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CONTACT:
MARIE ODDEN, 414-389-8616

MAY 24, 2021

**WISCONSIN SOCIETY OF ANESTHESIOLOGISTS STATEMENT
ON PROPOSED LEGISLATION THAT WILL COMPROMISE PATIENT SAFETY**

The Wisconsin Society of Anesthesiologists (WSA), comprised of over 700 physicians and 130 anesthesia physician residents, strongly opposes LRB 3325 and LRB 3578. This bill concerns the creation of an advanced practice registered nurse designation and is circulated on behalf of the associations representing nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives. This new version goes beyond previous similar bills by significantly attacking and diminishing the vital role that physicians, especially Anesthesiologists, play in patient safety and care while at the same time dangerously expanding the scope of practice of advanced practice nurses.

Nurse anesthetists play an important role providing anesthesia care. However, the physician led team care model, where a physician supervises or collaborates with nurse anesthetists, is vital to safe anesthesia delivery and pain management. Anesthesiologists are medical doctors specializing in anesthesia care, chronic pain management, and critical care medicine. After 4 years of medical school, we complete 4 years of anesthesia residency that includes 12,000 to 16,000 hours of clinical training. After completing their college degree, Nurse anesthetists complete an advanced degree with 3 years of additional education and 2600 hours of clinical training.

Despite the enormous differences in training and expertise, many health care facilities across the country, including Wisconsin, have replaced Anesthesiologists with Nurse anesthetists in the operating room and in chronic pain clinics. These systems cite financial concerns for this move. For example, many rural Wisconsin patients suffering from chronic pain only have access to nurse anesthetists, who have minimal training to manage these chronic pain conditions. These nurse anesthetists do not have any supervision or collaboration with a chronic pain physician with years of training and expertise. We are concerned that this lack of access leaves patients vulnerable to inappropriate opioid prescribing practices and unnecessary procedures, leading to both financial and physical damage to the patient. The WSA is concerned that this bill will accelerate this movement away from physician led team care, leading to further health care inequities in Wisconsin.

No one, especially a healthcare provider, should be permitted or incentivized by legislation or government policy to perform services beyond their training when Wisconsin citizens' lives are on the line. These legislative decisions have life and death implications for patients undergoing surgery or needing chronic pain management. We are disappointed that the groups representing mid-level providers used and continue to use the COVID-19

pandemic as an excuse to expand their scope of practice and skirt existing regulations that promote patient care and safety.

We are troubled that the Legislature is continually told that allowing healthcare professionals to practice beyond their level of training will benefit rural residents. The shortage of physicians and other healthcare providers in rural areas is real. We need to encourage both physicians and nurses to work in rural areas. It is WSA's position that rural Wisconsin residents should be entitled to the same care that is available in more populous areas and not have to settle for mid-level providers in lieu of physician-led care.

Medical school education does matter. We all want the best care for ourselves, our families, and our fellow Wisconsin citizens. This legislation and other initiatives are solely for the benefit of mid-level providers that jeopardize patient care and will lead to dangerous and unintended consequences.

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