



Testimony for AB 270 - Expanding the Voluntary Health Care Provider Program

Senate Committee on Government Operations, Public Works and Telecommunications

January 15, 2014

Thank you Chairman Farrow and members of the Committee for hearing this bill.

This bill expands the list of medical professionals who may volunteer to provide health services at free clinics under medical malpractice provided by the state.

Representative Loudenberg and I worked together to produce this bill after extensive discussions with directors of free medical clinics, the Wisconsin Nursing Association, the Department of Health Services and Department of Administration.

Representative Loudenberg and I both have free clinics in our districts, but free clinics operate in every region of the state, and all of them rely on volunteer medical professionals.

HealthNet of Rock County, Open Arms Free Clinic of Walworth County and free clinics throughout the state are busy places and they will stay busy for the foreseeable future.

The free clinics save every one of us money, because people without insurance and no other options will eventually seek treatment in emergency rooms. Emergency room care is the most expensive, least effective medical care. Emergency rooms treat symptoms; they don't provide continuing care for chronic conditions. That means patients are likely to repeat these expensive emergency room visits.

The cost of that care is borne by all of us through increased insurance rates and hospital charges. Free clinics can be medically more effective with continuity of care and can lessen the costs to the public.

The clinics would be even more effective and able to absorb more patients if the Voluntary Health Care Provider list were expanded. Our clinics tell us that nurse practitioners with prescribing authority would be invaluable in seeing more patients, but these practitioners cannot practice to the full scope of their license without this bill.

Nurse practitioners who have prescriptive authority are particularly crucial, but the bill expands the list to other medical providers, too.

I ardently hope that this bill becomes law. By expanding the list of available provider we can expand the amount of health care that these heavily used free clinics can offer.

Expanding the list provides an effective way to save public health care dollars, help control health care cost, protect the public health and expand medical care to more who have no other access.

Thank you again for holding this hearing. I would be happy to try to answer any questions.



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

Testimony for Assembly Bill 270 | January 15, 2014

Senate Committee on Government Operations, Public Works and Telecommunications

Rep. Amy Loudenbeck – AD31

Thank you Chairman Farrow and Committee members for holding a public hearing on AB 270.

Rep. Kolste has provided an excellent explanation of the important role of free clinics in Wisconsin. The Voluntary Health Care Provider Program (VHCPP) is the cornerstone of the free clinic model, allowing health care professionals who provide services as part of the VHCPP to be considered to be state agents of DHS for the provision of these services.

Since AB 270 was introduced, Representative Kolste and I have had the opportunity to consult further with numerous stakeholders, and have made several modifications to our initial proposal. Assembly Bill 270, as amended and passed in the Assembly on October 15, 2013, represents a solid legislative proposal that improves the level of services provided by clinics participating in the VHCPP while providing a solid risk management structure to protect the State of Wisconsin.

As amended, AB 270 transfers administration of the VHCPP program from the Department of Administration to the Department of Health Services. In addition, it shifts and strengthens oversight requirements by assigning several new duties to nonprofit agencies that utilize volunteer health care providers. These duties include a more robust process of credential verification, an online database for data entry and tracking, and basic annual reporting.

The proposal also expands the list of health care professionals who may participate in the program to include licensed psychologists, certified social workers, licensed marriage and family therapists, licensed professional counselors, and advanced practice nurses who are certified to issue prescription orders.

Finally, the amended AB 270 specifies that tooth extractions and other procedures performed under local anesthesia provided by a dentist who is a volunteer health provider are included in the VHCPP scope of services.

It is important to note that DHS has never paid a claim under the program, which is covered through medical malpractice insurance. Representative Kolste and I feel our bill is an improvement on a model program that supports approximately 90 free clinics in Wisconsin and encourage committee members to support its passage in the Senate.

Thank you again for this opportunity and we would be happy to answer any questions.

To: Rep. Amy Loudenbeck, State Capitol
PO Box 8952, Madison, WI 53708
F: 608-282-3631
E: Rep.Loudenbeck@legis.wisconsin.gov

January 13, 2014

Dear Chairman Senator Paul Farrow and members of the Senate Committee on Government Operations, Public Works, and Telecommunications:

The undersigned Wisconsin free clinic representatives, volunteers, and their advocates would like to extend appreciation to Chairperson Farrow for holding a public hearing on AB 270 on Wednesday, January 15th, 2014 at 10:30am in the Senate Committee on Government Operations, Public Works, and Telecommunications.

We support Assembly Bill 270, as amended as it includes additional providers to serve as volunteers in Wisconsin's "free health clinics" under the volunteer health care provider program. We are very supportive of the legislation as it allows an alternative method for advanced practice nurse prescribers to meet the malpractice insurance coverage requirement found in Wisconsin State Statute 441.16. We support the concept of coverage through the process outlined in the bill.

We have reviewed and support Assembly Substitute Amendment 1 (ASA1) offered by Representative Loudenbeck. We find the proposed amendment providing clarity while at the same time determining the state agency that will be responsible in the future for the initial and renewing application submission process. We also support Assembly Amendment 1 to ASA1 which provide clinics with clarity of coverage when performing dental extractions, and Assembly Amendment A2 to ASA 1 which clarifies the organizations' role in the application and verification process.

Given the amount of support for AB 270 as amended, we respectfully request that members of the Senate Committee on Government Operations, Public Works, and Telecommunications support this bill's passage when in it is scheduled for a vote in Executive Session.

We find this legislation good for patients and good for the free clinics and dedicated volunteer medical professionals providing care. Thank you again Chairperson Farrow for scheduling AB 270 for a Committee hearing.

Respectfully,

Name (printed)	Position	Clinic	City	Signature
Jean Randles	Executive Director	HealthNet of Rock Co., Inc.	Janesville, WI	Jean Randles

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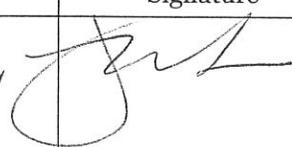
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Name (printed)	Position	Clinic	City	Signature
Jacqueline (TODD) MARTIN, RD	CLINIC DIRECTOR	CHIPPewa VALLEY FREE CLINIC	EAU CLAIRE WI 54701	

To: Rep. Amy Loudenbeck, State Capitol
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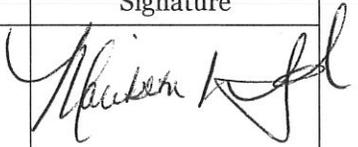
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Respectfully,

Name (printed)	Position	Clinic	City	Signature
Maribeth Woodford	Executive Director	Chippewa Valley Free Clinic	Eau Claire	



Good morning Chairman Farrow and Senate Committee Members:

My name is Jean Randles and I am the Executive Director at HealthNet of Rock County, Inc., a free clinic serving low income, uninsured residents of Rock County. Last year we had over 9,000 patient visits to our medical and dental clinics and the need continues to grow.

All of our medical and dental providers donate their time, which allows us to invest 97% of all the funding we receive in patient care. The remaining 3% is used to pay for staff and overhead costs.

The Volunteer Health Care Provider Program (VHCPP) is an invaluable resource for clinics that provide free care to patients across Wisconsin and the proposed expansion of this program will allow us to tap into additional community resources.

Another key element of this bill is the clarification of the role of advanced practice nurses with prescribing authority, thereby allowing these medical professionals to practice up to the full scope of their license at free clinics.

The Volunteer Health Care provider program is our most valuable resource at our clinic as well as the other free clinics across the state of Wisconsin. It provides peace of mind to the providers that serve so they can focus on providing patients the best care possible.

Thank you for the opportunity to testify and I encourage you to support this bill.



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TO: Senator Paul Farrow, Chair and members of the Government Operations, Public Works and Telecommunications Committee
FROM: Gina Dennik-Champion, MSN, RN, MSHA
Wisconsin Nurses Association Executive Director
DATE: January 15, 2014
RE: Support of Assembly Bill 270 - Relating to: additional providers in the volunteer health care provider program and proof of financial responsibility and malpractice insurance requirements for certain advanced practice nurses serving as volunteer health care providers

On behalf of the Wisconsin Nurses Association (WNA), I would like to thank Chairperson Farrow for holding this public hearing on AB 270. This bill provides for the inclusion of additional volunteer health care providers into the Volunteer Health Care Provider Program as described in Wisconsin State Statute 146.89 (1) (r).

My name is Gina Dennik-Champion. I am a registered nurse and serve as the Executive Director of the Wisconsin Nurses Association (WNA). WNA is the professional association for Wisconsin's 77,000 registered nurses including advanced practice nurses. WNA supports access to comprehensive quality health care services for all people which include the delivery of those services by Registered Nurses.

WNA is pleased that AB 270 was passed by your Assembly colleagues on October 15, 2013. Health care providers willing to volunteer their time and expertise to provide care to the uninsured are to be commended. One of the health care providers volunteering their time in "free clinics" is advanced practice nurse prescribers (APNPs). APNPs are licensed registered nurses who receive formal advanced education and training at the graduate level. You will find advanced practice nurses providing nursing care and services in many health care settings throughout Wisconsin.

The scope of services provided by APNPs includes performance of the following:

- Comprehensive health history
- Advanced physical assessment
- Selection and performance of appropriate diagnostic and therapeutic procedures
- Ordering and interpretation of laboratory tests
- Diagnosis of clinical conditions
- Prescription of and administration of pharmacological agents, treatments and nonpharmacologic therapies
- Provision of education and counseling for individuals, families and groups
- Consulting with other health care professionals and/or making appropriate referrals for patients and families
- Serving as the primary provider of record

In order to for an APNP to prescribe a drug, order radiographic, laboratory tests, procedures, and durable medical equipment, she or he must meet the conditions identified in Wisconsin State Statute 441.16 and Administrative Code for Nurses N.8. One of the requirements to practice as an APNP is to maintain malpractice insurance, which are currently \$1 million/\$3 million. Most employers pay the malpractice insurance for the APNP. However, coverage cannot extend beyond the work setting. For an APNP to serve as a volunteer in a "free clinic" she or he must purchase a separate malpractice insurance policy. This is not always desirable and deters APNPs from providing care in these free clinic settings.

In Section 1 on page 3, lines 1-2, and Section 2, page 3, lines 12 – 18 of AB 270 removes the requirement for the APNP to maintain malpractice insurance and provides for the Department to address any legal claims filed.

It is for these reasons WNA supports AB 270. This legislation is very timely given the increased demand for health services among the uninsured. APNPs are one more category of providers that can address the health care needs for those patients entering the free clinic setting.

On behalf of WNA, I want thank you Chairperson Farrow for holding this hearing and Representatives Laudenbeck and Kolste for sponsoring this bill. WNA respectfully requests the Senate Committee on Government Operations, Public Works and Telecommunications support AB 270 and vote its passage out of Committee.

Thank you for allowing WNA to submit testimony.



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To: Rep. Amy Loudenberg, State Capitol
PO Box 8952, Madison, WI 53708
F: 608-282-3631 / E: Rep.Loudenberg@legis.wisconsin.gov

January 13, 2014

Dear Chairman Senator Paul Farrow and members of the Senate Committee on Government Operations, Public Works, and Telecommunications:

On behalf of the Open Arms Free Clinic, its board of directors, volunteers, and advocates, I would like to extend appreciation to Chairperson Farrow for holding a public hearing on AB 270 on Wednesday, January 15th, 2014 at 10:30am in the Senate Committee on Government Operations, Public Works, and Telecommunications.

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Respectfully,

Sara Nichols

Sara Nichols, MPH
Clinic Manager



WISCONSIN LEGISLATIVE COUNCIL

*Terry C. Anderson, Director
Laura D. Rose, Deputy Director*

TO: REPRESENTATIVE AMY LOUDENBECK

FROM:  Laura Rose, Deputy Director

RE: Comparison of Bills Relating to Volunteer Health Care Provider Program

DATE: December 26, 2013

This memorandum compares 2013 Senate Bill 391 and 2013 Assembly Bill 270. Both bills relate to the volunteer health care provider (VHCP) program. The memorandum provides background on the VHCP program; a description of each bill; and a comparison of their provisions.

DESCRIPTION OF THE VHCP PROGRAM

Under the VHCP program, a health care provider who wishes to provide their services free of charge to certain nonprofit agencies or schools may do so as an agent of the state, and thereby obtain specified protection from liability for volunteer services they provide. The VHCP program is housed within the Department of Administration (DOA). A VHCP is an individual who receives no income from the practice of his or her health care profession, or who receives no income from the practice of that health care profession when providing services at an eligible nonprofit agency or for a school board or school governing body, and who is one of the following health care professionals:

- Physician or physician assistant.
- Dentist or dental hygienist.
- Nurse practitioner, registered nurse, practical nurse, or nurse-midwife.
- Optometrist.
- Pharmacist or pharmacy technician.
- Chiropractor.

- Podiatrist.
- Physical therapist.
- Dietitian.

In return for the volunteer services provided, the VHCPs are considered to be state agents of the Department of Health Services (DHS) when providing these services. If sued, VHCPs are represented by the state Department of Justice, and any recovery is paid by the state agency for which they are agents. This state agency status applies regardless of whether the VHCP has coverage under a health care liability insurance policy that would extend to services provided by the VHCP. Further, current law's limitations on the state's payment of damages and costs in excess of any insurance coverage applicable to the agent, and limits on the duty of a governmental unit to provide or pay for legal representation, do not apply to VHCPs.

To become a VHCP, the provider must submit a joint application with a nonprofit agency, school board, or school governing body to DOA for approval. An approval is valid for one year. A VHCP (other than VHCPs providing services at a school) may provide the following health care services:

- Diagnostic tests.
- Health education.
- Information about available health care resources.
- Office visits.
- Patient advocacy.
- Prescriptions.
- Referrals to health care specialists.
- Dental services, including simple tooth extractions and any necessary suturing related to the extractions, performed by a dentist who is a VHCP; and dental hygiene services, performed by a dental hygienist who is a VHCP.
- Any outpatient surgery that is permitted under the VHCP's license and for which the provider has the necessary training, experience, equipment, and facilities.

Health care services must be provided primarily to uninsured, low-income persons who are not eligible for Medicare or Medical Assistance (MA). However, a VHCP who is a dentist or dental hygienist may provide dental or dental hygiene services to MA recipients if all of the following apply:

- The nonprofit agency's fees for these services apply to the recipients and to persons who are not recipients of MA.

- The agency accepts discounted payments, based on ability to pay, from the persons who are not MA recipients.
- The VHCP is certified as a MA provider, the DHS has waived the requirement for certification, or the VHCP is not required to be certified under MA.

A VHCP that is providing services at a school may provide the following services, for students in four-year old kindergarten through sixth grade:

- Diagnostic tests.
- Health education.
- Information about available health care resources.
- Office visits.
- Patient advocacy.
- Referrals to health care specialists, other than reproductive health care specialists.
- Dental services, including simple tooth extractions and any necessary suturing related to the extractions, performed by a dentist who is a VHCP; and dental hygiene services, performed by a dental hygienist who is a VHCP.
- Any outpatient surgery that is permitted under the VHCP's license, and for which the provider has the necessary training, experience, equipment, and facilities.
- First aid for illness or injury.
- The administration of drugs, as specified in statutes, relating to drug administration in schools.
- Health screenings.
- Any other health care services designated by the Department of Public Instruction (DPI) by rule.

The VHCP providing services at a school may not provide any of the following:

- Hospitalization.
- Surgery, except in providing first aid, as permitted by rule by DPI, or as permitted under the VHCP's license and for which the provider has the necessary training, experience, equipment, and facilities.
- A referral for abortion.
- A contraceptive article.
- A pregnancy test.

Any health care services provided by a VHCP in a school must be provided without charge at the school and must be available to all students from four-year old kindergarten to grade six regardless of income.

2013 SENATE BILL 391

Professionals Eligible to Participate

Senate Bill 391 permits health care providers who are licensed out-of-state to participate in the VHCP program. The individual must hold a valid, unexpired license, certification, or registration (credential) issued by another state or territory that authorizes the individual to perform health care services that current VHCP volunteers perform, and that are within the scope of the individual's credential. Any applicant who is credentialed outside of Wisconsin must make a joint application with a nonprofit agency. Out-of-state VHCPs may not provide health care services in schools.

The bill prohibits DOA from denying a VHCP program application from a nonprofit agency applicant solely on the basis that the agency is organized in a state other than Wisconsin.

Liability Coverage Issues

Unlike Wisconsin VHCPs, an out-of-state VHCP that has sufficient liability insurance coverage and submits a joint application with a nonprofit agency that has sufficient liability coverage is not considered an agent of the state for liability purposes. These out-of-state VHCPs who have sufficient liability coverage are not liable for any civil damages for any act or omission resulting from providing services through the VHCP program, unless the act or omission is the result of the out-of-state VHCP's gross negligence or willful misconduct or the act or omission violates a state statute or rule.

New Credentialing and Monitoring Role for Nonprofit Agencies

The bill places requirements on the nonprofit agencies that participate in the VHCP program. Under the bill, the nonprofit agency must assume responsibility for approving the health care professionals and must research and validate the credentials of those health care professionals before submitting the joint application to be in the VHCP program. The nonprofit agency must enter the list of VHCPs providing services at that agency into an online, electronic system that is developed by DOA. The nonprofit agency must monitor its volunteer health care providers and terminate a VHCP's participation in the program when the agency questions the VHCP's credentials or disapproves of the VHCP's practices. Finally, the nonprofit agency must prepare and submit to DOA an annual report including the types and number of health care services provided by the nonprofit agency under the VHCP program.

2013 ASSEMBLY BILL 270

2013 Assembly Bill 270 adds the following health care professionals to the VHCP program:

- Nurse aides.
- Emergency medical technicians.
- Psychologists.
- Certified social workers.
- Licensed marriage and family therapists and professional counselors.
- Advanced practice nurse prescribers.
- Medical assistants with certain certifications.
- Health educators meeting certain criteria.
- Dental assistants.

Currently, administrative rules promulgated by the Board of Nursing require advanced practice nurse prescribers who prescribe independently to maintain malpractice insurance coverage. The bill provides that, while serving as a VHCP, an advanced practice nurse prescriber is not required to maintain malpractice insurance.

ASSEMBLY SUBSTITUTE AMENDMENT 1 TO ASSEMBLY BILL 270

The substitute amendment adds a more limited set of professions to the list of those eligible to participate in the VHCP program than is added under the bill. In addition, the substitute amendment makes several changes relating to the administration of the program that are not included in the bill, described below.

Additional Categories of Professionals Eligible to Participate

The substitute amendment adds the following categories of professionals to those eligible to participate in the VHCP program under current law:

- Licensed psychologists.
- Licensed social workers.
- Licensed marriage and family therapists.
- Licensed professional counselors.
- Advanced practice nurses who are certified to issue prescription orders.

Transfer of VHCP from DOA to the DHS

The substitute amendment transfers the primary administration of the VHCP program from DOA to DHS. For example, under the substitute amendment, joint applications from volunteer health care providers and schools or nonprofit agencies would be submitted to DHS rather than DOA, and DHS would be the agency responsible for approving or disapproving such applications and providing application forms.

New Credentialing and Monitoring Role of Nonprofit Agencies

The substitute amendment creates a new role for participating nonprofit agencies. These provisions are identical to those in Senate Bill 391, described above, except the agencies submit their requirement applications and annual reports to DHS, not DOA.

In addition, under the substitute amendment, every participating nonprofit agency must enter a list of volunteer health care providers serving at that agency into an online, electronic system developed by DOA. Finally, the agency must prepare and submit to DHS an annual report that includes the types and number of health care services provided by the agency through the program.

The substitute amendment authorizes DHS to withdraw its approval of an application for participation in the program based on a nonprofit agency's lack of compliance with the requirements under the substitute amendment.

COMPARISON

The bills, and Assembly Substitute Amendment 1 to Assembly Bill 270, compare in the following ways:

Expansion of Eligible Providers

Both bills expand the categories of health care providers who may participate in the VHCP. Senate Bill 391 expands the program to include out-of-state health care providers, provided they are credentialed in one of the currently participating categories of providers who may participate in the VHCP program.

Assembly Bill 270 adds nine new types of Wisconsin-credentialed providers to the list of providers that may participate in the program. Assembly Substitute Amendment 1 to Assembly Bill 270 adds a more limited number of Wisconsin credentialed providers to the list of eligible providers.

Liability Coverage Issues

Senate Bill 391 provides that out-of-state VHCPs who have sufficient liability coverage are not liable for any civil damages for any act or omission resulting from providing services through the VHCP program, unless the act or omission is the result of the out-of-state VHCP's gross negligence or willful misconduct or the act or omission violates a state statute or rule.

Senate Bill 391 does not grant state agency status to out-of-state VHCPs who participate in the program, provided they carry malpractice insurance coverage. Presumably, out-of-state health care providers who seek to participate and do not carry malpractice insurance coverage would not be able to participate in the program.

Assembly Bill 270 and Assembly Substitute Amendment 1 to Assembly Bill 270 make one change to the liability provisions of the current VHCP program. The bill and Assembly Substitute Amendment 1 specify that an advanced practice nurse prescriber who participates in the program is not required to maintain malpractice insurance.

New Credentialing and Monitoring Role for Nonprofit Agencies

Both Senate Bill 391 and Assembly Substitute Amendment 1 to Assembly Bill 270 create a credentialing and monitoring role of a nonprofit agency that applies to participate in the VHCP program. Assembly Bill 270 does not contain these provisions.

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices.

LR:jal:ksm