

TO: Members of the Wisconsin State Legislature
FROM: The Wisconsin Academy of Family Physicians and the Wisconsin Medical Society
DATE: September 26, 2019
RE: Please **DO NOT** Cosponsor **LRB 0196/4354 – Regulation of Physician Assistants**

The Wisconsin Academy of Family Physicians (WAFP) and the Wisconsin Medical Society (WMS) greatly value our physician assistant colleagues. They are integral members of a physician-led caregiving team. However, **WAFP and WMS are concerned that LRB-0196 and LRB-4354 pose safety concerns for Wisconsin’s patients and erode the physician-led team-based health care that has routinely placed Wisconsin at the top of the list for quality of care.** WAFP and WMS have a number of concerns with the bill:

1. Workforce Barrier Argument

- According to the bill’s proponents, the legislation’s goal is to remove workforce barriers. That argument is a solution in search of a problem.
- Since 2009, physician assistant employment in Wisconsin has increased 143%.
- There remain unfilled vacancies for physician assistant positions around the state.
- The bill does not explicitly require PAs to practice in rural or underserved areas and does not address access to care issues in those areas.
- The bill does nothing to increase educational programs for physician assistants in the state.
- Claims that physician assistants experience employment workforce barriers in Wisconsin are anecdotal and unfounded.

2. Eliminating Physician Supervision of Physician Assistants

- Moving from a supervising relationship to a collaborative one is a fundamental shift, which ultimately compromises the standard of care for patients by eliminating the necessary oversight from a licensed physician.
- Under current law, physicians are required to supervise physician assistants by coordinating, directing, and overseeing their work. The legislation eliminates this requirement.
- Current supervision requirements allow physician assistant to practice to the fullest extent of their scope while still under the direct oversight and direction of a licensed physician.
- The training required for a physician assistant is substantially less than that required of a physician and is the primary reason for the supervisory relationship. (Physician assistants complete a two-year educational program, which include clinical rotation hours in the second year. Physicians complete four years of medical school and at least two years of residency training.)

3. Eliminating Medical Examining Board Regulatory Oversight of Physician Assistants

- Physician assistants are currently licensed and regulated by the state Medical Examining Board, which also regulates physicians, anesthesiologist assistants, and perfusionists.
- The legislation eliminates the Medical Examining Board’s regulatory oversight of physician assistants.
- Instead, the bill creates a Physician Assistant Examining Board, which could allow physician assistants to create licensing and regulatory requirements without the input of physicians.
- This could fundamentally and detrimentally change the way physicians and physician assistants practice and provide care.

Please do not cosponsor LRB 0196 and LRB 4354. The legislation jeopardizes patient safety in order to solve a physician assistant workforce barrier that does not exist. The only real change that results from passing this bill is allowing physician assistants to become self-employed without addressing any access needs in rural and underserved areas. If you have any questions, please contact WAFP’s government affairs team Tim Hoven (tim@hovenconsulting.com, 414-305-2011) and Erik Kanter (erik@hovenconsulting.com, 608-310-8833) and WMS’s manager of regulatory affairs HJ Waukau (hj.waukau@wismed.org, 608-442-3807).