's collaboration documentation (not an agreement) proposal reduces regulatory complexity for APRNs, hospitals, and clinics, by aligning directly with federal Medicare payment requirements for APRN services.
- The bill repeals a statutory requirement that has always existed in Wisconsin law for independent certified nurse midwives to have a documented agreement with a physician to handle cases when a risk factor or complication occurs that is beyond the midwife's scope of practice. This balance of autonomy, along with statutory requirements to develop a physician relationship, continues to be relevant today and should be maintained for deliveries occurring outside a hospital.

WHA cannot support LRB 429 as currently written and is forced to oppose this legislation.