



LEGISLATION AND RULES COMMITTEE

BOARD OF NURSING
ROOM 121A, 1400 EAST WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
September 15, 2014

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A quorum of the Board may be present during the committee meeting.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Approval of Agenda (1)

B. Legislative and Administrative Rule Matters – Discussion and Consideration

- 1) Proposed Revisions to N 5 Relating to Renewal of Credentials **(2-3)**
- 2) Proposed Revisions to N 6 Relating to Scope of Practice **(4-5)**
- 3) Proposed Revisions to N 8 Relating to Advanced Practice Nurse Prescriber **(6-24)**
- 4) Status of Pending and Possible Rule Projects

C. Public Comments

ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING

Chapter N 5

RENEWAL OF LICENSE

N 5.01 Authority and intent.

N 5.02 Definitions.

N 5.03 Current license required for practice.

N 5.07 Duplicate renewal card.

N 5.08 Renewal after 5 years.

N 5.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08, 227.11, 440.08 (3) (b), and 441.01 (3), Stats., and interpret ss. 440.08 (3) (b), 441.06 (3), (4), 441.10 (3) (b), (c) and 441.15 (3) (b), Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify the requirements and procedures for renewal of the license of a registered nurse, an advanced practice nurse prescriber, a licensed practical nurse, or a nurse–midwife, for obtaining a duplicate renewal card, and for notifying the bureau of health service professions of name or address changes.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; am. (1), Register, June, 1993, No. 450, eff. 7–1–93; am. (2), Register, February, 1995, No. 470, eff. 3–1–95; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

N 5.02 Definitions. As used in this chapter:

(1) “Bureau” means bureau of health service professions within the department of safety and professional services.

(2) “Certificate” means a certificate of an advanced practice nurse prescriber.

(3) “Certificate holder” means a person holding a certificate as an advanced practice nurse prescriber.

(4) “Department” means the department of safety and professional services.

(5) “License” means a license of a registered nurse, licensed practical nurse or nurse mid–wife.

(6) “Licensee” means a person licensed as a registered nurse, licensed practical nurse under s. 441.10, Stats., or nurse mid–wife.

Note: The bureau and department are located at 1400 East Washington Avenue, Madison, Wisconsin. The mailing address for the bureau and department is P.O. Box 8935, Madison, Wisconsin 53708–8935.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. (1), r. (2), (3), (7) and (8), renum. (4) to (6) to be (2) to (4) and am. (3) and (4), Register, May, 1990, No. 413, eff. 6–1–90; renum. (2) to (4) to be (4) to (6) and cr. (2) and (3), Register, February, 1995, No. 470, eff. 3–1–95; corrections in (1), (4) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

N 5.03 Current license required for practice.

(1) REGISTERED NURSES. Except as provided for in s. N 3.05 (4) (c), no person may practice or attempt to practice professional nursing, nor use the title, letters or anything else to indicate that he or she is a registered or professional nurse unless he or she has been granted a license under s. 441.06 (1), Stats., and holds a current license.

(2) LICENSED PRACTICAL NURSES. Except as provided for in s. N 3.05 (4) (d), no person may hold himself or herself out as a licensed practical nurse nor use the title or letters “Licensed Practical Nurse” or “L.P.N.”, unless he or she has been granted a license under s. 441.10 (3) (a) or (d), Stats., and holds a current license.

(3) NURSE–MIDWIVES. No person may practice or attempt to practice nurse–midwifery, nor use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she has been granted a license under s. 441.15 (3) (a), Stats., and holds a current license.

(4) ADVANCED PRACTICE NURSES. No person may use the title “advanced practice nurse” or append to his or her name the letters “A.P.N.” unless he or she meets the qualifications described in s. N 8.02 (1).

(5) ADVANCED PRACTICE NURSE PRESCRIBERS. No person may practice or attempt to practice as an advanced practice nurse prescriber or use the title “advanced practice nurse prescriber” or append to his or her name the letters “A.P.N.P.”, or otherwise indicate that he or she is certified to practice as an advanced practice nurse prescriber unless he or she is both currently certified under s. 441.16 (2), Stats., and is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90; cr. (4) and (5), Register, February, 1995, No. 470, eff. 3–1–95.

N 5.07 Duplicate renewal card. (1) A duplicate renewal card may be issued to a registered nurse, advanced practice nurse prescriber, licensed practical nurse or nurse–midwife whose card has been lost, stolen, or destroyed, or whose name or address has been changed, upon the filing with the bureau of an application for duplicate renewal card. The application shall include:

(a) A completed identification statement supplied by the bureau, which includes the reason for requesting the duplicate card;

(b) Fee specified in s. 440.05 (7), Stats.; and,

(c) Returned current renewal card if the duplicate card is requested due to name or address change.

(2) A duplicate renewal card issued for lost, stolen or destroyed cards shall be marked “duplicate”.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. (1) (intro.), Register, February, 1995, No. 470, eff. 3–1–95.

N 5.08 Renewal after 5 years. (1) The board may, in the exercise of its discretion, require a credential holder who has failed to renew his or her license within 5 years after its renewal date to demonstrate continued competence in the practice of nursing as a prerequisite to credential renewal.

(2) (a) The board may require demonstration of competence by various methods, including but not limited to written or oral examination, documentation of nursing work in other jurisdictions, or documentation of current education or experience in the field. Any examination or education required under this section shall not be more extensive than the educational or examination requirements for an initial credential from the board.

(b) An applicant for renewal who has failed to renew his or her license within 5 years, and who is unable to document nursing work in other jurisdictions, or document current education or experience in the field, may apply to the board for a limited license to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license–holder may petition the board for reinstatement of a full license.

(3) An advanced practice nurse certified to issue prescription orders who has failed to renew the certificate within 5 years after its renewal date shall, as a condition for renewal, show evidence of meeting all current requirements for a certificate under s. [N 8.03](#).

History: Cr. [Register, June, 1993, No. 450, eff. 7-1-93](#); cr. (3), [Register, February, 1995, No. 470, eff. 3-1-95](#); cr. (2) (b), [Register, December, 2000, No. 540, eff. 1-1-01](#).

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.
N 6.02 Definitions.
N 6.03 Standards of practice for registered nurses.

N 6.04 Standards of practice for licensed practical nurses.
N 6.05 Violations of standards.

Note: Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10-1-85.

N 6.01 Authority and intent. (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.

N 6.02 Definitions. As used in this chapter,

(1) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient's clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- (a) The patient's clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(4) "Delegated medical act" means acts delegated to an R.N. or L.P.N. by a physician, podiatrist, dentist or optometrist.

(5) "Delegated nursing act" means acts delegated to an L.P.N. or less-skilled assistant by an R.N.

(6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

(8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.

(9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) "Protocol" means a precise and detailed written plan for a regimen of therapy.

(11) "R.N." means a registered nurse licensed under ch. 441, Stats.

(12) "L.P.N." means a licensed practical nurse licensed under ch. 441, Stats.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; reprinted to correct error in (7), Register, July, 1983, No. 331; am. (5) and (12), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (intro.), (3) (intro.) and (4), Register August 2001 No. 548, eff. 9-1-01.

N 6.03 Standards of practice for registered nurses.

(1) **GENERAL NURSING PROCEDURES.** An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) **PERFORMANCE OF DELEGATED MEDICAL ACTS.** In the performance of delegated medical acts an R.N. shall:

(a) Accept only those delegated medical acts for which there are protocols or written or verbal orders;

(b) Accept only those delegated medical acts for which the R.N. is competent to perform based on his or her nursing education, training or experience;

(c) Consult with a physician, podiatrist, dentist or optometrist in cases where the R.N. knows or should know a delegated medical act may harm a patient; and,

(d) Perform delegated medical acts under the general supervision or direction of a physician, podiatrist, dentist or optometrist.

(3) **SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS.** In the supervision and direction of delegated nursing acts an R.N. shall:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;

(b) Provide direction and assistance to those supervised;

(c) Observe and monitor the activities of those supervised; and,

(d) Evaluate the effectiveness of acts performed under supervision.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. (1) (c) and (2) (intro.), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (c) and (d), Register August 2001 No. 548, eff. 9-1-01.

N 6.04 Standards of practice for licensed practical nurses. (1) **PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS.** In the performance of acts in basic patient situations, the L.P.N.

shall, under the general supervision of an R.N. or the direction of a physician, podiatrist, dentist or optometrist:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform;
- (b) Provide basic nursing care;
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient;
- (d) Consult with an R.N., physician, podiatrist, dentist or optometrist in cases where an L.P.N. knows or should know a delegated nursing or medical act may harm a patient; and,
- (e) Perform the following other acts when applicable:
 1. Assist with the collection of data;
 2. Assist with the development and revision of a nursing care plan;
 3. Reinforce the teaching provided by an R.N., physician, podiatrist, dentist or optometrist and provide basic health care instruction; or,
 4. Participate with other health team members in meeting basic patient needs.

(2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS. In the performance of acts in complex patient situations the L.P.N. shall:

- (a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.
- (b) Perform delegated nursing or medical acts beyond basic nursing care under the direct supervision of an R.N., physician,

podiatrist, dentist or optometrist. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepare the L.P.N. to competently perform these assignments.

(3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall:

- (a) Follow written protocols and procedures developed and approved by an R.N.;
- (b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.; and,
- (c) Accept the charge nurse position only if prepared to competently perform this assignment based on his or her nursing education, including education, training or experience or active involvement in education or training for responsibilities not included in the basic L.P.N. curriculum.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; CR 00-167: am. (1) (intro.), (d), (e) 3., (2) (a) and (b), Register August 2001 No. 548, eff. 9-1-01.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. Register, May, 1990, No. 413, eff. 6-1-90.

Chapter N 8

CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

N 8.01	Authority and intent.	N 8.06	Prescribing limitations.
N 8.02	Definitions.	N 8.07	Prescription orders.
N 8.03	Qualifications for certification as an advanced practice nurse prescriber.	N 8.08	Malpractice insurance coverage.
N 8.04	Application procedure.	N 8.09	Dispensing.
N 8.05	Continuing education.	N 8.10	Case management and collaboration with other health care professionals.

N 8.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2) and 441.16, Stats., and interpret s. 441.16, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify education, training or experience that a registered nurse must satisfy to call himself or herself an advanced practice nurse; to establish appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders; to define the scope of practice within which an advanced practice nurse prescriber may issue prescription orders; to specify the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse prescriber; to specify the conditions to be met for a registered nurse to administer a drug prescribed or directed by an advanced practice nurse prescriber; to establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.02 Definitions. As used in this chapter:

(1) “Advanced practice nurse” means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

(c) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master’s degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) “Advanced practice nurse prescriber” means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

(3) “Board” means the board of nursing.

(4) “Clinical pharmacology/therapeutics” means the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, their side-effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.

(5) “Collaboration” means a process which involves 2 or more health care professionals working together, in each other’s presence when necessary, each contributing one’s respective area

of expertise to provide more comprehensive care than one alone can offer.

(6) “Health care professional” has the meaning given under s. 180.1901 (1m), Stats.

(6m) “One contact hour” means a period of attendance in a continuing education program of at least 50 minutes.

(7) “Patient health care record” has the meaning given under s. 146.81 (4), Stats.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (6m), Register August 2001 No. 548, eff. 9-1-01; CR 01-046: am. (1) (a), Register October 2001 No. 550, eff. 11-1-01.

N 8.03 Qualifications for certification as an advanced practice nurse prescriber. An applicant for initial certification to issue prescription orders shall be granted a certificate by the board if the applicant complies with all of the following:

(1) Has a current license to practice as a professional nurse in this state or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact.

(2) Is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist.

(3) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, holds a master’s degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.

(4) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders.

(5) Has passed a jurisprudence examination for advanced practice nurse prescribers.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 01-046: am. (1), Register October 2001 No. 550, eff. 11-1-01.

N 8.04 Application procedure. An applicant for a certificate to practice as an advanced practice nurse prescriber shall file a completed notarized application on a form provided by the board. The application shall include:

(1) The signature of the applicant.

(2) The fee specified under s. 440.05 (1), Stats.

(3) Evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist.

(4) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, certification of the grant of a master’s degree in nursing or a related health field from, and submitted directly to the board by a college or university accredited by a regional accrediting agency approved by

the state board of education in the state in which the college or university is located.

(5) Satisfactory evidence of completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate.

Note: Application forms are available on request to the Board of Nursing, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall submit to the board evidence of having completed an average of at least 8 contact hours per year in clinical pharmacology/therapeutics relevant to the advanced practice nurse prescriber's area of practice.

(2) Evidence of completion of continuing education meeting the requirements of sub. (1) shall be submitted to the board on a schedule consistent with the schedule for submission of evidence of continuing education hours established by the advanced practice nurse prescriber's national certifying body.

(3) Every advanced practice nurse prescriber shall retain for a minimum period of 4 years, and shall make available to the board or its agent upon request, certificates of attendance issued by the program sponsor for all continuing education programs for which he or she claims credit for purposes of renewal of his or her certificate.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (3), Register August 2001 No. 548, eff. 9-1-01.

N 8.06 Prescribing limitations. The advanced practice nurse prescriber:

(1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.

(2) May not issue a prescription order for any schedule I controlled substance.

(3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for any of the following:

(a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer-related pain.

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesis.

(d) Treatment of drug-induced brain dysfunction.

(e) Treatment of epilepsy.

(f) Treatment of depression shown to be refractory to other therapeutic modalities.

(4) May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.

(5) Shall, in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16 (3) (cm), Stats., present evidence to the nurse and to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

N 8.07 Prescription orders. (1) Prescription orders issued by an advanced practice nurse prescribers shall:

(a) Specify the date of issue.

(b) Specify the name and address of the patient.

(c) Specify the name, address and business telephone number of the advanced practice nurse prescriber.

(d) Specify the name and quantity of the drug product or device prescribed, including directions for use.

(e) Bear the signature of the advanced practice nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be typewritten, and shall contain the practitioner's controlled substances number.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.08 Malpractice insurance coverage.

(1) Advanced practice nurse prescribers who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), Stats. An advanced practice nurse prescriber covered under one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy's coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

(2) Notwithstanding sub. (1), an advanced practice nurse prescriber who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will prescribe within employment policies.

(3) An advanced practice nurse prescriber who prescribes under the supervision and delegation of a physician or CRNA shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.

(4) An advanced practice nurse prescriber who prescribes in more than one setting or capacity shall comply with the provisions of subs. (1), (2) and (3) applicable to each setting or capacity. An advanced practice nurse prescriber who is not an employee of this state or a governmental subdivision, and who prescribes independently in some situations and prescribes under the supervision and delegation of a physician or CRNA in other situations, shall meet the requirements of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(5) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1).

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; r. and recr. (1), renun. (2) to be (5) and cr. (2), (3) and (4), Register, October, 1996, No. 490, eff. 11-1-96.

N 8.09 Dispensing. (1) Except as provided in sub. (2), advanced practice nurse prescribers shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

(2) An advanced practice nurse prescriber may dispense drugs to a patient if the treatment facility at which the patient is treated is located at least 30 miles from the nearest pharmacy.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.10 Case management and collaboration with other health care professionals. (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician, through the use of modern communication techniques.

(3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating case management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.

(6) To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise. The advanced practice nurse prescriber and the physician must document this relationship.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; cr. (6) and (7), Register, October, 2000, No. 538, eff. 11-1-00.

ACNM – Wisconsin Chapter
Suggested Modification to Chapter N 8
Certification of Advanced Practice Nurse Prescribers
May 13, 2009 - Revised

ISSUE

Initial certification requirements for qualified Advanced Practice Nurse Prescribers who move to Wisconsin should be modified to recognize prior active practice as a nurse prescriber in another state.

BACKGROUND

Current N 8.03 (4) and N 8.04 (5) require the completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders in Wisconsin. This 45 hour requirement presents an initial barrier to practice for an advanced practice nurse who moves to Wisconsin

Like Wisconsin, many states have continuing education requirements, which generally require 5-10 CEU's per year for credential renewal. Accordingly, an advanced practice nurse who has been in active practice in another state, and has continuously met the licensure requirements in that state before moving to Wisconsin, will find themselves short of the requisite 45 hours to qualify for initial certification. The 45 hour requirement is based on the premise that providers who have graduated within the previous three years will have completed a three credit course (45 hours) in pharmacology as a required component of the graduate education program. However, for advanced practice nurses who have been in clinical practice for more than three years, the three year time limit will have expired despite the fact that these practitioners had the same pharmacologic preparation in their graduate program. Regardless of the specific CE requirements in the prior state of practice, an advanced practice nurse who has a master's degree and has been in active practice and legally issuing prescriptive orders in a prior state for 3 years before moving to Wisconsin, should be afforded qualification for initial certification, provided that applicant meets all of the other qualification criteria in Chapter N 8.03.

RECOMMENDATION

Modify current N 8.03 (4) by adding a new provision to read as follows:

- (4) Demonstrates one of the following:*
- (a) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders, or*
 - (b) For applicants who hold a master's degree that complies with sub (3) and have been in clinical practice as an advanced practice nurse for more than 3 years preceding application, has successfully completed the minimum continuing education contact hours in clinical pharmacology/therapeutics required under N 8.05 within 2 years preceding the application for a certificate.*

Modify current N 8.04 (5) with similar, parallel language.

(5) Demonstrates one of the following:

(a) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders, or

(b) For applicants who hold a master's degree that complies with s. 8.03 (3) and have been in clinical practice as an advanced practice nurse for more than 3 years preceding application, has successfully completed the minimum continuing education contact hours in clinical pharmacology/therapeutics required under N 8.05 within 2 years preceding the application for a certificate.



6117 Monona Drive • Madison, WI 53716 • 608-221-0383 • Fax 608 221-2788
Info@wisconsinnurses.org • www.wisconsinnurses.org

Summary of Proposed Changes in Administrative Code Chapter N 8

The proposed changes to N 8 are intended to reflect the current practice of an advanced practice nurse in Wisconsin and to better define who they are. The changes clarify the educational requirements for an advanced practice curriculum, identify the roles for these nurses, and delete some limitations and documentation requirements. Specifically, the changes are:

1. Language changes in N 8.01(2) to clarify the areas governed by N 8.
2. In N 8.02(1)(c) adds “or higher” to the educational qualifications to clarify that a nurse may achieve a masters degree or a higher degree.
3. Creates N 8.02(1)(d) to specify what the advanced practice educational program should provide.
4. Creates N 8.02(1m) to identify the four recognized roles of the APN.
5. In N 8.02(5) modify the definition of collaboration.
6. In N 8.06 language changes to delete limitations on prescribing dispensing and administering Schedule II drugs and to delete the requirement to prove certification as an APNP when ordering a drug to be administered by an RN or LPN.
7. Specify in N 8.07(3) that an APNP may order laboratory testing, radiographs or electrocardiograms.
8. Specify in N 8.07(4) that an RN or LPN may accept an APNP order.
9. Clarifies in N 8.08(3) and (4) that an APNP who prescribes under physician or CRNA supervision meets the requirements of Ins 17.28(3h).
10. Deletes N 8.09(2) re dispensing limitations within 30 miles of a pharmacy.
11. In N 8.10 numerous language changes to facilitate communication with other health professionals and patients and to remove the requirement for documentation of a collaborative relationship with a physician.



6117 Monona Drive • Madison, WI 53716 • 608-221-0383 • Fax 608 221-2788
Info@wisconsinnurses.org • www.wisconsinnurses.org

WNA Proposed Changes to Administrative Code Chapter N 8

CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

N 8.01 Authority and intent.

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N 8.09 Dispensing.

N 8.10 ~~Case~~ **Care** management and collaboration with other health care professionals.

N 8.01 Authority and intent.

(1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2) and 441.16, Stats., and interpret s. 441.16, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify **The Board of Nursing has the authority for defining the** education, training or experience that a registered nurse must satisfy to call himself or herself an advanced practice nurse; ~~to establish the~~ appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders; ~~to define~~ the scope of practice within which an advanced practice nurse prescriber may issue prescription orders; ~~to specify~~ the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse prescriber; ~~to specify~~ the conditions ~~to be met~~ for a registered nurse **or Licensed Practical Nurse** to administer a drug prescribed or directed by an advanced practice nurse prescriber; ~~to establish~~ the procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and ~~to establish~~ the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.02 Definitions. As used in this chapter:

- (1) "Advanced practice nurse" means a registered nurse who possesses the following qualifications:
 - (a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist; ~~and,~~

(c) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master's degree or higher in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located. ~~and,~~

(d) The person has completed an accredited graduate level or postgraduate level education program that prepares the person for practice in a recognized role and that requires the person to obtain advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, management of patient conditions, and the use of prescription of pharmacologic interventions as a condition for graduation.

(1m) The four recognized roles of an Advanced Practice Nurse are:

(a) Certified Nurse Midwife

(b) Certified Registered Nurse Anesthetist

(c) Clinical Nurse Specialist

(d) Nurse Practitioner

(2) "Advanced practice nurse prescriber" means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

(3) "Board" means the board of nursing.

(4) "Clinical pharmacology/therapeutics" means the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, their side-effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.

(5) "Collaboration" means a process which involves 2 or more health care professionals working together, ~~in each other's presence when necessary,~~ each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer.

(6) "Health care professional" has the meaning given under s. 180.1901 (1m), Stats.

(6m) "One contact hour" means a period of attendance in a continuing education program of at least 50 minutes.

(7) "Patient health care record" has the meaning given under s. 146.81 (4), Stats.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (6m), Register August 2001 No. 548, eff. 9-1-01; CR 01-046: am. (1) (a), Register October 2001 No. 550, eff. 11-1-01.

N 8.03 Qualifications for certification as an advanced practice nurse prescriber. An applicant for initial certification to issue prescription orders shall be granted a certificate by the board if the applicant complies with all of the following:

- (1) Has a current license to practice as a professional nurse in this state or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact.
- (2) Is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.
- (3) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, holds a master's degree **or higher** in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.
- (4) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders.
- (5) Has passed a jurisprudence examination for advanced practice nurse prescribers.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 01-046: am. (1), Register October 2001 No. 550, eff. 11-1-01.

N 8.04 Application procedure. An applicant for a certificate to practice as an advanced practice nurse prescriber shall file a completed notarized application on a form provided by the board. The application shall include:

- (1) The signature of the applicant.
- (2) The fee specified under s. 440.05 (1), Stats.
- (3) Evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.
- (4) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, certification of the grant of a master's degree **or higher** in nursing or a related health field from, and submitted directly to the board by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.
- (5) Satisfactory evidence of completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate.

Note: Application forms are available on request to the Board of Nursing, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall submit to the board evidence of having completed an average of at least 8 contact hours per year in clinical pharmacology/therapeutics relevant to the advanced practice nurse prescriber's area of practice.

(2) Evidence of completion of continuing education meeting the requirements of sub. (1) shall be submitted to the board on a schedule consistent with the schedule for submission of evidence of continuing education hours established by the advanced practice nurse prescriber's national certifying body.

(3) Every advanced practice nurse prescriber shall retain for a minimum period of 4 years, and shall make available to the board or its agent upon request, certificates of attendance issued by the program sponsor for all continuing education programs for which he or she claims credit for purposes of renewal of his or her certificate.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (3), Register August 2001 No. 548, eff. 9-1-01.

N 8.06 Prescribing limitations. The advanced practice nurse prescriber:

(1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.

(2) May not issue a prescription order for any schedule I controlled substance.

~~(3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16~~

~~(5) Stats., to or for any person except for any of the following:~~

~~(a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer related pain.~~

~~(b) Treatment of narcolepsy.~~

~~(c) Treatment of hyperkinesis.~~

~~(d) Treatment of drug induced brain dysfunction.~~

~~(e) Treatment of epilepsy.~~

~~(f) Treatment of depression shown to be refractory to other therapeutic modalities.~~

~~(4) **(3)** May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.~~

~~(5) Shall, in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16 (3) (cm), Stats., present evidence to the nurse and to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.~~

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

N 8.07 Prescription order, laboratory, radiographs, electrocardiograms

(1) Prescription orders issued by an advanced practice nurse prescribers shall:

(a) Specify the date of issue.

(b) Specify the name and address of the patient.

(c) Specify the name, address and business telephone number of the advanced practice nurse prescriber.

(d) Specify the name and quantity of the drug product or device prescribed, including directions for use.

(e) Bear the signature of the advanced practice nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be ~~written in ink or indelible pencil or shall be typewritten, and shall contain the practitioner's controlled substances number~~ in accordance with 450, stat.

(3) APNP may order laboratory testing, radiographs or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.

(4) An RN and LPN can accept an APNP order.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.08 Malpractice insurance coverage.

(1) Advanced practice nurse prescribers who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), Stats. An advanced practice nurse prescriber covered under

one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy's coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

(2) Notwithstanding sub. (1), an advanced practice nurse prescriber who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will prescribe within employment policies.

(3) An advanced practice nurse prescriber who prescribes under the supervision, **as identified in s. Ins 17.28 (3h)**, and delegation of a physician or CRNA shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.

(4) An advanced practice nurse prescriber who prescribes in more than one setting or capacity shall comply with the provisions of subs. (1), (2) and (3) applicable to each setting or capacity. An advanced practice nurse prescriber who is not an employee of this state or a governmental subdivision, and who prescribes independently in some situations and prescribes under the supervision, **as identified in s. Ins 17.28 (3h)**, and delegation of a physician or CRNA in other situations, shall meet the requirements of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(5) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1).

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; r. and recr. (1), renum. (2) to be (5) and cr. (2), (3) and (4), Register, October, 1996, No. 490, eff. 11-1-96.

N 8.09 Dispensing.

(1) Except as provided in sub. (2), advanced practice nurse prescribers shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

~~(2) An advanced practice nurse prescriber may dispense drugs to a patient if the treatment facility at which the patient is treated is located at least 30 miles from the nearest pharmacy.~~

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.10 ~~Case~~ Care management and collaboration with other health care professionals.

(1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall ~~facilitate collaboration~~ **collaborate** with other health care professionals, ~~at least 1 of whom shall be a physician,~~ through the use of modern communication techniques.

(3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice nurse prescribers, **when necessary**, shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating ~~ease~~ **care** management and ~~improved~~ collaboration.

~~(5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.~~

~~(6) To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.~~

~~(7) **(5)** Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise. The advanced practice nurse prescriber and the physician must document this relationship.~~

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; cr. (6) and (7), Register, October, 2000, No. 538, eff. 11-1-00.

From Debra Dahlke and WIANA

Below are some details regarding education and recertification of CRNAs:

Certification/Recertification:

The National Board for Certification and Recertification of CRNAs (NBCRNA) is the body that re-certifies CRNAs. <http://www.nbcrna.com>. It is distinctly separate from our national organization, the American Assoc of Nurse Anesthetists (AANA).

Until 2016, CRNAs re-certify nationally every two years after completing a minimum of 40 continuing education units.

- CRNAs can get CEs in many ways: sometimes they are offered as inservices at places of employment, or state organizations like WIANA offer two educational meetings a year, or for-profit medical seminar groups that put together meetings.
- All CEs in these offerings must be approved by the AANA to count towards re-certification with the NBCRNA (to avoid conflict of interest)
- The AANA keeps track of our CEs after the host of a meeting submits proof of completion to the AANA.

Starting in 2016, our system will completely change into a CPC, or Continuing Professional Certification program. CRNAs will re-certify every 4 years, and take a standardized exam every 8 years.

Every Four years, the CRNAs must complete:

- 60 *Assessed* CEs (15 year average), "Assessed" CE's--meaning either post tests, discussions, simulations or case studies.
- 40 Professional Activity Units (10/year average, meaning research, teaching, and departmental work). Excess Assessed CEs count towards PAUs for those not active in research, teaching or departmental work.
- Completion of 4 on-line modules anytime within the four year cycle (pharmacology, physiology, technology, and airway management). The CEs here will count towards the 60 Assessed CEs.
- Proof of RN license and active practice.
- Again, the AANA will approve all CEs.

There are details the AANA and NBCRNA are hammering out, but for the most part, CRNAs soon will be required to obtain an average of 25 units a year between the CEs and PAUs.

Education:

The Council of Accreditation, or COA, sets the standards for nurse anesthesia education and monitors and accredits over 100 programs in the U.S.: <http://home.coa.us.com/Pages/default.aspx>
COA is also independent of the AANA.

I asked the program director of our nurse anesthesia program in La Crosse how many hours of pharmacology are required, and she replied:

"COA and NBCRNA requires 105 contact hours of pharmacology which includes chemistry. We offer 136 contact hours for pharmacology including chemistry." In reviewing their curriculum, it looks like at least 2/3 of those contact hours are pharmacology.