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# ERIK SEVERSON

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STATE REPRESENTATIVE • 28<sup>TH</sup> ASSEMBLY DISTRICT

## **Testimony on Assembly Bill 742 and Senate Bill 579**

### **Joint Hearing of Assembly Committee on Health and Senate Committee on Health and Human Services**

**February 12, 2014**

I would like to thank the members of the Assembly Committee on Health and the Senate Committee on Health and Human Services for attending this joint hearing on Assembly Bill 742 and Senate Bill 579. I would also like to thank Sen. Vukmir for her leadership on this important issue.

The state of Wisconsin is nationally acclaimed for having one of the best health care systems in the nation. It is because of our phenomenal health care providers who are committed to providing the highest quality of care for their patients. However, it is important that Wisconsin law continue to adapt in order to ensure that our high quality of care continue into the future.

Current law allows an applicant for a physician license to apply after just one year of post-graduate training, or residency. However, most states around the country require two or even three years. This legislation strengthens our licensure standards by requiring a resident to complete 24 months of training prior to getting a full license to practice medicine.

It is important to note however that there are situations in which a resident is qualified to begin practicing after one year of residency and we do not want to discourage capable residents from being able to provide high quality care to patients. This legislation allows for a resident to receive a license after 12 months if they are currently enrolled in a residency program and receive an unrestricted endorsement from their program director. This exemption ensures that our best and brightest residents still have the opportunity to practice and will make Wisconsin residency programs more attractive to medical school graduates.

I also would like to clarify that a drafting oversight resulted in this exemption only being afforded to domestic medical school graduates and not to foreign medical school graduates. Assembly Amendment 1 ensures that the best residents, regardless of where they went to medical school, are given the same opportunities to excel here in Wisconsin.

Senator Vukmir and I have worked extensively with the Medical Examining Board in order to ensure that this legislation strengthens Wisconsin's physician licensure laws. Assembly Bill 742 and Senate Bill 579 will update these laws and allow Wisconsin to continue to be a healthcare leader throughout the country.

Thank you again to committee members for taking the time to attend this joint public hearing and I look forward to working with you on passage of this legislation. I would be happy to answer any questions you may have at this time.



TO: Senate Committee on Health and Human Services  
Senator Vukmir, Chair  
Assembly Committee on Health  
Representative Severson, Chair

FROM: Jeremy Levin, Director of Advocacy  
Rural Wisconsin Health Cooperative

DATE: February 12, 2014

RE: SUPPORT Senate Bill 579/Assembly Bill 742 – Relating to licensure of physicians

The Rural Wisconsin Health Cooperative (RWHC), owned and operated by 40 rural community hospitals, thanks you for this opportunity to share our thoughts on Senate Bill 579 and Assembly Bill 742 which relates to changes in the licensure of physicians. RWHC thanks the authors, Representative Severson and Senator Vukmir, for introducing legislation that appropriately balances safeguarding the public from inadequately trained physicians, while helping to alleviate access problems to health care in rural areas.

RWHC worked with members of the Medical Examining Board and physician leaders within the Graduate Medical Education community to strike this balance and encourage committee members to retain the language being recreated in §448.05 (2) 2b. (Section 21) that would allow the licensing of a physician applicant who “is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization; the applicant has successfully completed and received credit for 12 consecutive months of postgraduate training in that program; and the applicant has received an unrestricted endorsement from the postgraduate training program director that includes confirmation that the applicant is expected to continue in the program and complete at least 24 months of postgraduate training.”

Thank you again for this opportunity to comment on and express our support for Senate Bill 579/Assembly Bill 742. We encourage the Committee to act on this bill, so that it might become law and help health care professionals better serve patients in Wisconsin’s underserved rural areas.



**Testimony of Marshfield Clinic  
Matthew Jansen, MD, FACP  
In support of AB 742/SB 579  
Before the Joint Committee on Health  
February 12, 2014**

Chair Vukmir, Chair Severson and Committee members, thank you for holding a hearing on Assembly Bill 742 and Senate Bill 579. My name is Dr. Matthew Jansen. I am an internist and am also the Director of Medical Education for the residency programs that are jointly sponsored by Marshfield Clinic and Ministry St. Joseph's Hospital in Marshfield.

Marshfield Clinic has been involved in education since the 1920's and has had an accredited education program since the early 1970's. In addition to our over 8,000 employed staff and physicians, we have over 80 physician learners annually and consider ourselves to be experts in training and placing providers in a rural health setting. Our program works with many kinds of residents including internal medicine, pediatrics, combined internal medicine and pediatrics, and surgery.

I am here today in support of AB 742 and SB 579 because it would fix an unintended consequence of federal regulations that have a negative impact on our residents and our business operations.

Several years ago the federal government passed "meaningful use" standards. These "meaningful use" standards include incentives to health care providers to use electronic medical records in a meaningful way. You may have heard someone in health care talking about stage 1 or stage 2 of meaningful use standards. Stage 2 criteria are expected to go into effect in 2014.

A part of these standards is that someone cannot enter data into the electronic medical record unless they are licensed. This generally isn't an issue except that first year residents in Wisconsin are currently not licensed. This means that there is a one year gap where residents need to have their supervising physician enter their orders for them into the medical record. We believe this is an unnecessary and inefficient use of our physician's time.

This bill would create a special license, similar to physician training licenses in most other states called - a resident educational license (REL). This REL would allow a first year resident to be licensed for the purposes of meeting the meaningful use standards that I mentioned earlier. We believe that the standard in the bill - that interns who have completed medical school and have been accepted into an accredited post graduate training program - is an appropriate requirement for these residents to meet. Under this

bill, these residents will continue to have the same amount of supervision as they currently have.

Another purpose of the REL and allowing interns or first year postgraduate residents to write orders is for the necessary development of that skill. Writing medical orders is a special skill that requires years of training in a supervised setting. It should not be done only at the end of their post graduate training, but should be started early, as an intern. Under proper supervision this allows the development of that competency.

Thank you again for taking up this issue. We appreciate you taking our thoughts into consideration.

I would be happy to take any questions you may have.