



**BOARD OF NURSING**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Dan Williams (608) 266-2112**  
**October 9, 2014**

*Notice: The following agenda describes the issues that the Board 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 actions and deliberation of the Board.*

**8:00 A.M.**

**AGENDA**

**CALL TO ORDER – ROLL CALL – OPEN SESSION**

- A. Adoption of the Agenda (1-4)**
- B. Approval of the Minutes of September 11, 2014 (5-16)**
- C. Administrative Matters – Discussion and Consideration**
  - 1) Staff Updates
  - 2) Board Member – Term Expiration Date
    - a. Paul Abegglen – 7/1/2015
    - b. Julie Ellis – 7/1/2015
    - c. Maria Joseph – 7/1/2013
    - d. Sheryl Krause – 7/1/ 2018
    - e. Jeffrey Miller – 7/1/2016
    - f. Peter Kallio – 7/1/ 2018
    - g. Lillian Nolan – 7/1/2015
    - h. Luann Skarlupka – 7/1/2017
    - i. Cheryl Streeter – 7/1/2017
- D. APPEARANCE – Wisconsin Nurses Association Presentation on Proposed Legislation Regarding the Practice of Advanced Practice Nurses (17-67)**
- E. Legislative and Administrative Rule Matters – Discussion and Consideration (68)**
  - 1) Update on N 5, 6 relating to Renewal and Practice Standards
  - 2) Update on N 8 Relating to APNP
  - 3) Update on Pending and Possible Rulemaking Projects
- F. Discussion and Consideration of Items Received After Preparation of the Agenda:**
  - 1) Introductions, Announcements, and Recognition
  - 2) Presentations of Petition(s) for Summary Suspension
  - 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
  - 4) Presentation of Final Decision and Order(s)
  - 5) Informational Item(s)

- 6) DLSC Matters
- 7) Status of Statute and Administrative Rule Matters
- 8) Education and Examination Matters
- 9) Credentialing Matters
- 10) Practice Questions
- 11) Legislation / Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Speaking Engagement(s), Travel, or Public Relations Request(s)
- 14) Consulting with Legal Counsel

G. Public Comments

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

H. **Deliberation of Proposed Final Decision and Order**

- 1) Sabrina C.K. Giles, Respondent – (DHA Case SPS-14-0035) (DLSC Cases 13NUR059 and 14NUR079) **(69-90)**

I. **Deliberation of Division of Legal Services and Compliance Matters**

1) **Monitoring matters including but not limited to; Modifications, Reinstatements, and consideration of Board Order violations**

- a. **APPEARANCE:** Gold Omereonye, R.N. – Requesting Full Licensure **(91-118)**
- b. Melissa Anderson, R.N. – Reduction in Drug and Alcohol Screens **(119-138)**
- c. David Cross, R.N. – Requesting Full Licensure **(139-161)**
- d. Linda Galarza, R.N. – Reduction in Drug and Alcohol Screens **(162-194)**
- e. Nikkolee Grabow, R.N. – Reduction in Drug and Alcohol Screens **(195-214)**
- f. Theresa Lubich, L.P.N. – Requesting Full Licensure **(215-224)**
- g. Stacy Pautz, L.P.N. – Requesting Full Licensure **(225-238)**
- h. Ann Stanton, R.N. – Modification of Practice Restrictions and Reduction of AA/NA Meetings **(239-265)**

2) **DLSC Attorney Amanda Florek**

a. **Proposed Stipulations, Final Decisions and Orders**

1. 13NUR123 (S.L.V.) **(266-271)**
2. 13NUR688 (T.M.M.) **(272-280)**
3. 14NUR078 (I.G.W.) **(281-286)**
4. 14NUR144 (S.N.B.) **(287-292)**
5. 14NUR237 (A.W.C.) **(293-298)**
6. 14NUR379 (M.L.C.) **(299-304)**

b. **Reconsideration of Licensure by Exam Denial**

1. 14NUR362 – Jana K. Jungwirth **(305-455)**

- 3) **DLSC Attorney Kim M. Kluck**
  - a. **Proposed Stipulations, Final Decisions and Orders**
    1. 13NUR324 and 13NUR561 (T.S.B.) **(456-469)**
    2. 14NUR040 (K.R.T.) **(470-482)**
    3. 14NUR150 (R.M.L.) **(483-488)**
    4. 14NUR308 (C.A.H.) **(489-493)**
    5. 14NUR314 (J.L.S.) **(494-503)**
    6. 14NUR402 (D.V.P.) **(504-509)**
    7. 14NUR415 (D.L.C.J.) **(510-515)**
  - b. **Administrative Warnings**
    1. 14NUR386 (L.A.H.) **(516-517)**
    2. 14NUR430 (T.T.K.) **(518-519)**
- 4) **DLSC Attorney Arthur Thexton**
  - a. **Proposed Stipulations, Final Decisions and Orders**
    1. 14NUR074 (T.A.J.) **(520-528)**
- 5) **DLSC Attorney Jeanette Lytle**
  - a. **Proposed Stipulations, Final Decisions and Orders**
    1. 14NUR023 and 14NUR281 (R.M.M.) **(529-539)**
- 6) **DLSC Attorney Sandra L. Nowack**
  - a. **Proposed Stipulations, Final Decisions and Orders**
    1. 14NUR352 (L.M.H.) **(540-545)**
- J. Case Status Report **(546-558)**
- K. Case Closures
- L. **Deliberation of Credentialing Matters**
  - 1) Amy Bazuzi – Medical Condition Review **(559-566)**
  - 2) Kristi Cook – Conviction Review **(567-591)**
  - 3) Amelia Fay – Conviction Review **(592-619)**
  - 4) Marie Meader – Conviction Review **(620-637)**
  - 5) Ashley Nordmeyer – Conviction Review **(638-664)**
- M. Deliberation of Items Received After Preparation of the Agenda
  - 1) Professional Assistance Procedure (PAP)
  - 2) Monitoring Matters
  - 3) Administrative Warnings
  - 4) Review of Administrative Warnings
  - 5) Proposed Stipulations, Final Decisions and Orders
  - 6) Proposed Final Decisions and Orders
  - 7) Orders Fixing Costs/Matters Related to Costs
  - 8) Petitions for Summary Suspension
  - 9) Petitions for Re-hearings
  - 10) Complaints

- 11) Examination Issues
- 12) Credential Issues
- 13) Appearances from Requests Received or Renewed
- 14) Motions
- 15) Consulting with Legal Counsel

**RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**  
Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

- N. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
- O. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

**ADJOURNMENT**

The next scheduled meeting is November 13, 2014.

**BOARD OF NURSING  
MEETING MINUTES  
September 11, 2014**

**PRESENT:** Jeffrey Miller, Lillian Nolan, Paul Abegglen, Peter Kallio, Sheryl Krause, Luann Skarlupka, Cheryl Streeter, Julie Ellis (*arrived at 10:46 a.m.*)

**EXCUSED:** Maria Joseph

**STAFF:** Dan Williams – Executive Director; Jelena Gagula – Bureau Assistant; Pamela Stach – Board Legal Counsel, and other DSPS Staff

**CALL TO ORDER**

Jeffrey Miller called the meeting to order at 8:04 a.m. A quorum of seven (7) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to adopt the agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF JULY 10, 2014**

*Amend the 2014 SCREENING PANEL APPOINTMENTS table to read: until “July 2014” in row one, column one, and starting in “August 2014” in row two, column one.*

**MOTION:** Luann Skarlupka moved, seconded by Lillian Nolan, to approve the minutes of July 10, 2014 as amended. Motion carried unanimously.

**CARTHAGE COLLEGE REQUEST FOR AUTHORIZATION TO PLAN A NURSING SCHOOL**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to acknowledge the presence of Frank Hicks and approve the request of Carthage College for Authorization to Plan a Nursing School. Motion carried unanimously.

**WISCONSIN 2013 LPN WORKFORCE SURVEY REPORT**

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to acknowledge the presentation by Cynde Larsen. Motion carried unanimously.

## LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

- MOTION:** Lillian Nolan moved, seconded by Luann Skarlupka, to direct DSPS Staff to provide all Nursing Education matters directly to the full Board of Nursing. Motion carried unanimously.
- MOTION:** Paul Abegglen moved, seconded by Cheryl Streeter, to recognize Accreditation Commission on Education in Nursing (ACEN) and Commission on Collegiate Nursing Education (CCNE) as the Nursing School Accreditation Organizations. Motion carried unanimously.
- MOTION:** Lillian Nolan moved, seconded by Sheryl Krause, to delegate DSPS Staff to approve out-of-state Schools of Nursing who meet requirements in N1.06. Motion carried unanimously.
- MOTION:** Lillian Nolan moved, seconded by Peter Kallio, to acknowledge that the Board will review both the LPN NCLEX and the RN NCLEX success rates without averaging them together when reviewing a school that offers a PN completion certificate. Motion carried unanimously.
- MOTION:** Lillian Nolan moved, seconded by Paul Abegglen, to accept a curriculum outline when reviewing a Nurse Refresher course for approval. Motion carried unanimously.

## SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATIONS REQUESTS

- MOTION:** Peter Kallio moved, seconded by Paul Abegglen, to approve the NCSBN Board of Directors appointment of Julie Ellis to the NCLEX Examination Committee. Motion carried unanimously.

## CLOSED SESSION

- MOTION:** Luann Skarlupka moved, seconded by Lillian Nolan, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Jeffrey Miller read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Peter Kallio-yes; Sheryl Krause-yes; Jeffrey Miller-yes; Lillian Nolan-yes; Luann Skarlupka-yes; and Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:35 a.m.

## RECONVENE TO OPEN SESSION

**MOTION:** Paul Abegglen moved, seconded by Luann Skarlupka, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 2:54 p.m.

## VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to affirm all motions made in closed session. Motion carried unanimously.

## DELIBERATION OF PETITION FOR SUMMARY SUSPENSION IN CASE NUMBER 14NUR117 – CARRIE PIETRASIK-DEWEY, R.N.

*Jeffrey Miller recused himself and left the room for deliberation, and voting in the matter concerning Carrie Pietrasik-Dewey, R.N., 14NUR117.*

**MOTION:** Peter Kallio moved, seconded by Paul Abegglen, to find that public health, safety, or welfare imperatively requires emergency action and therefore the Board summarily suspends the license of Carrie Pietrasik-Dewey, R.N., to practice as a professional nurse in the state of Wisconsin pursuant to Wis. Stat., sec. 227.51 and Wis. Admin. Code SPS 6, and issue an order to that effect. Motion carried unanimously with 6 votes.

**MOTION:** Cheryl Streeter moved, seconded by Lillian Nolan, to acknowledge that notice was given to Carrie Pietraski-Dewey, R.N., DLSC case number 14NUR117, of the Summary Suspension proceedings pursuant to Wis. Admin. Code SPS 6.05. Motion carried unanimously with 6 votes.

**MOTION:** Lillian Nolan moved, seconded by Paul Abegglen, to designate a Hearing Official for any Order to Show Cause Hearing in the matter of the Summary Suspension of Carrie Pietraski-Dewey, R.N., DLSC case number 14NUR117, pursuant to Wis. Admin. Code SPS 6. Motion carried unanimously with 6 votes.

## DELIBERATION AND REVIEW OF ADMINISTRATIVE WARNING

**MOTION:** Lillian Nolan moved, seconded by Luann Skarlupka, to **affirm** the Administrative Warning in the matter of DLSC case number 14NUR211 – D.J.K. Motion carried unanimously.

## MONITORING

### **Jennifer Flegel, R.N. – Requesting Full Licensure**

**MOTION:** Sheryl Krause moved, seconded by Peter Kallio, to **grant** the request of Jennifer Flegel for Full Licensure. Motion carried unanimously.

### **Nicole Deeth, L.P.N. – Reduction in Screens & Termination of Treatment**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to **grant** the request of Nicole Deeth for Reduction in Screens & Termination of Treatment. Screens are reduced to thirty-six (36) screens per year. Motion carried unanimously.

### **Vyacheslav (“Slava”) Dubrovsky, R.N. – Termination of Practice Restrictions**

**MOTION:** Julie Ellis moved, seconded by Paul Abegglen, to **grant** the request of Vyacheslav (“Slava”) Dubrovsky for termination of practice restrictions contained in C.20 and C.22. All other limitations not previously modified remain in place. Motion carried unanimously.

### **Jennifer Flynn, R.N. – Requesting Full Licensure**

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to **grant** the request of Jennifer Flynn for Full Licensure. Motion carried unanimously.

### **Angela Hanaman, R.N. – Termination of Treatment & Reduction in Screens**

**MOTION:** Sheryl Krause moved, seconded by Cheryl Streeter, to **grant** the request of Angela Hanaman for Termination of Treatment & Reduction in Screens to thirty-six (36) screens per year. Motion carried unanimously.

### **Kristine Kennedy, R.N. – Access to Controlled Substances & Termination of Direct Supervision**

**MOTION:** Paul Abegglen moved, seconded by Luann Skarlupka, to **deny** the request of Kristine Kennedy for Access to Controlled Substances & Termination of Direct Supervision. **Reason for Denial:** Insufficient time to show adequate compliance under the Board Order. Motion carried unanimously.

### **Therese Schneider, R.N. – Access to Controlled Substances**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to **deny** the request of Therese Schneider for Access to Controlled Substances & Reduction in Screens. **Reason for Denial:** Lack of compliance with the terms of the Board Order. Motion carried unanimously.

**Joan Wegner, R.N. – Requesting Full Licensure**

**MOTION:** Peter Kallio moved, seconded by Julie Ellis, to **grant** the request of Joan Wegner for Full Licensure. Motion carried unanimously.

*Julie Ellis arrived to the meeting at 10:46 a.m.*

**STIPULATIONS, FINAL DECISIONS AND ORDERS**

**B.A.P. – 12NUR534**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against B.A.P. – 12NUR534. Motion carried unanimously.

**C.L.D. – 13NUR174 and 13NUR580**

*Julie Ellis recused herself and left the room for deliberation, and voting in the matter concerning C.L.D., 13NUR174 and 13NUR580.*

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against C.L.D. – 13NUR174 and 13NUR580. Motion carried unanimously.

**J.F.A. – 13NUR276, 13NUR481 and 13NUR643**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.F.A.– 13NUR276, 13NUR481, and 13NUR643. Motion carried unanimously.

**B.H.S. – 13NUR424**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against B.H.S. – 13NUR424. Motion carried unanimously.

**C.K.D. – 13NUR451**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against C.K.D. – 13NUR451. Motion carried unanimously.

**B.J.P. – 13NUR453**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against B.A.P. – 12NUR534. Motion carried unanimously.

**T.K.Y. – 13NUR512**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against T.K.Y. – 13NUR512. Motion carried unanimously.

**J.M.K. – 13NUR538**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.M.K. – 13NUR538. Motion carried unanimously.

**S.M.S. – 13NUR676**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against S.M.S. – 13NUR676. Motion carried unanimously.

**R.L.R. – 13NUR693**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against R.L.R. – 13NUR693. Motion carried unanimously.

**C.A.S. – 13NUR720**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against C.A.S. – 13NUR720. Motion carried unanimously.

**R.A.L. – 14NUR061**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against R.A.L. – 14NUR061. Motion carried unanimously.

**D.L.M. – 14NUR075**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against D.L.M. – 14NUR075. Motion carried unanimously.

**J.J.G. – 14NUR133**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.J.G. – 14NUR133. Motion carried unanimously.

**J.K.W. – 14NUR137**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.K.W. – 14NUR137. Motion carried unanimously.

**J.J.H. – 14NUR164**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.J.H. – 14NUR164. Motion carried unanimously.

**K.A.A. – 14NUR195**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against K.A.A. – 14NUR195. Motion carried unanimously.

**D.K.P. – 14NUR245**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against D.K.P. – 14NUR245. Motion carried unanimously.

**M.A.N. – 14NUR309**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against M.A.N. – 14NUR309. Motion carried unanimously.

**J.L.S. – 14NUR314**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.L.S. – 14NUR314. Motion carried unanimously.

**A.S. – 14NUR338**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against A.S. – 14NUR338. Motion carried unanimously.

## **ADMINISTRATIVE WARNINGS**

### **14NUR068 – C.D.W.**

**MOTION:** Cheryl Streeter moved, seconded by Paul Abegglen, to **issue** the Administrative Warning and close DLSC case number 14NUR068 – C.D.W. Motion carried unanimously.

### **14NUR301 – K.M.W.**

**MOTION:** Cheryl Streeter moved, seconded by Paul Abegglen, to **issue** the Administrative Warning and close DLSC case number 14NUR301 – K.M.W. Motion carried unanimously.

### **14NUR317 – J.A.K.**

**MOTION:** Cheryl Streeter moved, seconded by Paul Abegglen, to **issue** the Administrative Warning and close DLSC case number 14NUR317 – J.A.K. Motion carried unanimously.

### **14NUR266 – W.L.A.**

**MOTION:** Cheryl Streeter moved, seconded by Paul Abegglen, to **issue** the Administrative Warning and close DLSC case number 14NUR266 – W.L.A. Motion carried unanimously.

### **14NUR342 – K.A.W.**

**MOTION:** Cheryl Streeter moved, seconded by Paul Abegglen, to **issue** the Administrative Warning and close DLSC case number 14NUR342 – K.A.W. Motion carried unanimously.

### **14NUR343 – A.J.K.**

**MOTION:** Cheryl Streeter moved, seconded by Paul Abegglen, to **issue** the Administrative Warning and close DLSC case number 14NUR343 – C.D.W. Motion carried unanimously.

## **CASE CLOSURES**

### **13NUR496 – P.S.**

**MOTION:** Paul Abegglen moved, seconded by Cheryl Streeter, to close DLSC case number 13NUR496 – P.S. for no violation (NV). Motion carried unanimously.

**13NUR582 – S.C.**

**MOTION:** Lillian Nolan moved, seconded by Paul Abegglen, to close DLSC case number 13NUR582 – S.C. for insufficient evidence (IE). Motion carried unanimously.

**13NUR618 – V.M.**

**MOTION:** Lillian Nolan moved, seconded by Sheryl Krause, to close DLSC case number 13NUR618 – V.M. for no violation (NV). Motion carried unanimously.

**13NUR698 – K.H.**

**MOTION:** Peter Kallio moved, seconded by Julie Ellis, to close DLSC case number 13NUR698 – K.H. for lack of jurisdiction (L2). Motion carried unanimously.

**14NUR209 – J.A.**

**MOTION:** Lillian Nolan moved, seconded by Peter Kallio, to close DLSC case number 14NUR209 – J.A. for insufficient evidence (IE). Motion carried unanimously.

**14NUR369 – K.J.**

**MOTION:** Cheryl Streeter moved, seconded by Peter Kallio, to close DLSC case number 14NUR369 – K.J. for prosecutorial discretion (P1). Motion carried unanimously.

**14NUR325 – K.S.**

**MOTION:** Peter Kallio moved, seconded by Paul Abegglen, to close DLSC case number 14NUR325 – K.S. for prosecutorial discretion (P2). Motion carried unanimously.

**14NUR332 – C.N.**

**MOTION:** Sheryl Krause moved, seconded by Lillian Nolan, to close DLSC case number 14NUR332 – C.N. for prosecutorial discretion (P2). Motion carried unanimously.

**14NUR071 – L.J.**

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to close DLSC case number 14NUR071 – L.J. for prosecutorial discretion (P5 with a flag) Motion carried unanimously.

**14NUR189 – J.D.**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to close DLSC case number 14NUR189 – J.D. for insufficient evidence (IE). Motion carried unanimously.

**14NUR306 – C.C.**

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR306 – C.C. for prosecutorial discretion (P7). Motion carried unanimously.

**14NUR124 – S.X-V.**

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR124 – S.X-V. for no violation (NV). Motion carried unanimously.

**14NUR202 – K.L. and J.E.**

**MOTION:** Lillian Nolan moved, seconded by Paul Abegglen, to close DLSC case number 14NUR202 – K.L. and J.E. for no violation (NV). Motion carried unanimously.

**14NUR013 – J.F.**

**MOTION:** Sheryl Krause moved, seconded by Cheryl Streeter, to close DLSC case number 14NUR013 – J.F. for insufficient evidence (IE). Motion carried unanimously.

**14NUR126 – J.F.**

**MOTION:** Lillian Nolan moved, seconded by Paul Abegglen, to close DLSC case number 14NUR126 – J.F. for insufficient evidence (IE). Motion carried unanimously.

**14NUR400 – G.H.**

**MOTION:** Julie Ellis moved, seconded by Cheryl Streeter, to close DLSC case number 14NUR400 – G.H. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

**14NUR411 – S.Z.**

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR411 – S.Z. for prosecutorial discretion (P5 with a flag). Motion carried unanimously.

**14NUR394 – E.B.**

**MOTION:** Paul Abegglen moved, seconded by Julie Ellis, to close DLSC case number 14NUR394 – E.B. for no violation (NV). Motion carried unanimously.

### **14NUR186 – P.B.**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to close DLSC case number 14NUR186 – P.B. for prosecutorial discretion (P2). Motion carried unanimously.

### **14NUR285 – K.R-M.**

**MOTION:** Julie Ellis moved, seconded by Luann Skarlupka, to close DLSC case number 14NUR285 – K.R-M. for prosecutorial discretion (P2). Motion carried unanimously.

### **14NUR034 – E.L.**

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to close DLSC case number 14NUR034 – E.L. for prosecutorial discretion (P7). Motion carried unanimously.

## **CREDENTIALING MATTERS**

### **Evan Brown – Conviction Review**

**MOTION:** Lillian Nolan moved, seconded by Sheryl Krause, to **table** consideration of the application of Evan Brown for licensure pending receipt of an AODA Assessment by a Board-approved Assessor, conducted since June 1, 2014. Motion carried unanimously.

### **Nicole Clark – Conviction Review**

**MOTION:** Paul Abegglen moved, seconded by Lillian Nolan, to **deny** the application of Nicole Clark. **Reason for Denial:** Convictions are substantially related to the Practice of Nursing. Motion carried unanimously.

### **Kristine Kohlmann – Reinstatement Review**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to **deny** the application for reinstatement of Kristine Kohlmann. **Reason for Denial:** Has not complied with the terms of the previous Board Orders in 2005, 2007, and 2010. Motion carried unanimously.

### **Angela Mangold – Modification Review**

**MOTION:** Lillian Nolan moved, seconded by Julie Ellis, to **request** the Credentialing Paralegal to send a letter to Angela Mangold advising her of her options. Motion carried unanimously.

### **Michael McCormack – Reinstatement Review**

**MOTION:** Peter Kallio moved, seconded by Paul Abegglen, to **intend to deny** the application for a license to practice as a professional nurse in the state of Wisconsin, unless within 45 days the board or its designee receives evidence of a scheduled appointment with a board-approved Clinical or Forensic Psychologist for a Fitness to Practice evaluation. Furthermore, the applicant must complete the evaluation, and a report from the psychologist indicating fitness to practice must be received by the board no later than 120 days from the date of the letter indicating the board's intent to deny the application. **Reason for Denial:** Subject to Wis. Stats. § 441.07(1g) and Wis. Admin. Code chapter NUR 7.03(6)(b) – lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice. Motion carried unanimously.

### **Valerie Rislove – Unlicensed Practice Review**

**MOTION:** Julie Ellis moved, seconded by Luann Skarlupka, to **deny** the application of Valerie Rislove for a license as a professional nurse and refer the matter to DLSC, if a case is opened the Board of Nursing requests that Paul Abegglen be assigned as a Case Advisor. **Reason for Denial:** Violation of 441.07(1g)(b) Practicing Nursing while Unlicensed. Motion carried unanimously.

### **Kelly Stemper – Reinstatement Review**

**MOTION:** Paul Abegglen moved, seconded by Sheryl Krause, to **deny** the application for reinstatement of Kelly Stemper. **Reason for Denial:** Has not complied with the terms of the previous Board Order dated September 2005. Motion carried unanimously.

### **Karen Stern – Competency Review**

**MOTION:** Julie Ellis moved, seconded by Paul Abegglen, to **table** the application of Karen Stern for a license as a professional nurse for further legal review. Motion carried unanimously.

### **NURSING FORWARD NEWSLETTER**

**MOTION:** Peter Kallio moved, seconded by Sheryl Krause, to approve the September Newsletter. Motion carried unanimously.

### **ADJOURNMENT**

**MOTION:** Luann Skarlupka moved, seconded by Julie Ellis, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:06 p.m.

# APRN **Uniformity Act**

education • accreditation • certification • licensure

## **Summary of the Advanced Practice Registered Nurse Uniformity Act LRB 0401/P4**

The purpose of this legislation is to create an Advanced Practice Registered Nurse (APRN) license in Wisconsin to reflect the current practice of nurses with advanced education and training and to distinguish these nurses for purposes of employment and recognition by the public.

The bill identifies the four recognized advanced practice roles—certified nurse midwives, clinical nurse specialists, certified registered nurse anesthetists and nurse practitioners. The bill creates criteria for licensure as an APRN:

1. Wisconsin licensure as a registered nurse and completion of a graduate program that prepares the nurse for one of the advanced practice roles.
2. Grandfathering for nurses who were practicing in an advanced practice role as of January 1, 2013 but who lack the graduate education, with Board of Nursing approval.
3. Paying a fee.

The bill amends the current prescriptive authority statute by requiring a Prescriber to be an APRN.

The bill repeals s. 441.15 regarding midwives because they are a designated practice role specified for the APRN.

The bill adds APRNs who are prescribers to the enumeration of health providers who may not be discriminated against in seeking hospital privileges.

The bill makes numerous language changes throughout the statutes to conform RN and APNP references to the new definition of APRN.

The bill amends ch. 655, The Injured Patient's and Families Compensation Fund (PCF), by including APRN's with prescriptive authority in the enumeration of persons covered by the PCF and authorizes the PCF to set appropriate fees for participation.

## Coalition Members

*Wisconsin Association of Clinical Nurse Specialists*

*Wisconsin Association of Nurse Anesthetists*

*Wisconsin Affiliate of American College of Nurse Midwives*

*Wisconsin Nurses Association*

*Wisconsin Nurses Association  
Advanced Practice Registered Nurse Forum*



# APRN **Uniformity Act**

education • accreditation • certification • licensure

## Summary of changes in APRN Bill Draft - LRB-0401/P4

The numerous statutory changes provided in this bill are mostly substituting the term advanced practice registered nurse (APRN) for the current use of the term advanced practice nurse prescriber (APNP). The significant other changes are set forth below.

Page 7, Section 9, modifies s. 50.36(3)(a) by adding the APRN to the provision which prohibits a hospital from discriminating against an osteopath or podiatrist in granting admitting privileges solely because of their education.

Page 16, Section 28, modifies the service corporation provision to reflect that an APRN with prescribing privileges is covered under ch. 655, the injured patient and family compensation fund.

Pages 16-22, public health statutes are amended to substitute the APRN prescriber for current language referring to the APNP.

Pages 22-25, statutes relating to infants are amended to define the nurse-midwife as an APRN with a mid-wife endorsement, and to delete references to s. 441.15.

Pages 25-26, provisions relating to the women's health programs are modified to delete reference to nurse practitioner and to substitute Women's health nurse clinician.

Pages 32-33, provisions relating to the practice of nurse midwifery are amended to delete reference to s. 441.15 and to substitute APRN with a mid-wife endorsement.

Pages 34-36, Section 65, creates a new Section 441.09, the advanced practice registered nurse (APRN). The new provision directs the Board of Nursing to grant an APRN license to a registered nurse who has completed a graduate or post graduate education leading to practice as a certified nurse mid-wife, a certified registered nurse anesthetist, a clinical nurse specialist or a nurse practitioner. After initial licensure, the APRN at renewal will also continue their RN licensure. The provision grandfathers an RN without the educational qualification if practicing in one of the specified roles on January 1, 2013. The new provisions provide title protection.

Page 37, Section 69, repeals s. 441.15, licensure of certified nurse mid-wife which is incorporated in the new APRN licensure.

Pages 37-38, Section 70, amends s. 441.16 to require a nurse to be an APRN in order to seek prescribing privileges.

Pages 41-42, Sections 78 and 82, deletes requirement in the pharmacy law for a nurse prescriber to have a written collaborating agreement with a physician to approve the decision of a pharmacist to make a drug substitution.

## Coalition Members

*Wisconsin Association of Clinical Nurse Specialists*

*Wisconsin Association of Nurse Anesthetists*

*Wisconsin Affiliate of American College of Nurse Midwives*

*Wisconsin Nurses Association*

*Wisconsin Nurses Association Advanced Practice Registered Nurse Forum*





**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1        **AN ACT** *to repeal* 77.54 (14) (f) 3., 146.89 (1) (r) 3., 440.03 (13) (b) 42., 440.08 (2)  
2            (a) 50., 441.11 (1) (a), 441.11 (3), 441.15 and 441.16 (3) (a); **to renumber** 655.001  
3            (1); **to renumber and amend** 253.13 (1), 255.06 (1) (d), 441.06 (7) and 655.001  
4            (7t); **to consolidate, renumber and amend** 441.11 (1) (intro.) and (b); **to**  
5            **amend** 45.40 (1g) (a), 46.03 (44), 50.01 (1b), 50.08 (2), 50.09 (1) (a) (intro.), 50.09  
6            (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.36 (3) (a), 50.49 (1) (b) (intro.), 70.47 (8)  
7            (intro.), 77.54 (14) (f) 4., 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13  
8            (1) (d) 1., 2., 3. and 4., 102.13 (2) (a) and (b), 102.17 (1) (d) 1. and 2., 102.29 (3),  
9            102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.29 (1) (e), 146.343 (1) (c), 146.82 (3)  
10            (a), 146.89 (1) (r) 1., 180.1903 (4), 252.01 (1c), 252.07 (8) (a) 2., 252.07 (9) (c),  
11            252.10 (7), 252.11 (2), (4), (5), (7) and (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c),  
12            (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17  
13            (3) (c) (intro.), 252.18, 253.07 (4) (d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15  
14            (2), 255.06 (2) (d), 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q),  
15            343.16 (5) (a), 343.51 (1), 343.62 (4) (a) 4., 440.08 (2) (a) 4m., 440.981 (1), 440.982

1 (1), 440.987 (2), 441.06 (3), 441.07 (1) (intro.) and (c), 441.16 (title), (2), (3) (am),  
 2 (b), (c), (cm) 1. and 2. and (e), (4) and (5), 448.03 (2) (a), 448.035 (1) (a), (2), (3)  
 3 and (4), 448.56 (1) and (1m) (b), 448.67 (2), 450.01 (1m), 450.01 (16) (h) 2., 450.03  
 4 (1) (e), 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 462.04, 655.001 (9), 655.002  
 5 (1) (a), (b), (c), (d), (e) and (em), 655.002 (2) (a) and (b), 655.003 (1) and (3),  
 6 655.005 (2) (a) and (b), 655.23 (5m), 655.27 (3) (a) 4., 655.27 (3) (b) 2m., 655.275  
 7 (5) (b) 2., 961.01 (19) (a) and 961.395; and **to create** 253.115 (1) (f), 253.13 (1)  
 8 (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47.,  
 9 441.09, 441.16 (7), 655.001 (1g) and 655.001 (7t) (b) of the statutes; **relating to:**  
 10 advanced practice registered nurses and granting rule-making authority.

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***Analysis by the Legislative Reference Bureau***

**NURSING PRACTICE AND LICENSURE**

This bill makes various changes to practice, licensure, and certification requirements for nurses, which are administered by the Board of Nursing (Board), including all of the following:

***Licensure of advanced practice registered nurses***

Under current law, a person who wishes to practice professional nursing must be licensed by the Board of Nursing (Board) as a registered nurse (RN). This bill creates an additional system of licensure for advanced practice registered nurses (APRNs), to be administered by the Board. Under the bill, in order to apply for an APRN license, a person must: a) hold, or concurrently apply for, an RN license, b) have completed an accredited graduate-level or postgraduate-level education program preparing the person to practice as an APRN in one of four recognized roles, and c) pay a fee set by the Department of Safety and Professional Services (DSPS). The bill also allows a person who has not completed an accredited education program described above to receive an APRN license if the person: a) on January 1, 2013, was both licensed as an RN in Wisconsin and practicing in one of the four recognized roles and b) satisfies additional practice or education criteria established by the Board of Nursing. The four recognized roles, as defined in the bill, are: 1) certified nurse-midwife, 2) certified registered nurse anesthetist, 3) clinical nurse specialist, and 4) nurse practitioner. The bill also requires the Board, upon granting a person an APRN license, to also grant the person one or more endorsements corresponding to the recognized role or roles that the person qualifies for. The holder of an APRN license may append the title “A.P.R.N.” to his or her name, as well as a title corresponding to whichever endorsements that the person possesses. The bill

prohibits any person from using the title “A.P.R.N.,” and from otherwise indicating that he or she is an APRN, unless the person is licensed by the Board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has an endorsement for that role. Under the bill, when an APRN renews his or her APRN license, the Board of Nursing must grant the person the renewal of both the person’s RN license and the person’s APRN license.

### ***Practice of nurse–midwifery***

Under current law, no person may practice nurse–midwifery unless the person: a) has a nurse–midwife license issued by the Board, b) is practicing in a facility approved by the board in collaboration with an obstetrician under a written agreement with that obstetrician, and c) unless one of certain exceptions applies, has in effect malpractice liability insurance in an amount required by the Board. Current law defines nurse–midwifery as the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife. In order to receive a nurse–midwife license under current law, a person must: a) currently hold an RN license, b) satisfy educational and training prerequisites established by the Board, c) pay a fee set by DSPS, and d) submit evidence that the person has the required malpractice liability insurance. Current law also requires a nurse–midwife who discovers evidence that any aspect of care involves a complication that jeopardizes the health or life of a newborn or mother to consult with the collaborating obstetrician or make a referral consistent with the written agreement with the obstetrician.

This bill repeals all of the licensure and practice requirements specific to nurse–midwives and the practice of nurse–midwifery. Under the bill, certified nurse–midwife is one of the four recognized roles for APRNs and a person who practices nurse–midwifery under current law who satisfies the APRN licensure requirements may apply for and receive an APRN license.

### ***Advanced practice registered nurse prescribers***

Under current law, a person licensed as an RN may apply to the Board of Nursing for a certificate to issue prescription orders if the person meets certain requirements established by the Board. A person holding the certificate is subject to various practice requirements established by the Board, and must possess malpractice liability insurance in an amount determined by the Board.

Under the bill, in order to apply for a certificate to issue prescription orders, the person must be licensed as an APRN. A person holding this certificate is known as an “advanced practice registered nurse prescriber” (APRN prescriber). Under the bill, no person may use the title “advanced practice registered nurse prescriber” or anything else to indicate that he or she is an APRN prescriber unless he or she has obtained this certificate. Also under the bill, an APRN prescriber must be afforded an equal opportunity to obtain staff privileges and may not be denied hospital staff privileges solely because the person is an APRN prescriber.

## **THE INJURED PATIENTS AND FAMILIES COMPENSATION FUND AND MALPRACTICE INSURANCE**

Under current law, among other health care providers, nurse anesthetists, who meet certain criteria, are covered by the injured patients and families compensation fund (fund) for claims for damages for bodily injury or death due to acts or omissions of nurse anesthetists. Any claims filed against a nurse anesthetist must follow the procedures and are subject to the restrictions in current law.

Nurse anesthetists, among other health care providers under current law, are required to maintain certain liability insurance or to qualify as a self-insurer. The insurance policy under which a nurse anesthetist is covered must meet certain requirements under current law. If the nurse anesthetist satisfies the requirements of current law, he or she is liable for malpractice for no more than the prescribed limits for a self-insured nurse anesthetist or no more than the maximum liability limit for which the nurse anesthetist is insured. The fund pays any portion of a medical malpractice claim against a health care provider, including a nurse anesthetist, that is in excess of the self-insured limits or the liability insurance limit, except if the damages for injury or death are caused by an intentional crime. Nurse anesthetists, among other health care providers, pay an annual assessment, which is deposited in the fund.

The bill adds APRN prescribers to the law pertaining to the fund and to malpractice claims. Therefore, under the bill, nurse anesthetists, as defined in the bill, and APRN prescribers are covered by the fund and subject to restrictions to be covered by the fund.

Under current law, the fund provides coverage for claims against employees of a health care provider except for an employee who is providing health care services that are not in collaboration with a physician or under the direction and supervision of a physician or nurse anesthetist. The bill specifies that the fund provides coverage for an employee of a health care provider if that employee is an APRN, but not one with a certified registered nurse anesthetist endorsement, who does not have a certificate to issue prescription orders, regardless whether the APRN acts under the direction of supervision of a physician, nurse anesthetist, or APRN prescriber.

### **OTHER CHANGES**

The bill makes numerous terminology changes throughout the statutes, including changing references to “advanced practice nurse” and “advanced practice nurse prescriber” in favor of the terms “advanced practice registered nurse” and “advanced practice registered nurse prescriber.”

Under current law, the Department of Health Services (DHS) operates a well woman program, under which DHS provides funding for various purposes related to the provision of health care for low-income, underinsured, and uninsured women, including funding to train certain nurses who operate under the supervision of physicians, dentists, or podiatrists to perform colposcopic examinations and follow-up activities for the treatment of cervical cancer in rural areas. The bill provides that these grants may also be provided to certified APRN prescribers, regardless of whether they are supervised by a physician, dentist, or podiatrist, and to nurses under the supervision of APRN prescribers.

Under current law, a licensed pharmacist may, subject to certain criteria, make certain therapeutic alternate drug selections for patients in a hospital, subject to approval by the patient’s physician or physician assistant or the patient’s APRN prescriber, if the APRN prescriber has entered into a written agreement to collaborate with a physician. The bill deletes the requirement that the APRN prescriber enter into such an agreement with a physician in order to approve a therapeutic alternate drug selection for a patient in a hospital.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

1           **SECTION 1.** 45.40 (1g) (a) of the statutes is amended to read:

2           45.40 (1g) (a) “Health care provider” means an advanced practice registered  
3 nurse prescriber certified under s. 441.16 (2), an audiologist licensed under ch. 459,  
4 a dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician  
5 licensed under s. 448.02, or a podiatrist licensed under s. 448.63.

6           **SECTION 2.** 46.03 (44) of the statutes is amended to read:

7           46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and  
8 keep current an information sheet to be distributed to a patient by a physician,  
9 physician assistant, or ~~certified~~ advanced practice registered nurse prescriber  
10 providing expedited partner therapy to that patient under s. 448.035. The  
11 information sheet shall include information about sexually transmitted diseases and  
12 their treatment and about the risk of drug allergies. The information sheet shall also  
13 include a statement advising a person with questions about the information to  
14 contact his or her physician, pharmacist, or local health department, as defined in  
15 s. 250.01 (4).

16           **SECTION 3.** 50.01 (1b) of the statutes is amended to read:

1           50.01 (1b) “Advanced practice registered nurse prescriber” means an advanced  
2 practice registered nurse who is certified under s. 441.16 (2) to issue prescription  
3 orders.

4           **SECTION 4.** 50.08 (2) of the statutes is amended to read:

5           50.08 (2) A physician, an advanced practice registered nurse prescriber  
6 certified under s. 441.16 (2), or a physician assistant licensed under ch. 448, who  
7 prescribes a psychotropic medication to a nursing home resident who has  
8 degenerative brain disorder shall notify the nursing home if the prescribed  
9 medication has a boxed warning under 21 CFR 201.57.

10          **SECTION 5.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

11          50.09 (1) (a) (intro.) Private and unrestricted communications with the  
12 resident’s family, physician, physician assistant, advanced practice registered nurse  
13 prescriber, attorney, and any other person, unless medically contraindicated as  
14 documented by the resident’s physician, physician assistant, or advanced practice  
15 registered nurse prescriber in the resident’s medical record, except that  
16 communications with public officials or with the resident’s attorney shall not be  
17 restricted in any event. The right to private and unrestricted communications shall  
18 include, but is not limited to, the right to:

19          **SECTION 6.** 50.09 (1) (f) 1. of the statutes is amended to read:

20          50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses  
21 or both domestic partners under ch.770 are residents of the same facility, the spouses  
22 or domestic partners shall be permitted to share a room unless medically  
23 contraindicated as documented by the resident’s physician, physician assistant, or  
24 advanced practice registered nurse prescriber in the resident’s medical record.

25          **SECTION 7.** 50.09 (1) (h) of the statutes is amended to read:

1           50.09 (1) (h) Meet with, and participate in activities of social, religious, and  
2 community groups at the resident’s discretion, unless medically contraindicated as  
3 documented by the resident’s physician, physician assistant, or advanced practice  
4 registered nurse prescriber in the resident’s medical record.

5           **SECTION 8.** 50.09 (1) (k) of the statutes is amended to read:

6           50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical  
7 and physical restraints except as authorized in writing by a physician, physician  
8 assistant, or advanced practice registered nurse prescriber for a specified and  
9 limited period of time and documented in the resident’s medical record. Physical  
10 restraints may be used in an emergency when necessary to protect the resident from  
11 injury to himself or herself or others or to property. However, authorization for  
12 continuing use of the physical restraints shall be secured from a physician, physician  
13 assistant, or advanced practice registered nurse prescriber within 12 hours. Any use  
14 of physical restraints shall be noted in the resident’s medical records. “Physical  
15 restraints” includes, but is not limited to, any article, device, or garment that  
16 interferes with the free movement of the resident and that the resident is unable to  
17 remove easily, and confinement in a locked room.

18           **SECTION 9.** 50.36 (3) (a) of the statutes is amended to read:

19           50.36 (3) (a) Any person licensed to practice medicine and surgery under subch.  
20 II of ch. 448 or podiatry under subch. IV of ch. 448 and any person certified as an  
21 advanced practice registered nurse prescriber under s. 441.16 shall be afforded an  
22 equal opportunity to obtain hospital staff privileges and may not be denied hospital  
23 staff privileges solely for the reason that the person is an osteopathic physician and  
24 surgeon ~~or~~, a podiatrist, or an advanced practice registered nurse prescriber. Each  
25 individual hospital shall retain the right to determine whether the applicant’s

1 training, experience, and demonstrated competence is sufficient to justify the  
2 granting of hospital staff privileges or is sufficient to justify the granting of limited  
3 hospital staff privileges.

4 **SECTION 10.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

5 50.49 (1) (b) (intro.) “Home health services” means the following items and  
6 services that are furnished to an individual, who is under the care of a physician,  
7 physician assistant, or advanced practice registered nurse prescriber, by a home  
8 health agency, or by others under arrangements made by the home health agency,  
9 that are under a plan for furnishing those items and services to the individual that  
10 is established and periodically reviewed by a physician, physician assistant, or  
11 advanced practice registered nurse prescriber and that are, except as provided in  
12 subd. 6., provided on a visiting basis in a place of residence used as the individual’s  
13 home:

14 **SECTION 11.** 70.47 (8) (intro.) of the statutes is amended to read:

15 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who  
16 appear before it in relation to the assessment. The board shall hear upon oath, by  
17 telephone, all ill or disabled persons who present to the board a letter from a  
18 physician, osteopath, physician assistant, as defined in s. 448.01 (6), or advanced  
19 practice registered nurse prescriber certified under s. 441.16 (2) that confirms their  
20 illness or disability. The board at such hearing shall proceed as follows:

21 **SECTION 12.** 77.54 (14) (f) 3. of the statutes is repealed.

22 **SECTION 13.** 77.54 (14) (f) 4. of the statutes is amended to read:

23 77.54 (14) (f) 4. An advanced practice registered nurse.

24 **SECTION 14.** 102.13 (1) (a) of the statutes is amended to read:

1           102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed  
2           by an employee, the employee shall, upon the written request of the employee's  
3           employer or worker's compensation insurer, submit to reasonable examinations by  
4           physicians, chiropractors, psychologists, dentists, physician assistants, advanced  
5           practice registered nurse prescribers, or podiatrists provided and paid for by the  
6           employer or insurer. No employee who submits to an examination under this  
7           paragraph is a patient of the examining physician, chiropractor, psychologist,  
8           dentist, physician assistant, advanced practice registered nurse prescriber, or  
9           podiatrist for any purpose other than for the purpose of bringing an action under ch.  
10          655, unless the employee specifically requests treatment from that physician,  
11          chiropractor, psychologist, dentist, physician assistant, advanced practice registered  
12          nurse prescriber, or podiatrist.

13           **SECTION 15.** 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to  
14          read:

15           102.13 (1) (b) An employer or insurer who requests that an employee submit  
16          to reasonable examination under par. (a) or (am) shall tender to the employee, before  
17          the examination, all necessary expenses including transportation expenses. The  
18          employee is entitled to have a physician, chiropractor, psychologist, dentist,  
19          physician assistant, advanced practice registered nurse prescriber, or podiatrist  
20          provided by himself or herself present at the examination and to receive a copy of all  
21          reports of the examination that are prepared by the examining physician,  
22          chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced  
23          practice registered nurse prescriber, or vocational expert immediately upon receipt  
24          of those reports by the employer or worker's compensation insurer. The employee is  
25          also entitled to have a translator provided by himself or herself present at the

1 examination if the employee has difficulty speaking or understanding the English  
2 language. The employer's or insurer's written request for examination shall notify  
3 the employee of all of the following:

4 1. The proposed date, time, and place of the examination and the identity and  
5 area of specialization of the examining physician, chiropractor, psychologist, dentist,  
6 podiatrist, physician assistant, advanced practice registered nurse prescriber, or  
7 vocational expert.

8 3. The employee's right to have his or her physician, chiropractor, psychologist,  
9 dentist, physician assistant, advanced practice registered nurse prescriber, or  
10 podiatrist present at the examination.

11 4. The employee's right to receive a copy of all reports of the examination that  
12 are prepared by the examining physician, chiropractor, psychologist, dentist,  
13 podiatrist, physician assistant, advanced practice registered nurse prescriber, or  
14 vocational expert immediately upon receipt of these reports by the employer or  
15 worker's compensation insurer.

16 **SECTION 16.** 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read:

17 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,  
18 physician assistant, advanced practice registered nurse prescriber, or vocational  
19 expert who is present at any examination under par. (a) or (am) may be required to  
20 testify as to the results of the examination.

21 2. Any physician, chiropractor, psychologist, dentist, physician assistant,  
22 advanced practice registered nurse prescriber, or podiatrist who attended a worker's  
23 compensation claimant for any condition or complaint reasonably related to the  
24 condition for which the claimant claims compensation may be required to testify  
25 before the department when the department so directs.

1           3. Notwithstanding any statutory provisions except par. (e), any physician,  
2           chiropractor, psychologist, dentist, physician assistant, advanced practice registered  
3           nurse prescriber, or podiatrist attending a worker's compensation claimant for any  
4           condition or complaint reasonably related to the condition for which the claimant  
5           claims compensation may furnish to the employee, employer, worker's compensation  
6           insurer, or the department information and reports relative to a compensation claim.

7           4. The testimony of any physician, chiropractor, psychologist, dentist,  
8           physician assistant, advanced practice registered nurse prescriber, or podiatrist who  
9           is licensed to practice where he or she resides or practices in any state and the  
10          testimony of any vocational expert may be received in evidence in compensation  
11          proceedings.

12           **SECTION 17.** 102.13 (2) (a) and (b) of the statutes are amended to read:

13           102.13 (2) (a) An employee who reports an injury alleged to be work-related  
14          or files an application for hearing waives any physician-patient,  
15          psychologist-patient or chiropractor-patient privilege with respect to any condition  
16          or complaint reasonably related to the condition for which the employee claims  
17          compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any  
18          physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,  
19          advanced practice registered nurse prescriber, hospital, or health care provider  
20          shall, within a reasonable time after written request by the employee, employer,  
21          worker's compensation insurer, or department or its representative, provide that  
22          person with any information or written material reasonably related to any injury for  
23          which the employee claims compensation.

24           (b) A physician, chiropractor, podiatrist, psychologist, dentist, physician  
25          assistant, advanced practice registered nurse prescriber, hospital, or health service

1 provider shall furnish a legible, certified duplicate of the written material requested  
2 under par. (a) upon payment of the actual costs of preparing the certified duplicate,  
3 not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual  
4 costs of postage. Any person who refuses to provide certified duplicates of written  
5 material in the person's custody that is requested under par. (a) shall be liable for  
6 reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable  
7 attorney fees incurred in enforcing the requester's right to the duplicates under par.  
8 (a).

9 **SECTION 18.** 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

10 102.17 (1) (d) 1. The contents of certified medical and surgical reports by  
11 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,  
12 advanced practice registered nurse prescribers, and chiropractors licensed in and  
13 practicing in this state, and of certified reports by experts concerning loss of earning  
14 capacity under s. 102.44 (2) and (3), presented by a party for compensation constitute  
15 prima facie evidence as to the matter contained in those reports, subject to any rules  
16 and limitations the department prescribes. Certified reports of physicians,  
17 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced  
18 practice registered nurse prescribers, and chiropractors, wherever licensed and  
19 practicing, who have examined or treated the claimant, and of experts, if the  
20 practitioner or expert consents to being subjected to cross-examination also  
21 constitute prima facie evidence as to the matter contained in those reports. Certified  
22 reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are  
23 admissible as evidence of the diagnosis, necessity of the treatment, and cause and  
24 extent of the disability. Certified reports by doctors of dentistry, physician  
25 assistants, and advanced practice registered nurse prescribers are admissible as

1 evidence of the diagnosis and necessity of treatment but not of the cause and extent  
2 of disability. Any physician, podiatrist, surgeon, dentist, psychologist, chiropractor,  
3 physician assistant, advanced practice registered nurse prescriber, or expert who  
4 knowingly makes a false statement of fact or opinion in such a certified report may  
5 be fined or imprisoned, or both, under s. 943.395.

6 2. The record of a hospital or sanatorium in this state that is satisfactory to the  
7 department, established by certificate, affidavit, or testimony of the supervising  
8 officer of the hospital or sanatorium, any other person having charge of the record,  
9 or a physician, podiatrist, surgeon, dentist, psychologist, physician assistant,  
10 advanced practice registered nurse prescriber, or chiropractor to be the record of the  
11 patient in question, and made in the regular course of examination or treatment of  
12 the patient, constitutes prima facie evidence as to the matter contained in the record,  
13 to the extent that the record is otherwise competent and relevant.

14 **SECTION 19.** 102.29 (3) of the statutes is amended to read:

15 102.29 (3) Nothing in this chapter shall prevent an employee from taking the  
16 compensation that the employee may be entitled to under this chapter and also  
17 maintaining a civil action against any physician, chiropractor, psychologist, dentist,  
18 physician assistant, advanced practice registered nurse prescriber, or podiatrist for  
19 malpractice.

20 **SECTION 20.** 102.42 (2) (a) of the statutes is amended to read:

21 102.42 (2) (a) When the employer has notice of an injury and its relationship  
22 to the employment, the employer shall offer to the injured employee his or her choice  
23 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced  
24 practice registered nurse prescriber, or podiatrist licensed to practice and practicing  
25 in this state for treatment of the injury. By mutual agreement, the employee may

1 have the choice of any qualified practitioner not licensed in this state. In case of  
2 emergency, the employer may arrange for treatment without tendering a choice.  
3 After the emergency has passed the employee shall be given his or her choice of  
4 attending practitioner at the earliest opportunity. The employee has the right to a  
5 2nd choice of attending practitioner on notice to the employer or its insurance carrier.  
6 Any further choice shall be by mutual agreement. Partners and clinics are  
7 considered to be one practitioner. Treatment by a practitioner on referral from  
8 another practitioner is considered to be treatment by one practitioner.

9 **SECTION 21.** 106.30 (1) of the statutes is amended to read:

10 106.30 (1) DEFINITION. In this section, “nurse” means a registered nurse  
11 licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse  
12 licensed or permitted under s. 441.10, or an advanced practice registered nurse  
13 ~~prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15~~  
14 441.09.

15 **SECTION 22.** 118.15 (3) (a) of the statutes is amended to read:

16 118.15 (3) (a) Any child who is excused by the school board because the child  
17 is temporarily not in proper physical or mental condition to attend a school program  
18 but who can be expected to return to a school program upon termination or  
19 abatement of the illness or condition. The school attendance officer may request the  
20 parent or guardian of the child to obtain a written statement from a licensed  
21 physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or  
22 ~~nurse practitioner, as defined in s. 255.06 (1) (d), or certified advanced practice~~  
23 registered nurse prescriber or Christian Science practitioner living and residing in  
24 this state, who is listed in the Christian Science Journal, as sufficient proof of the

1 physical or mental condition of the child. An excuse under this paragraph shall be  
2 in writing and shall state the time period for which it is valid, not to exceed 30 days.

3 **SECTION 23.** 118.29 (1) (e) of the statutes is amended to read:

4 118.29 (1) (e) “Practitioner” means any physician, dentist, optometrist,  
5 physician assistant, advanced practice registered nurse prescriber, or podiatrist  
6 licensed in any state.

7 **SECTION 24.** 146.343 (1) (c) of the statutes is amended to read:

8 146.343 (1) (c) “Nurse–midwife” means an individual who is licensed to engage  
9 ~~in the practice of nurse–midwifery under s. 441.15 (3) (a) as an advanced practice~~  
10 registered nurse and possesses a certified nurse–midwife endorsement under s.  
11 441.09.

12 **SECTION 25.** 146.82 (3) (a) of the statutes is amended to read:

13 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as  
14 defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified  
15 under s. 441.16 (2) who treats a patient whose physical or mental condition in the  
16 physician’s, physician assistant’s, or advanced practice registered nurse prescriber’s  
17 judgment affects the patient’s ability to exercise reasonable and ordinary control  
18 over a motor vehicle may report the patient’s name and other information relevant  
19 to the condition to the department of transportation without the informed consent  
20 of the patient.

21 **SECTION 26.** 146.89 (1) (r) 1. of the statutes is amended to read:

22 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental  
23 hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse–midwife~~  
24 advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a  
25 physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under

1 ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch.  
2 III of ch. 448.

3 **SECTION 27.** 146.89 (1) (r) 3. of the statutes is repealed.

4 **SECTION 28.** 180.1903 (4) of the statutes is amended to read:

5 180.1903 (4) Each health care professional, other than a physician or nurse  
6 anesthetist, or advanced practice registered nurse prescriber certified under s.  
7 441.16 (2), who is a shareholder of a service corporation and who has the authority  
8 to provide health care services that are not under the direction and supervision of a  
9 physician or nurse anesthetist, or advanced practice registered nurse prescriber  
10 shall carry malpractice insurance that provides coverage of not less than the  
11 amounts established under s. 655.23 (4).

12 **SECTION 29.** 252.01 (1c) of the statutes is amended to read:

13 252.01 (1c) “Advanced practice registered nurse prescriber” means an  
14 advanced practice registered nurse who is certified under s. 441.16 (2) to issue  
15 prescription orders.

16 **SECTION 30.** 252.07 (8) (a) 2. of the statutes is amended to read:

17 252.07 (8) (a) 2. The department or local health officer provides to the court a  
18 written statement from a physician, physician assistant, or advanced practice  
19 registered nurse prescriber that the individual has infectious tuberculosis or suspect  
20 tuberculosis.

21 **SECTION 31.** 252.07 (9) (c) of the statutes is amended to read:

22 252.07 (9) (c) If the court orders confinement of an individual under this  
23 subsection, the individual shall remain confined until the department or local health  
24 officer, with the concurrence of a treating physician, physician assistant, or advanced  
25 practice registered nurse prescriber, determines that treatment is complete or that

1 the individual is no longer a substantial threat to himself or herself or to the public  
2 health. If the individual is to be confined for more than 6 months, the court shall  
3 review the confinement every 6 months.

4 **SECTION 32.** 252.10 (7) of the statutes is amended to read:

5 252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis  
6 shall be purchased by the department from the appropriation account under s.  
7 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local  
8 health departments, physicians or advanced practice registered nurse prescribers.

9 **SECTION 33.** 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read:

10 252.11 (2) An officer of the department or a local health officer having  
11 knowledge of any reported or reasonably suspected case or contact of a sexually  
12 transmitted disease for which no appropriate treatment is being administered, or of  
13 an actual contact of a reported case or potential contact of a reasonably suspected  
14 case, shall investigate or cause the case or contact to be investigated as necessary.  
15 If, following a request of an officer of the department or a local health officer, a person  
16 reasonably suspected of being infected with a sexually transmitted disease refuses  
17 or neglects examination by a physician, physician assistant, or advanced practice  
18 registered nurse prescriber or treatment, an officer of the department or a local  
19 health officer may proceed to have the person committed under sub. (5) to an  
20 institution or system of care for examination, treatment, or observation.

21 (4) If a person infected with a sexually transmitted disease ceases or refuses  
22 treatment before reaching what in a physician's, physician assistant's, or advanced  
23 practice registered nurse prescriber's opinion is the noncommunicable stage, the  
24 physician, physician assistant, or advanced practice registered nurse prescriber  
25 shall notify the department. The department shall without delay take the necessary

1 steps to have the person committed for treatment or observation under sub. (5), or  
2 shall notify the local health officer to take these steps.

3 (5) Any court of record may commit a person infected with a sexually  
4 transmitted disease to any institution or may require the person to undergo a system  
5 of care for examination, treatment, or observation if the person ceases or refuses  
6 examination, treatment, or observation under the supervision of a physician,  
7 physician assistant, or advanced practice registered nurse prescriber. The court  
8 shall summon the person to appear on a date at least 48 hours, but not more than  
9 96 hours, after service if an officer of the department or a local health officer petitions  
10 the court and states the facts authorizing commitment. If the person fails to appear  
11 or fails to accept commitment without reasonable cause, the court may cite the  
12 person for contempt. The court may issue a warrant and may direct the sheriff, any  
13 constable, or any police officer of the county immediately to arrest the person and  
14 bring the person to court if the court finds that a summons will be ineffectual. The  
15 court shall hear the matter of commitment summarily. Commitment under this  
16 subsection continues until the disease is no longer communicable or until other  
17 provisions are made for treatment that satisfy the department. The certificate of the  
18 petitioning officer is prima facie evidence that the disease is no longer communicable  
19 or that satisfactory provisions for treatment have been made.

20 (7) Reports, examinations and inspections, and all records concerning sexually  
21 transmitted diseases are confidential and not open to public inspection, and may not  
22 be divulged except as may be necessary for the preservation of the public health, in  
23 the course of commitment proceedings under sub. (5), or as provided under s. 938.296  
24 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice registered  
25 nurse prescriber has reported a case of sexually transmitted disease to the

1 department under sub. (4), information regarding the presence of the disease and  
2 treatment is not privileged when the patient, physician, physician assistant, or  
3 advanced practice registered nurse prescriber is called upon to testify to the facts  
4 before any court of record.

5 (10) The state laboratory of hygiene shall examine specimens for the diagnosis  
6 of sexually transmitted diseases for any physician, physician assistant, advanced  
7 practice registered nurse prescriber, or local health officer in the state, and shall  
8 report the positive results of the examinations to the local health officer and to the  
9 department. All laboratories performing tests for sexually transmitted diseases  
10 shall report all positive results to the local health officer and to the department, with  
11 the name of the physician, physician assistant, or advanced practice registered nurse  
12 prescriber to whom reported.

13 **SECTION 34.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3.  
14 and (7m) (intro.) and (b) of the statutes are amended to read:

15 252.15 (3m) (d) 11. b. The coroner, medical examiner, or appointed assistant  
16 is investigating the cause of death of the subject of the HIV test and has contact with  
17 the body fluid of the subject of the HIV test that constitutes a significant exposure,  
18 if a physician, physician assistant, or advanced practice registered nurse prescriber,  
19 based on information provided to the physician, physician assistant, or advanced  
20 practice registered nurse prescriber, determines and certifies in writing that the  
21 coroner, medical examiner, or appointed assistant has had a contact that constitutes  
22 a significant exposure and if the certification accompanies the request for disclosure.

23 13. If the subject of the HIV test has a positive HIV test result and is deceased,  
24 by the subject's attending physician, physician assistant, or advanced practice  
25 registered nurse prescriber, to persons, if known to the physician, physician

1 assistant, or advanced practice registered nurse prescriber, with whom the subject  
2 had sexual contact or shared intravenous drug use paraphernalia.

3 (5g) (c) A physician, physician assistant, or advanced practice registered nurse  
4 prescriber, based on information provided to the physician, physician assistant, or  
5 advanced practice registered nurse prescriber, determines and certifies in writing  
6 that the person has had contact that constitutes a significant exposure. The  
7 certification shall accompany the request for HIV testing and disclosure. If the  
8 person is a physician, physician assistant, or advanced practice registered nurse  
9 prescriber, he or she may not make this determination or certification. The  
10 information that is provided to a physician, physician assistant, or advanced practice  
11 registered nurse prescriber to document the occurrence of the contact that  
12 constitutes a significant exposure and the physician's, physician assistant's, or  
13 advanced practice registered nurse prescriber's certification that the person has had  
14 contact that constitutes a significant exposure, shall be provided on a report form  
15 that is developed by the department of safety and professional services under s.  
16 101.02 (19) (a) or on a report form that the department of safety and professional  
17 services determines, under s. 101.02 (19) (b), is substantially equivalent to the report  
18 form that is developed under s. 101.02 (19) (a).

19 (5m) (d) 2. A physician, physician assistant, or advanced practice registered  
20 nurse prescriber, based on information provided to the physician, physician  
21 assistant, or advanced practice registered nurse prescriber, determines and certifies  
22 in writing that the contact under subd. 1. constitutes a significant exposure. A health  
23 care provider who has a contact under subd. 1. c. may not make the certification  
24 under this subdivision for himself or herself.

1 (e) 2. If the contact occurs as provided under par. (d) 1. b., the attending  
2 physician, physician assistant, or advanced practice registered nurse prescriber of  
3 the funeral director, coroner, medical examiner, or appointed assistant.

4 3. If the contact occurs as provided under (d) 1. c., the physician, physician  
5 assistant, or advanced practice registered nurse prescriber who makes the  
6 certification under par. (d) 2.

7 **(7m)** REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,  
8 validated HIV test result is obtained from a test subject, the test subject's physician,  
9 physician assistant, or advanced practice registered nurse prescriber who maintains  
10 a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist  
11 the name of any person known to the physician, physician assistant, or advanced  
12 practice registered nurse prescriber to have had contact with body fluid of the test  
13 subject that constitutes a significant exposure, only after the physician, physician  
14 assistant, or advanced practice registered nurse prescriber has done all of the  
15 following:

16 (b) Notified the HIV test subject that the name of any person known to the  
17 physician, physician assistant, or advanced practice registered nurse prescriber to  
18 have had contact with body fluid of the test subject that constitutes a significant  
19 exposure will be reported to the state epidemiologist.

20 **SECTION 35.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

21 252.16 (3) (c) (intro.) Has submitted to the department a certification from a  
22 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice  
23 registered nurse prescriber of all of the following:

24 **SECTION 36.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

1           252.17 (3) (c) (intro.) Has submitted to the department a certification from a  
2 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice  
3 registered nurse prescriber of all of the following:

4           **SECTION 37.** 252.18 of the statutes is amended to read:

5           **252.18 Handling foods.** No person in charge of any public eating place or  
6 other establishment where food products to be consumed by others are handled may  
7 knowingly employ any person handling food products who has a disease in a form  
8 that is communicable by food handling. If required by the local health officer or any  
9 officer of the department for the purposes of an investigation, any person who is  
10 employed in the handling of foods or is suspected of having a disease in a form that  
11 is communicable by food handling shall submit to an examination by the officer or  
12 by a physician, physician assistant, or advanced practice registered nurse prescriber  
13 designated by the officer. The expense of the examination, if any, shall be paid by the  
14 person examined. Any person knowingly infected with a disease in a form that is  
15 communicable by food handling who handles food products to be consumed by others  
16 and any persons knowingly employing or permitting such a person to handle food  
17 products to be consumed by others shall be punished as provided by s. 252.25.

18           **SECTION 38.** 253.07 (4) (d) of the statutes is amended to read:

19           253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in  
20 communities of licensed registered nurses, licensed practical nurses, ~~certified~~  
21 ~~nurse-midwives~~ licensed advanced practice registered nurses, or licensed physician  
22 assistants who are members of a racial minority.

23           **SECTION 39.** 253.115 (1) (f) of the statutes is created to read:

1           253.115 (1) (f) “Nurse–midwife” means an individual who is licensed as an  
2 advanced practice registered nurse and possesses a certified nurse–midwife  
3 endorsement under s. 441.09.

4           **SECTION 40.** 253.115 (4) of the statutes is amended to read:

5           253.115 (4) SCREENING REQUIRED. Except as provided in sub. (6), the physician,  
6 nurse–midwife licensed under ~~s. 441.15~~, or certified professional midwife licensed  
7 under s. 440.982 who attended the birth shall ensure that the infant is screened for  
8 hearing loss before being discharged from a hospital, or within 30 days of birth if the  
9 infant was not born in a hospital.

10          **SECTION 41.** 253.115 (7) (a) (intro.) of the statutes is amended to read:

11          253.115 (7) (a) (intro.) The physician, nurse–midwife licensed under ~~s. 441.15~~,  
12 or certified professional midwife licensed under s. 440.982 who is required to ensure  
13 that the infant is screened for hearing loss under sub. (4) shall do all of the following:

14          **SECTION 42.** 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and  
15 amended to read:

16          253.13 (1) (b) The attending physician or ~~nurse licensed under s. 441.15~~  
17 nurse–midwife shall cause every infant born in each hospital or maternity home,  
18 prior to its discharge therefrom, to be subjected to blood tests for congenital and  
19 metabolic disorders, as specified in rules promulgated by the department. If the  
20 infant is born elsewhere than in a hospital or maternity home, the attending  
21 physician, ~~nurse licensed under s. 441.15~~ nurse–midwife or birth attendant who  
22 attended the birth shall cause the infant, within one week of birth, to be subjected  
23 to these blood tests.

24          **SECTION 43.** 253.13 (1) (a) of the statutes is created to read:

1           253.13 (1) (a) In this subsection, “nurse–midwife” means an individual who is  
2 licensed as an advanced practice registered nurse and possesses a certified  
3 nurse–midwife endorsement under s. 441.09.

4           **SECTION 44.** 253.15 (1) (em) of the statutes is created to read:

5           253.15 (1) (em) “Nurse–midwife” means an individual who is licensed as an  
6 advanced practice registered nurse and possesses a certified nurse–midwife  
7 endorsement under s. 441.09.

8           **SECTION 45.** 253.15 (2) of the statutes is amended to read:

9           253.15 (2) INFORMATIONAL MATERIALS. The board shall purchase or prepare or  
10 arrange with a nonprofit organization to prepare printed and audiovisual materials  
11 relating to shaken baby syndrome and impacted babies. The materials shall include  
12 information regarding the identification and prevention of shaken baby syndrome  
13 and impacted babies, the grave effects of shaking or throwing on an infant or young  
14 child, appropriate ways to manage crying, fussing, or other causes that can lead a  
15 person to shake or throw an infant or young child, and a discussion of ways to reduce  
16 the risks that can lead a person to shake or throw an infant or young child. The  
17 materials shall be prepared in English, Spanish, and other languages spoken by a  
18 significant number of state residents, as determined by the board. The board shall  
19 make those written and audiovisual materials available to all hospitals, maternity  
20 homes, and nurse–midwives licensed under s. 441.15 that are required to provide or  
21 make available materials to parents under sub. (3) (a) 1., to the department and to  
22 all county departments and nonprofit organizations that are required to provide the  
23 materials to child care providers under sub. (4) (d), and to all school boards and  
24 nonprofit organizations that are permitted to provide the materials to pupils in one  
25 of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make

1 those written materials available to all county departments and Indian tribes that  
2 are providing home visitation services under s. 48.983 (4) (b) 1. and to all providers  
3 of prenatal, postpartum, and young child care coordination services under s. 49.45  
4 (44). The board may make available the materials required under this subsection  
5 to be made available by making those materials available at no charge on the board's  
6 Internet site.

7 **SECTION 46.** 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.)  
8 and amended to read:

9 255.06 (1) (f) (intro.) "~~Nurse practitioner~~" "Women's health nurse clinician"  
10 means ~~a~~ any of the following:

11 1. A registered nurse licensed under ch. 441 or in a party state, as defined in  
12 s. 441.50 (2) (j), whose practice of professional nursing under s. 441.001 (4) includes  
13 performance of delegated medical services under the supervision of a physician,  
14 dentist, or podiatrist, or advanced practice registered nurse prescriber certified  
15 under s. 441.16 (2).

16 **SECTION 47.** 255.06 (1) (f) 2. of the statutes is created to read:

17 255.06 (1) (f) 2. An advanced practice registered nurse prescriber certified  
18 under s. 441.16 (2).

19 **SECTION 48.** 255.06 (2) (d) of the statutes is amended to read:

20 255.06 (2) (d) *Specialized training to for rural colposcopic examinations and*  
21 *activities.* Provide not more than \$25,000 in each fiscal year as reimbursement for  
22 the provision of specialized training of ~~nurse practitioners~~ women's health nurse  
23 clinicians to perform, in rural areas, colposcopic examinations and follow-up  
24 activities for the treatment of cervical cancer.

25 **SECTION 49.** 257.01 (5) (a) and (b) of the statutes are amended to read:

1           257.01 (5) (a) An individual who is licensed as a physician, a physician  
2 assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed  
3 practical nurse, or ~~nurse-midwife~~ advanced practice registered nurse under ch. 441,  
4 licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed  
5 as a veterinarian or certified as a veterinary technician under ch. 453, or certified  
6 as a respiratory care practitioner under ch. 448.

7           (b) An individual who was at any time within the previous 10 years, but is not  
8 currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448,  
9 licensed as a registered nurse, licensed practical nurse, or ~~nurse-midwife~~, advanced  
10 practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441,  
11 2011 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch.  
12 450, licensed as a veterinarian or certified as a veterinary technician under ch. 453,  
13 or certified as a respiratory care practitioner under ch. 448, if the individual's license  
14 or certification was never revoked, limited, suspended, or denied renewal.

15           **SECTION 50.** 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to  
16 read:

17           341.14 (1a) If any resident of this state, who is registering or has registered an  
18 automobile, or a motor truck, dual purpose motor home or dual purpose farm truck  
19 which has a gross weight of not more than 8,000 pounds, a farm truck which has a  
20 gross weight of not more than 12,000 pounds or a motor home, submits a statement  
21 once every 4 years, as determined by the department, from a physician licensed to  
22 practice medicine in any state, from an advanced practice registered nurse licensed  
23 to practice nursing in any state, from a public health nurse certified or licensed to  
24 practice in any state, from a physician assistant licensed or certified to practice in  
25 any state, from a podiatrist licensed to practice in any state, from a chiropractor

1 licensed to practice chiropractic in any state, or from a Christian Science practitioner  
2 residing in this state and listed in the Christian Science journal certifying to the  
3 department that the resident is a person with a disability that limits or impairs the  
4 ability to walk, the department shall procure, issue and deliver to the disabled  
5 person plates of a special design in lieu of plates which ordinarily would be issued  
6 for the vehicle, and shall renew the plates. The plates shall be so designed as to  
7 readily apprise law enforcement officers of the fact that the vehicle is owned by a  
8 nonveteran disabled person and is entitled to the parking privileges specified in s.  
9 346.50 (2a). No charge in addition to the registration fee shall be made for the  
10 issuance or renewal of such plates.

11 (1e) (a) If any resident of this state, who is registering or has registered a  
12 motorcycle, submits a statement once every 4 years, as determined by the  
13 department, from a physician licensed to practice medicine in any state, from an  
14 advanced practice registered nurse licensed to practice nursing in any state, from a  
15 public health nurse certified or licensed to practice in any state, from a physician  
16 assistant licensed or certified to practice in any state, from a podiatrist licensed to  
17 practice in any state, from a chiropractor licensed to practice chiropractic in any  
18 state, from a Christian Science practitioner residing in this state and listed in the  
19 Christian Science journal, or from the U.S. department of veterans affairs certifying  
20 to the department that the resident is a person with a disability that limits or impairs  
21 the ability to walk, the department shall procure, issue and deliver to the disabled  
22 person a plate of a special design in lieu of the plate which ordinarily would be issued  
23 for the motorcycle, and shall renew the plate. The statement shall state whether the  
24 disability is permanent or temporary and, if temporary, the opinion of the physician,  
25 advanced practice registered nurse, public health nurse, physician assistant,

1 podiatrist, chiropractor, practitioner, or U.S. department of veterans affairs as to the  
2 duration of the disability. The plate shall be so designed as to readily apprise law  
3 enforcement officers of the fact that the motorcycle is owned by a disabled person and  
4 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition  
5 to the registration fee may be made for the issuance or renewal of the plate.

6 **(1m)** If any licensed driver submits to the department a statement once every  
7 4 years, as determined by the department, from a physician licensed to practice  
8 medicine in any state, from a public health nurse certified or licensed to practice in  
9 any state, from an advanced practice registered nurse licensed to practice nursing  
10 in any state, from a physician assistant licensed or certified to practice in any state,  
11 from a podiatrist licensed to practice in any state, from a chiropractor licensed to  
12 practice chiropractic in any state, or from a Christian Science practitioner residing  
13 in this state and listed in the Christian Science journal certifying that another  
14 person who is regularly dependent on the licensed driver for transportation is a  
15 person with a disability that limits or impairs the ability to walk, the department  
16 shall issue and deliver to the licensed driver plates of a special design in lieu of the  
17 plates which ordinarily would be issued for the automobile or motor truck, dual  
18 purpose motor home or dual purpose farm truck having a gross weight of not more  
19 than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds  
20 or motor home, and shall renew the plates. The plates shall be so designed as to  
21 readily apprise law enforcement officers of the fact that the vehicle is operated by a  
22 licensed driver on whom a disabled person is regularly dependent and is entitled to  
23 the parking privileges specified in s. 346.50 (2a). No charge in addition to the  
24 registration fee may be made for the issuance or renewal of the plates. The plates  
25 shall conform to the plates required in sub. (1a).

1           **(1q)** If any employer who provides an automobile, or a motor truck, dual  
2 purpose motor home or dual purpose farm truck which has a gross weight of not more  
3 than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000  
4 pounds or a motor home, for an employee's use submits to the department a  
5 statement once every 4 years, as determined by the department, from a physician  
6 licensed to practice medicine in any state, from an advanced practice registered  
7 nurse licensed to practice nursing in any state, from a public health nurse certified  
8 or licensed to practice in any state, from a physician assistant licensed or certified  
9 to practice in any state, from a podiatrist licensed to practice in any state, from a  
10 chiropractor licensed to practice chiropractic in any state, or from a Christian  
11 Science practitioner residing in this state and listed in the Christian Science journal  
12 certifying that the employee is a person with a disability that limits or impairs the  
13 ability to walk, the department shall issue and deliver to such employer plates of a  
14 special design in lieu of the plates which ordinarily would be issued for the vehicle,  
15 and shall renew the plates. The plates shall be so designed as to readily apprise law  
16 enforcement officers of the fact that the vehicle is operated by a disabled person and  
17 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition  
18 to the registration fee may be made for the issuance or renewal of the plates. The  
19 plates shall conform to the plates required in sub. (1a).

20           **SECTION 51.** 343.16 (5) (a) of the statutes is amended to read:

21           **343.16 (5) (a)** The secretary may require any applicant for a license or any  
22 licensed operator to submit to a special examination by such persons or agencies as  
23 the secretary may direct to determine incompetency, physical or mental disability,  
24 disease, or any other condition that might prevent such applicant or licensed person  
25 from exercising reasonable and ordinary control over a motor vehicle. If the

1 department requires the applicant to submit to an examination, the applicant shall  
2 pay for the examination. If the department receives an application for a renewal or  
3 duplicate license after voluntary surrender under s. 343.265 or receives a report from  
4 a physician, physician assistant, as defined in s. 448.01 (6), advanced practice  
5 registered nurse prescriber certified under s. 441.16 (2), or optometrist under s.  
6 146.82 (3), or if the department has a report of 2 or more arrests within a one-year  
7 period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in  
8 conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian  
9 tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m),  
10 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved  
11 the use of a vehicle, the department shall determine, by interview or otherwise,  
12 whether the operator should submit to an examination under this section. The  
13 examination may consist of an assessment. If the examination indicates that  
14 education or treatment for a disability, disease or condition concerning the use of  
15 alcohol, a controlled substance or a controlled substance analog is appropriate, the  
16 department may order a driver safety plan in accordance with s. 343.30 (1q). If there  
17 is noncompliance with assessment or the driver safety plan, the department shall  
18 revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

19 **SECTION 52.** 343.51 (1) of the statutes is amended to read:

20 343.51 (1) Any person who qualifies for registration plates of a special design  
21 under s. 341.14 (1), (1a), (1m) or (1q) or any other person with a disability that limits  
22 or impairs the ability to walk may request from the department a special  
23 identification card that will entitle any motor vehicle, other than a motorcycle,  
24 parked by, or under the direction of, the person, or a motor vehicle, other than a  
25 motorcycle, operated by or on behalf of the organization when used to transport such

1 a person, to parking privileges under s. 346.50 (2), (2a) and (3). The department shall  
2 issue the card at a fee to be determined by the department, upon submission by the  
3 applicant, if the applicant is an individual rather than an organization, of a  
4 statement from a physician licensed to practice medicine in any state, from an  
5 advanced practice registered nurse licensed to practice nursing in any state, from a  
6 public health nurse certified or licensed to practice in any state, from a physician  
7 assistant licensed or certified to practice in any state, from a podiatrist licensed to  
8 practice in any state, from a chiropractor licensed to practice chiropractic in any  
9 state, or from a Christian Science practitioner residing in this state and listed in the  
10 Christian Science journal that the person is a person with a disability that limits or  
11 impairs the ability to walk. The statement shall state whether the disability is  
12 permanent or temporary and, if temporary, the opinion of the physician, advanced  
13 practice registered nurse, public health nurse, physician assistant, podiatrist,  
14 chiropractor or practitioner as to the duration of the disability. The department shall  
15 issue the card upon application by an organization on a form prescribed by the  
16 department if the department believes that the organization meets the requirements  
17 under this subsection.

18 **SECTION 53.** 343.62 (4) (a) 4. of the statutes is amended to read:

19 343.62 (4) (a) 4. The applicant submits with the application a statement  
20 completed within the immediately preceding 24 months, except as provided by rule,  
21 by a physician licensed to practice medicine in any state, from an advanced practice  
22 registered nurse licensed to practice nursing in any state, from a physician assistant  
23 licensed or certified to practice in any state, from a podiatrist licensed to practice in  
24 any state, from a chiropractor licensed to practice chiropractic in any state, or from  
25 a Christian Science practitioner residing in this state, and listed in the Christian

1 Science journal certifying that, in the medical care provider’s judgment, the  
2 applicant is physically fit to teach driving.

3 **SECTION 54.** 440.03 (13) (b) 39m. of the statutes is created to read:

4 440.03 (13) (b) 39m. Nurse, advanced practice registered.

5 **SECTION 55.** 440.03 (13) (b) 42. of the statutes is repealed.

6 **SECTION 56.** 440.08 (2) (a) 4m. of the statutes is amended to read:

7 440.08 (2) (a) 4m. Advanced practice registered nurse prescriber: October 1 of  
8 each even-numbered year.

9 **SECTION 57.** 440.08 (2) (a) 47. of the statutes is created to read:

10 440.08 (2) (a) 47. Nurse, advanced practice registered: March 1 of each  
11 even-numbered year.

12 **SECTION 58.** 440.08 (2) (a) 50. of the statutes is repealed.

13 **SECTION 59.** 440.981 (1) of the statutes is amended to read:

14 440.981 (1) No person may use the title “licensed midwife,” describe or imply  
15 that he or she is a licensed midwife, or represent himself or herself as a licensed  
16 midwife unless the person is granted a license under this subchapter or is licensed  
17 as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and  
18 possesses a certified nurse-midwife endorsement under s. 441.09.

19 **SECTION 60.** 440.982 (1) of the statutes is amended to read:

20 440.982 (1) No person may engage in the practice of midwifery unless the  
21 person is granted a license under this subchapter, is granted a temporary permit  
22 pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a~~  
23 ~~nurse-midwife under s. 441.15~~ an advanced practice registered nurse and possesses  
24 a certified nurse-midwife endorsement under s. 441.09.

25 **SECTION 61.** 440.987 (2) of the statutes is amended to read:

1           440.987 (2) One member who is licensed as ~~a nurse-midwife~~ under s. 441.15  
2           an advanced practice registered nurse and possesses a certified nurse-midwife  
3           endorsement under s. 441.09 and who practices in an out-of-hospital setting.

4           **SECTION 62.** 441.06 (3) of the statutes is amended to read:

5           441.06 (3) ~~A~~ Except as provided in s. 441.09 (3), a registered nurse practicing  
6           for compensation shall, on or before the applicable renewal date specified under s.  
7           440.08 (2) (a), submit to the board on furnished forms a statement giving name,  
8           residence, and other facts that the board requires, with the applicable renewal fee  
9           determined by the department under s. 440.03 (9) (a).

10          **SECTION 63.** 441.06 (7) of the statutes is renumbered 441.09 (5) and amended  
11          to read:

12          441.09 (5) CIVIL LIABILITY. No person ~~certified licensed~~ as an advanced practice  
13          registered nurse prescriber under s. 441.16 (2) this section is liable for civil damages  
14          for any of the following:

15           (a) Reporting in good faith to the department of transportation under s. 146.82  
16           (3) a patient's name and other information relevant to a physical or mental condition  
17           of the patient that in the advanced practice ~~nurse prescriber's~~ registered nurse's  
18           judgment impairs the patient's ability to exercise reasonable and ordinary control  
19           over a motor vehicle.

20           (b) In good faith, not reporting to the department of transportation under s.  
21           146.82 (3) a patient's name and other information relevant to a physical or mental  
22           condition of the patient that in the advanced practice ~~nurse prescriber's~~ registered  
23           nurse's judgment does not impair the patient's ability to exercise reasonable and  
24           ordinary control over a motor vehicle.

25          **SECTION 64.** 441.07 (1) (intro.) and (c) of the statutes are amended to read:

1           441.07 (1) (intro.) The board may, after disciplinary proceedings conducted in  
2 accordance with rules promulgated under s. 440.03 (1), revoke, limit, suspend or  
3 deny renewal of a license of a registered nurse, ~~a nurse-midwife~~ an advanced  
4 practice registered nurse, or a licensed practical nurse, may revoke, limit, suspend  
5 or deny renewal of a certificate to prescribe drugs or devices granted under s. 441.16,  
6 or may reprimand a registered nurse, ~~nurse-midwife~~ advanced practice registered  
7 nurse, or licensed practical nurse, if the board finds that the person committed any  
8 of the following:

9           (c) Acts which show the registered nurse, ~~nurse-midwife~~ advanced practice  
10 registered nurse, or licensed practical nurse to be unfit or incompetent by reason of  
11 negligence, abuse of alcohol or other drugs or mental incompetency.

12           **SECTION 65.** 441.09 of the statutes is created to read:

13           **441.09 Advanced practice registered nurses. (1) DEFINITION.** In this  
14 section, “recognized role” means one of the following roles:

- 15           (a) Certified nurse-midwife.  
16           (b) Certified registered nurse anesthetist.  
17           (c) Clinical nurse specialist.  
18           (d) Nurse practitioner.

19           **(2) INITIAL LICENSE.** (a) Any person who satisfies all of the following  
20 requirements may apply to the department for initial licensure by the board as an  
21 advanced practice registered nurse:

22           1. The person holds a valid license to practice as a registered nurse issued under  
23 s. 441.06 (1) or applies concurrently for a license under s. 441.04 or for a license  
24 without examination under s. 441.06 (1) with the application for a license under this  
25 paragraph.

1           2. The person satisfies one of the following criteria:

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

9           b. On January 1, 2013, the person was licensed as a registered nurse in this  
10 state and was practicing in a recognized role, and the person satisfies additional  
11 criteria established by the board by rule under this subd. 2. b. relating to practice or  
12 education.

13           3. The person pays the fee specified under s. 440.05 (1).

14           (b) The board shall grant an advanced practice registered nurse license to a  
15 person the board determines meets the requirements under par. (a). The board shall  
16 also grant a person who receives a license under this paragraph one or more  
17 endorsements corresponding to the recognized roles that the board determines the  
18 person's education and experience under par. (a) 2. a. or b. qualifies the person for.  
19 The board may not grant a license under this paragraph to a person applying  
20 concurrently for a license under s. 441.04 or for a license without examination under  
21 s. 441.06 (1) unless the board also grants the person a license to practice as a  
22 registered nurse.

23           **(3) LICENSE RENEWAL.** On or before the applicable renewal date specified under  
24 s. 440.08 (2) (a), a person issued a license under sub. (2) shall submit to the board on  
25 a form furnished by the board a statement giving his or her name and residence, the

1 nursing workforce survey and fee required under s. 441.01 (7), and other information  
2 that the board requires by rule, with the applicable renewal fee determined by the  
3 department under s. 440.03 (9) (a). The board shall grant to a person who satisfies  
4 the requirements under this subsection the renewal of his or her advanced practice  
5 registered nurse license and endorsements granted under sub. (2) (b) and shall grant  
6 the renewal of his or her license to practice as a registered nurse.

7 (4) TITLES. (a) 1. The holder of a license issued under this section is an  
8 “advanced practice registered nurse” and may append to his or her name the title  
9 “A.P.R.N.”

10 2. The holder of an endorsement for a recognized role granted under sub. (2)  
11 (b) may append to his or her name the title and an abbreviation corresponding to that  
12 recognized role.

13 (b) 1. Except as provided in s. 257.03, no person may use the title “advanced  
14 practice registered nurse,” the title “A.P.R.N.,” or anything else to indicate that he  
15 or she is an advanced practice registered nurse unless he or she is licensed under this  
16 section.

17 2. Except as provided in s. 257.03, no person may use a title or abbreviation for  
18 a recognized role or anything else to indicate that he or she is a certified  
19 nurse–midwife, a certified registered nurse anesthetist, a clinical nurse specialist,  
20 or a nurse practitioner unless he or she has been granted an endorsement for that  
21 role under sub. (2) (b).

22 **SECTION 66.** 441.11 (1) (intro.) and (b) of the statutes are consolidated,  
23 renumbered 441.11 (1) and amended to read:

24 441.11 (1) In this section: ~~(b) “Nurse section, “nurse anesthetist” has the~~  
25 ~~meaning given in s. 655.001 (9) means an individual who is licensed as an advanced~~

1 practice registered nurse and possesses a certified registered nurse anesthetist  
2 endorsement under s. 441.09.

3 **SECTION 67.** 441.11 (1) (a) of the statutes is repealed.

4 **SECTION 68.** 441.11 (3) of the statutes is repealed.

5 **SECTION 69.** 441.15 of the statutes is repealed.

6 **SECTION 70.** 441.16 (title), (2), (3) (am), (b), (c), (cm) 1. and 2. and (e), (4) and  
7 (5) of the statutes are amended to read:

8 **441.16** (title) **Prescription privileges of for advanced practice**  
9 **registered nurses.**

10 (2) The board shall grant a certificate to issue prescription orders to an  
11 advanced practice registered nurse licensed under s. 441.09 who meets the  
12 education, training and examination requirements established by the board for a  
13 certificate to issue prescription orders, and who pays the fee specified under s. 440.05  
14 (1). An advanced practice registered nurse certified under this section may provide  
15 expedited partner therapy in the manner described in s. 448.035.

16 (3) (am) Establishing the appropriate education, training and examination  
17 requirements that an advanced practice registered nurse must satisfy to qualify for  
18 a certificate to issue prescription orders.

19 (b) Defining the scope of practice within which an advanced practice registered  
20 nurse may issue prescription orders.

21 (c) Specifying the classes of drugs, individual drugs or devices that may not be  
22 prescribed by an advanced practice registered nurse.

23 (cm) 1. Administer a drug prescribed by an advanced practice registered nurse  
24 who is certified to issue prescription orders.

1           2. Administer a drug at the direction of an advanced practice registered nurse  
2 who is certified to issue prescription orders.

3           (e) Establishing the minimum amount of malpractice liability insurance  
4 coverage that an advanced practice registered nurse shall have if he or she is certified  
5 to issue prescription orders. The board shall promulgate rules under this paragraph  
6 in consultation with the commissioner of insurance.

7           (4) Every advanced practice registered nurse who is certified to issue  
8 prescription orders shall annually submit to the board evidence satisfactory to the  
9 board that he or she has in effect malpractice liability insurance coverage in the  
10 minimum amounts required by the rules of the board.

11           (5) An advanced practice registered nurse who is certified to issue prescription  
12 orders may not delegate the act of issuing a prescription order to any nurse who is  
13 not certified to issue prescription orders.

14           **SECTION 71.** 441.16 (3) (a) of the statutes is repealed.

15           **SECTION 72.** 441.16 (7) of the statutes is created to read:

16           441.16 (7) No person may use the title “advanced practice registered nurse  
17 prescriber” or anything else to indicate that he or she is an advanced practice  
18 registered nurse prescriber unless he or she has a valid certificate to issue  
19 prescription orders issued under this section. No person not holding a certificate  
20 under this section may use in connection with his or her nursing employment or  
21 vocation the title “advanced practice registered nurse prescriber” or anything else to  
22 indicate that he or she is an advanced practice registered nurse prescriber.

23           **SECTION 73.** 448.03 (2) (a) of the statutes is amended to read:

24           448.03 (2) (a) Any person lawfully practicing within the scope of a license,  
25 permit, registration, certificate or certification granted to practice midwifery under

1 subch. XIII of ch. 440, to practice professional or practical nursing or  
2 nurse-midwifery or as an advanced practice registered nurse under ch. 441, to  
3 practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch.  
4 447, to practice optometry under ch. 449, to practice acupuncture under ch. 451 or  
5 under any other statutory provision, or as otherwise provided by statute.

6 **SECTION 74.** 448.035 (1) (a), (2), (3) and (4) of the statutes are amended to read:

7 448.035 (1) (a) “Certified advanced practice registered nurse prescriber”  
8 means ~~a~~ an advanced practice registered nurse who is certified under s. 441.16 (2).

9 (2) Notwithstanding the requirements of s. 448.30, a physician, physician  
10 assistant, or certified advanced practice registered nurse prescriber may provide  
11 expedited partner therapy if the patient is diagnosed as infected with a chlamydial  
12 infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with  
13 a sexual partner during which the chlamydial infection, gonorrhea, or  
14 trichomoniasis may have been transmitted to or from the sexual partner. The  
15 physician, physician assistant, or certified advanced practice registered nurse  
16 prescriber shall attempt to obtain the name of the patient’s sexual partner. A  
17 prescription order for an antimicrobial drug prepared under this subsection shall  
18 include the name and address of the patient’s sexual partner, if known. If the  
19 physician, physician assistant, or certified advanced practice registered nurse  
20 prescriber is unable to obtain the name of the patient’s sexual partner, the  
21 prescription order shall include, in ordinary bold-faced capital letters, the words,  
22 “expedited partner therapy” or the letters “EPT.”

23 (3) The physician, physician assistant, or certified advanced practice  
24 registered nurse prescriber shall provide the patient with a copy of the information  
25 sheet prepared by the department of health services under s. 46.03 (44) and shall

1 request that the patient give the information sheet to the person with whom the  
2 patient had sexual contact.

3 (4) (a) Except as provided in par. (b), a physician, physician assistant, or  
4 certified advanced practice registered nurse prescriber is immune from civil liability  
5 for injury to or the death of a person who takes any antimicrobial drug if the  
6 antimicrobial drug is prescribed, dispensed, or furnished under this section and if  
7 expedited partner therapy is provided as specified under this section.

8 (b) The immunity under par. (a) does not extend to the donation, distribution,  
9 furnishing, or dispensing of an antimicrobial drug by a physician, physician  
10 assistant, or certified advanced practice registered nurse prescriber whose act or  
11 omission involves reckless, wanton, or intentional misconduct.

12 **SECTION 75.** 448.56 (1) and (1m) (b) of the statutes are amended to read:

13 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.  
14 448.52, a person may practice physical therapy only upon the written referral of a  
15 physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice  
16 registered nurse prescriber certified under s. 441.16 (2). Written referral is not  
17 required if a physical therapist provides services in schools to children with  
18 disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the  
19 department of public instruction; provides services as part of a home health care  
20 agency; provides services to a patient in a nursing home pursuant to the patient's  
21 plan of care; provides services related to athletic activities, conditioning, or injury  
22 prevention; or provides services to an individual for a previously diagnosed medical  
23 condition after informing the individual's physician, physician assistant,  
24 chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber  
25 certified under s. 441.16 (2) who made the diagnosis. The examining board may

1 promulgate rules establishing additional services that are excepted from the written  
2 referral requirements of this subsection.

3 **(1m)** (b) The examining board shall promulgate rules establishing the  
4 requirements that a physical therapist must satisfy if a physician, physician  
5 assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse  
6 prescriber makes a written referral under sub. (1). The purpose of the rules shall be  
7 to ensure continuity of care between the physical therapist and the health care  
8 practitioner.

9 **SECTION 76.** 448.67 (2) of the statutes is amended to read:

10 448.67 **(2)** SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee  
11 who renders any podiatric service or assistance, or gives any podiatric advice or any  
12 similar advice or assistance, to any patient, podiatrist, physician, physician  
13 assistant, advanced practice registered nurse prescriber certified under s. 441.16 (2),  
14 partnership, or corporation, or to any other institution or organization, including a  
15 hospital, for which a charge is made to a patient, shall, except as authorized by  
16 Title 18 or Title 19 of the federal Social Security Act, render an individual statement  
17 or account of the charge directly to the patient, distinct and separate from any  
18 statement or account by any other podiatrist, physician, physician assistant,  
19 advanced practice registered nurse prescriber, or other person.

20 **SECTION 77.** 450.01 (1m) of the statutes is amended to read:

21 450.01 **(1m)** “Advanced practice registered nurse prescriber” means an  
22 advanced practice registered nurse who is certified under s. 441.16 (2).

23 **SECTION 78.** 450.01 (16) (h) 2. of the statutes is amended to read:

1           450.01 (16) (h) 2. The patient’s advanced practice registered nurse prescriber,  
2 if the advanced practice nurse prescriber has entered into a written agreement to  
3 collaborate with a physician.

4           **SECTION 79.** 450.03 (1) (e) of the statutes is amended to read:

5           450.03 (1) (e) Any person lawfully practicing within the scope of a license,  
6 permit, registration, certificate or certification granted to practice professional or  
7 practical nursing ~~or nurse-midwifery~~ or as an advanced practice registered nurse  
8 under ch. 441, to practice dentistry or dental hygiene under ch. 447, to practice  
9 medicine and surgery under ch. 448, to practice optometry under ch. 449 or to  
10 practice veterinary medicine under ch. 453, or as otherwise provided by statute.

11           **SECTION 80.** 450.11 (7) (b) of the statutes is amended to read:

12           450.11 (7) (b) Information communicated to a physician, physician assistant,  
13 or advanced practice registered nurse prescriber in an effort to procure unlawfully  
14 a prescription drug or the administration of a prescription drug is not a privileged  
15 communication.

16           **SECTION 81.** 450.11 (8) (e) of the statutes is amended to read:

17           450.11 (8) (e) The board of nursing, insofar as this section applies to advanced  
18 practice registered nurse prescribers.

19           **SECTION 82.** 450.13 (5) (b) of the statutes is amended to read:

20           450.13 (5) (b) The patient’s advanced practice registered nurse prescriber, ~~if the~~  
21 ~~advanced practice nurse prescriber has entered into a written agreement to~~  
22 ~~collaborate with a physician.~~

23           **SECTION 83.** 462.04 of the statutes is amended to read:

24           **462.04 Prescription or order required.** A person who holds a license or  
25 limited X-ray machine operator permit under this chapter may not use diagnostic

1 X-ray equipment on humans for diagnostic purposes unless authorized to do so by  
2 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed  
3 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed  
4 under s. 446.02, an advanced practice registered nurse prescriber certified under s.  
5 441.16 (2), or a physician assistant licensed under s. 448.04 (1) (f).

6 **SECTION 84.** 655.001 (1) of the statutes is renumbered 655.001 (1r).

7 **SECTION 85.** 655.001 (1g) of the statutes is created to read:

8 655.001 (1g) “Advanced practice registered nurse prescriber” means an  
9 advanced practice registered nurse who is certified under s. 441.16 (2) to issue  
10 prescription orders.

11 **SECTION 86.** 655.001 (7t) of the statutes is renumbered 655.001 (7t) (intro.) and  
12 amended to read:

13 655.001 (7t) (intro.) “Health care practitioner” means a health care  
14 professional, as defined in s. 180.1901 (1m), who is an employee of a health care  
15 provider described in s. 655.002 (1) (d), (e), (em), or (f) and who is any of the following:

16 (a) An individual who has the authority to provide health care services that are  
17 ~~not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and~~  
18 ~~supervision of a physician or, nurse anesthetist, or advanced practice registered~~  
19 nurse prescriber.

20 **SECTION 87.** 655.001 (7t) (b) of the statutes is created to read:

21 655.001 (7t) (b) Except for any nurse anesthetist, an advanced practice  
22 registered nurse licensed under s. 441.09, who does not have a certificate under s.  
23 441.16 (2) to issue prescription orders regardless whether the advanced practice  
24 registered nurse acts under the direction or supervision of a physician, nurse  
25 anesthetist, or advanced practice registered nurse prescriber.

1           **SECTION 88.** 655.001 (9) of the statutes is amended to read:

2           655.001 (9) “Nurse anesthetist” means ~~a nurse~~ an individual who is licensed  
3 ~~under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), who is certified as a~~  
4 ~~nurse anesthetist by the American association of nurse anesthetists~~ as an advanced  
5 practice registered nurse and possesses a certified registered nurse anesthetist  
6 endorsement under s. 441.09.

7           **SECTION 89.** 655.002 (1) (a), (b), (c), (d), (e) and (em) of the statutes are amended  
8 to read:

9           655.002 (1) (a) A physician ~~or~~, a nurse anesthetist, or an advanced practice  
10 registered nurse prescriber for whom this state is a principal place of practice and  
11 who practices his or her profession in this state more than 240 hours in a fiscal year.

12           (b) A physician ~~or~~, a nurse anesthetist, or an advanced practice registered  
13 nurse prescriber for whom Michigan is a principal place of practice, if all of the  
14 following apply:

15           1. The physician ~~or~~, nurse anesthetist, or advanced practice registered nurse  
16 prescriber is a resident of this state.

17           2. The physician ~~or~~, nurse anesthetist, or advanced practice registered nurse  
18 prescriber practices his or her profession in this state or in Michigan or a combination  
19 of both more than 240 hours in a fiscal year.

20           3. The physician ~~or~~, nurse anesthetist, or advanced practice registered nurse  
21 prescriber performs more procedures in a Michigan hospital than in any other  
22 hospital. In this subdivision, “Michigan hospital” means a hospital located in  
23 Michigan that is an affiliate of a corporation organized under the laws of this state  
24 that maintains its principal office and a hospital in this state.

1           (c) A physician ~~or~~, nurse anesthetist, or advanced practice registered nurse  
2 prescriber who is exempt under s. 655.003 (1) or (3), but who practices his or her  
3 profession outside the scope of the exemption and who fulfills the requirements  
4 under par. (a) in relation to that practice outside the scope of the exemption. For a  
5 physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse  
6 prescriber who is subject to this chapter under this paragraph, this chapter applies  
7 only to claims arising out of practice that is outside the scope of the exemption under  
8 s. 655.003 (1) or (3).

9           (d) A partnership comprised of physicians ~~or~~, nurse anesthetists, or advanced  
10 practice registered nurse prescribers and organized and operated in this state for the  
11 primary purpose of providing the medical services of physicians ~~or~~, nurse  
12 anesthetists, or advanced practice registered nurse prescribers.

13           (e) A corporation organized and operated in this state for the primary purpose  
14 of providing the medical services of physicians ~~or~~, nurse anesthetists, or advanced  
15 practice registered nurse prescribers.

16           (em) Any organization or enterprise not specified under par. (d) or (e) that is  
17 organized and operated in this state for the primary purpose of providing the medical  
18 services of physicians ~~or~~, nurse anesthetists, or advanced practice registered nurse  
19 prescribers.

20           **SECTION 90.** 655.002 (2) (a) and (b) of the statutes are amended to read:

21           655.002 (2) (a) A physician ~~or~~, nurse anesthetist, or advanced practice  
22 registered nurse prescriber for whom this state is a principal place of practice but  
23 who practices his or her profession fewer than 241 hours in a fiscal year, for a fiscal  
24 year, or a portion of a fiscal year, during which he or she practices his or her  
25 profession.

1           (b) Except as provided in sub. (1) (b), a physician ~~or~~, nurse anesthetist, or  
2           advanced practice registered nurse prescriber for whom this state is not a principal  
3           place of practice, for a fiscal year, or a portion of a fiscal year, during which he or she  
4           practices his or her profession in this state. For a health care provider who elects to  
5           be subject to this chapter under this paragraph, this chapter applies only to claims  
6           arising out of practice that is in this state and that is outside the scope of an  
7           exemption under s. 655.003 (1) or (3).

8           **SECTION 91.** 655.003 (1) and (3) of the statutes are amended to read:

9           655.003 (1) A physician ~~or~~, a nurse anesthetist, or an advanced practice  
10           registered nurse prescriber who is a state, county or municipal employee, or federal  
11           employee or contractor covered under the federal tort claims act, as amended, and  
12           who is acting within the scope of his or her employment or contractual duties.

13           (3) A physician ~~or~~, a nurse anesthetist, or an advanced practice registered  
14           nurse prescriber who provides professional services under the conditions described  
15           in s. 146.89, with respect to those professional services provided by the physician ~~or~~,  
16           nurse anesthetist, or advanced practice registered nurse prescriber for which he or  
17           she is covered by s. 165.25 and considered an agent of the department, as provided  
18           in s. 165.25 (6) (b).

19           **SECTION 92.** 655.005 (2) (a) and (b) of the statutes are amended to read:

20           655.005 (2) (a) An employee of a health care provider if the employee is a  
21           physician ~~or~~, a nurse anesthetist, or an advanced practice registered nurse  
22           prescriber or is a health care practitioner, except for an advanced practice registered  
23           nurse described in s. 655.001 (7t) (b), who is providing health care services that are  
24           ~~not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and~~

1 supervision of a physician ~~or~~, nurse anesthetist, or advanced practice registered  
2 nurse prescriber.

3 (b) A service corporation organized under s. 180.1903 by health care  
4 professionals, as defined under s. 180.1901 (1m), if the board of governors determines  
5 that it is not the primary purpose of the service corporation to provide the medical  
6 services of physicians ~~or~~, nurse anesthetists, or advanced practice registered nurse  
7 prescribers. The board of governors may not determine under this paragraph that  
8 it is not the primary purpose of a service corporation to provide the medical services  
9 of physicians or ~~nurse anesthetists~~ advanced practice registered nurse prescribers  
10 unless more than 50% of the shareholders of the service corporation are neither  
11 physicians nor ~~nurse anesthetists~~ advanced practice registered nurse prescribers.

12 **SECTION 93.** 655.23 (5m) of the statutes is amended to read:

13 655.23 (5m) The limits set forth in sub. (4) shall apply to any joint liability of  
14 a physician ~~or~~, nurse anesthetist, or advanced practice registered nurse prescriber  
15 and his or her corporation, partnership, or other organization or enterprise under s.  
16 655.002 (1) (d), (e), or (em).

17 **SECTION 94.** 655.27 (3) (a) 4. of the statutes is amended to read:

18 655.27 (3) (a) 4. For a health care provider described in s. 655.002 (1) (d), (e),  
19 (em), or (f), risk factors and past and prospective loss and expense experience  
20 attributable to employees of that health care provider other than employees licensed  
21 as a physician ~~or~~, nurse anesthetist, or advanced practice registered nurse  
22 prescriber.

23 **SECTION 95.** 655.27 (3) (b) 2m. of the statutes is amended to read:

24 655.27 (3) (b) 2m. In addition to the fees and payment classifications described  
25 under subs. 1. and 2., the commissioner, after approval by the board of governors,

1 may by rule establish a separate payment classification for physicians satisfying s.  
2 655.002 (1) (b) and a separate fee for nurse anesthetists and advanced practice  
3 registered nurse prescribers satisfying s. 655.002 (1) (b) which take into account the  
4 loss experience of health care providers for whom Michigan is a principal place of  
5 practice.

6 **SECTION 96.** 655.275 (5) (b) 2. of the statutes is amended to read:

7 655.275 (5) (b) 2. If a claim was paid for damages arising out of the rendering  
8 of care by a nurse anesthetist, or an advanced practice registered nurse prescriber,  
9 with at least one nurse anesthetist, or advanced practice registered nurse prescriber.

10 **SECTION 97.** 961.01 (19) (a) of the statutes is amended to read:

11 961.01 (19) (a) A physician, advanced practice registered nurse, dentist,  
12 veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21  
13 (3), a physician assistant, or other person licensed, registered, certified or otherwise  
14 permitted to distribute, dispense, conduct research with respect to, administer or use  
15 in teaching or chemical analysis a controlled substance in the course of professional  
16 practice or research in this state.

17 **SECTION 98.** 961.395 of the statutes is amended to read:

18 **961.395 Limitation on advanced practice registered nurses.** (1) An  
19 advanced practice registered nurse ~~who is~~ prescriber certified under s. 441.16 may  
20 prescribe controlled substances only as permitted by the rules promulgated under  
21 s. 441.16 (3).

22 (2) An advanced practice registered nurse prescriber certified under s. 441.16  
23 shall include with each prescription order the advanced practice registered nurse  
24 prescriber certification number issued to him or her by the board of nursing.



**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Sharon Henes Administrative Rules Coordinator</b>		2) Date When Request Submitted:  <b>29 September 2014</b>	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  <b>Board of Nursing</b>			
4) Meeting Date:  <b>9 October 2014</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Legislation and Rule Matters – Discussion and Consideration</b> <b>1. Update on N 5, 6 relating to Renewal and Practice Standards</b> <b>2. Update on N 8 Relating to APNP</b> <b>3. Update on Pending and Possible Rulemaking Projects</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i><b>Sharon Henes</b></i>		<i><b>29 September 2014</b></i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			