

Alicia Plemmons: Wisconsin is right to reimagine nurse practitioners to address healthcare shortages

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For the over [150 communities with designated shortages](#) of primary care physicians, help may soon be on the way from the Wisconsin State Legislature.

If passed and signed, [SB 145](#), known more popularly as the “APRN Modernization Act,” moves Wisconsin from reduced practice to full practice authority for nurse practitioners. This means that nurse practitioners will be able to diagnose and treat patients, prescribe necessary medications, order testing, and refer patients to specialized physicians without needing direct supervision and collaboration agreements with physicians.

This does not mean that nurse practitioners will stop collaborating; they frequently work with several physicians and hospital systems. Instead, the policy removes the requirement for a contractual collaboration agreement which can be [prohibitively expensive](#) for nurse practitioners, especially within the poorest communities. What this does do for Wisconsinites is open the door to more available providers and shorter wait times.

Full practice authority is not a new or unique concept. As of today, 27 states have moved to allow nurse practitioners to work to the full extent of their education and training. In these states, there have been several improvements in the ability to [attract and keep](#) new healthcare professionals, provide better [routine care for rural patients](#), and improve [adherence to medications](#) for chronically ill patients as they now experience more face-to-face interactions with a provider. Nurse practitioners with full practice authority also translates to more primary care providers in [rural and marginalized communities](#) that face the most dire lack of care.

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Last month, [SB 145](#) was approved by the Senate and is now in committee in the Assembly. This bill covers many aspects of licensure for nurses and would be an important step towards reducing barriers to access for care in Wisconsin.

Yet, if the bill continues to advance, there will still be work left to do. For example, the bill requires three years of supervision by a physician before a nurse practitioner may independently treat patients—one of the longest supervision periods across any state of the 27 states which have moved to full practice authority. This restriction keeps highly trained nurse practitioner program graduates from directly helping patients for years.

The lengthy supervision requirement is part of the long, and often heated, history of expanded practice bills within the state legislator. Last year, a similar bill was passed but subsequently vetoed by Governor Tony Evers, who stated that the bill did not address several issues raised by physician groups. This large supervision window is an attempt by different physician and nursing groups working together with bi-partisan legislators to attempt to solve these disagreements.

Physician associations have been the opposing voice for several practice expansion bills since the mid-20th century. They often highlight concerns over the quality of patient care that a nurse practitioner would be able to provide and potential patient confusion between the credentials of their provider.

Luckily, nurse practitioner expansions in 2023 now have decades of data to help inform decisions. Based on the several hundred studies that have analyzed nurse practitioners, removing expensive collaboration agreements saw [no noticeable difference in safety](#), and even contributed to [lower malpractice rates](#) among physicians. This is because physicians can spend more time with patients and less time filling out collaboration paperwork.

Technology today has also improved the transparency of provider credentials. Every major insurance company provides a list of in-network providers that can be searched by specialty, rating, and credentials. These sophisticated resources allow patients who wish to have appointments exclusively with licensed physicians, rather than nurse practitioners, to make that selection with the click of a mouse.

For communities without enough physicians, nurse practitioners serve as another means for increasing fast, accessible primary care—where visits can be scheduled when patients need them, not booked months out or in an office three towns over. Wisconsin has over 150 communities across forty-four counties where there is fewer than one physician for every 4,000 residents. This growing problem disproportionately impacts people in rural or vulnerable communities, where finding a doctor is a complicated and time-consuming process.

For these Wisconsinites, help may be coming soon, if SB145 continues through the assembly. Hundreds of thousands of nurse practitioners are up to the task and already serving patients independently in over 27 other states. The red tape in Wisconsin needs to be cut to let these nurse practitioners do the jobs they were trained to do.

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