



On the Front Lines During Difficult Times: Emergency Physicians are the **FIRST** to care for patients suffering from heart attack, acute mental illness, trauma, and stroke. Emergency Physicians provide care 24 hours a day, 7 days a week, 365 days a year.

WACEP Concerns Related to AB257/SB258-- APRN Compromise Bill

We recognize in the compromise language that there were significant strides made to protect patients and provide basic requirements for clinical experience, transparency in provider titles and guardrails on pain practice, but we still believe this bill has a major deficiency, the lack of physician staffing requirements for emergency departments.

In his last two executive budget proposals, Governor Evers included a provision, intended to be part of these APRN discussions, that would statutorily require hospitals to *“have sufficient qualified personnel at all times to manage the number and severity of emergency department cases anticipated by the location”* and ***“at all times, have on-site at least one physician who, through education, training, and experience, specializes in emergency medicine.”***

WACEP strongly supports this position.

In speaking with many nursing colleagues and other organizations, we understand that the intention of AB 257 is not necessarily to provide for independent practice in a high-acuity setting like an emergency department. But WACEP has significant concerns about how a new APRN law could be utilized to promote the proliferation of low-cost, substandard emergency care.

Unfortunately, it’s a trend we are seeing nationally and has taken hold in some hospitals in Wisconsin - emergency departments without emergency physicians. I think most people think that emergency departments can handle any individual mishap or medical emergency. However, rural emergency departments and for profit, publicly traded “microhospitals” that are starting to proliferate, often have no secondary support from other specialties and minimal staffing. This sets up any provider, without proper training, for failure which can often result in poor outcomes for our patients.

While the legislature may be moving towards conclusion on this APRN independence debate, the conversation **and hopefully legislation** regarding emergency department staffing will soon follow. We ask the legislature, and specifically this committee, to look closely at this issue, introduce legislation, and work towards ensuring that our state’s residents get the consistent care they deserve for any medical emergency – anywhere, any time.

Post Partum Benefit Extension—AB97/SB23

WACEP supports AB97/SB23 that would extend post-partum MA benefits to 12 months. Current law provides benefits for 60 days. SB23 passed the Senate 32-1 in April and is awaiting action in the Assembly.