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**LEGISLATION AND RULES COMMITTEE**

**BOARD OF NURSING**  
**ROOM 121C, 1400 EAST WASHINGTON AVENUE, MADISON WI**  
**CONTACT: DAN WILLIAMS (608) 266-2112**  
**June 22, 2015**

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

**8:00 a.m.**

**AGENDA**

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

**A. Approval of Agenda (1)**

**B. Legislation and Administrative Rules Matters – Discussion and Consideration (2-30)**

- 1) Review Draft of N5 and 6 Relating to Renewal and Standards of Practice **(3-16)**
- 2) Review Draft of N7 Relating to Code of Conduct Intent **(17-19)**
- 3) N8 Relating to Advanced Practice Nurse Prescriber **(20-22)**
- 4) Legislative Changes to Chapter 441 **(23-30)**
- 5) Update on Legislation and Pending or Possible Rule-Making Projects

**C. Public Comments**

**ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING**

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  <b>Sharon Henes</b> <b>Administrative Rules Coordinator</b>		2) Date When Request Submitted:  <b>15 June 2015</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>Nursing Legislative and Rules Committee</b>			
4) Meeting Date:  <b>22 June 2015</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>A. Approval of Agenda</b> <b>B. Legislative and Administrative Rules Matters – Discussion and Consideration</b> <b>1. Review Draft of N 5 and 6 Relating to Renewal and Standards of Practice</b> <b>2. Review Draft of N 7 Relating to Code of Conduct Intent</b> <b>3. N 8 Relating to Advanced Practice Nurse Prescriber</b> <b>4. Legislative Changes to Chapter 441</b> <b>4. Update on Pending and Possible Rule-making Projects</b> <b>C. Public Comments</b> <b>D. Adjournment</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>15 June 2015</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.			

{NOTE: N 5 will be moved to N 2 as subchapter V. We will be further discussing modifications to N 6.}

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TEXT OF RULE

SUBCHAPTER V  
RENEWAL

N 2.40 **Renewal.** (1) **GENERAL.** A person with an expired credential may not reapply for a credential using the initial application process.

(2) **RENEWAL WITHIN 5 YEARS.** A person renewing the license within 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and an applicable late renewal fee.
- (b) Pay a nursing workforce survey fee of \$4.
- (c) Complete the nursing workforce survey to the satisfaction of the board.

(3) **RENEWAL AFTER 5 YEARS.** This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and the late renewal fee.
- (b) Pay a nursing workforce survey fee of \$4.
- (c) Complete the nursing workforce survey to the satisfaction of the board.
- (d) Meet one of the following requirements:
  1. Documentation of employment requiring a nursing license within the last five years.
  2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

N 2.41 **Reinstatement.** A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in N 2.40(3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

## Chapter N 5

### RENEWAL OF LICENSE

N 5.01 Authority and intent.

N 5.02 Definitions.

N 5.03 Current license required for practice.

N 5.07 Duplicate renewal card.

N 5.08 Renewal after 5 years.

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

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

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

**N 5.02 Definitions.** As used in this chapter:

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

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

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

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

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

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

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

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

**N 5.03 Current license required for practice.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Chapter N 6

### STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

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

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

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

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

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

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

**N 6.02 Definitions.** As used in this chapter,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**N 6.03 Standards of practice for registered nurses.**

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

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

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

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

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

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

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

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

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

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

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

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

(b) Provide direction and assistance to those supervised;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 6  
NURSING PRACTICE FOR  
REGISTERED NURSES/LICENSED PRACTICAL NURSES

**655—6.1(152) Definitions.**

*“Accountability”* means being obligated to answer for one’s acts, including the act of supervision.

*“Advanced registered nurse practitioner (ARNP)”* means a nurse with current licensure as a registered nurse in Iowa or who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8, and is also registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings, within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

*“Basic nursing education”* means a nursing program preparing a person for initial licensure to practice nursing as a registered nurse or licensed practical nurse.

*“Board”* as used in this chapter means the Iowa board of nursing.

*“Certified clinical nurse specialist”* means an ARNP prepared at the master’s level who possesses evidence of current certification as a clinical specialist in an area of nursing practice by a national professional nursing association as approved by the board.

*“Certified nurse-midwife”* means an ARNP educated in the disciplines of nursing and midwifery who possesses evidence of current certification by a national professional nursing association approved by the board. The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically.

*“Certified nurse practitioner”* means an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing association approved by the board.

*“Certified registered nurse anesthetist”* means an ARNP educated in the disciplines of nursing and anesthesia who possesses evidence of current certification by a national professional nursing association approved by the board.

*“Competence in nursing”* means having the knowledge and the ability to perform, skillfully and proficiently, the functions within the role of the licensed nurse.

*“Expanded intravenous therapy certification course”* means the Iowa board of nursing course required for licensed practical nurses to perform procedures related to the expanded scope of practice of intravenous therapy.

*“Midline catheter”* means a long peripheral catheter in which the distal end resides in the mid to upper arm, but the tip terminates no further than the axilla.

*“Minimum standards”* means standards of practice that interpret the legal definition of nursing as well as provide criteria against which violations of the law can be determined.

*“Nursing diagnosis”* means a judgment made by a registered nurse, following a nursing assessment of individuals and groups about actual or potential responses to health problems, which forms the basis for determining effective nursing interventions.

*“Nursing facility”* means an institution as defined in Iowa Code chapter 135C. This definition does not include acute care settings.

*“Nursing process”* means ongoing assessment, nursing diagnosis, planning, intervention, and evaluation.

*“Peripheral intravenous catheter”* means a catheter three inches or less in length.

*“Peripherally inserted central catheter”* means a soft flexible central venous catheter inserted into an extremity and advanced until the tip is positioned in the vena cava.

“*Proximate area*” means that the registered nurse analyzes the qualifications of the licensed practical nurse in relationship to nursing needs of the client in determining the appropriate distance within the building and the time necessary to be readily available to the licensed practical nurse.

“*Unlicensed assistive personnel*” is an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse.

This rule is intended to implement Iowa Code chapter 152.  
[ARC 9329B, IAB 1/12/11, effective 2/16/11]

**655—6.2(152) Minimum standards of nursing practice for registered nurses.**

**6.2(1)** The registered nurse shall recognize and understand the legal implications within the scope of nursing practice. The scope of nursing practice considered to be minimum standards of nursing practice shall not be interpreted to include those practices currently ascribed to the advanced registered nurse practitioner.

**6.2(2)** The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes:

- a. Nursing assessments about the health status of an individual or group.
- b. Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment.
- c. Planning of nursing care which includes determining goals and priorities for actions which are based on the nursing diagnosis.
- d. Nursing interventions implementing the plan of care.
- e. Evaluation of the individual’s or group’s status in relation to established goals and the plan of care.

**6.2(3)** The registered nurse shall conduct nursing practice by respecting the rights of an individual or group.

**6.2(4)** The registered nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

**6.2(5)** The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

a. Performing or supervising those activities and functions which require the knowledge and skill level currently ascribed to the registered nurse and seeking assistance when activities and functions are beyond the licensee’s scope of preparation.

b. Assigning and supervising persons performing those activities and functions which do not require the knowledge and skill level currently ascribed to the registered nurse.

c. Using professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. For the purposes of this paragraph, “unlicensed assistive personnel” does not include certified emergency medical services personnel authorized under Iowa Code chapter 147A performing nonlifesaving procedures for which those individuals have been certified and which are designated in a written job description, after the patient is observed by a registered nurse.

d. Supervising, among other things, includes any or all of the following:

(1) Direct observation of a function or activity.

(2) Assumption of overall responsibility for assessing, planning, implementing, and evaluating nursing care.

(3) Delegation of nursing tasks while retaining accountability.

(4) Determination that nursing care being provided is adequate and delivered appropriately.

e. Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out, based on the registered nurse’s professional judgment, accountability shall include but need not be limited to the following:

(1) Timely notification of the physician who prescribed the medical regimen that the order(s) was not executed and reason(s) for same.

(2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

*f.* Wearing identification which clearly identifies the nurse as a registered nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

**655—6.3(152) Minimum standards of practice for licensed practical nurses.**

**6.3(1)** The licensed practical nurse shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Iowa Code.

**6.3(2)** The licensed practical nurse shall participate in the nursing process, consistent with accepted and prevailing practice, by assisting the registered nurse or physician. The licensed practical nurse may assist the registered nurse in monitoring, observing and reporting reactions to therapy.

**6.3(3)** The licensed practical nurse shall not perform any activity requiring the knowledge and skill ascribed to the registered nurse, including:

*a.* The initiation of or assessment related to procedures/therapies requiring the knowledge or skill level ascribed to the registered nurse.

*b.* The initiation of intravenous solutions, intravenous medications and blood components.

*c.* The administration of medicated intravenous solutions, intravenous medications and blood components.

*d.* The initiation or administration of medications requiring the knowledge or skill level currently ascribed to the registered nurse.

**6.3(4)** A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. The licensed practical nurse shall be educated and have documentation of competency in the limited scope of practice of intravenous therapy. Limited scope of practice of intravenous therapy may include:

*a.* Addition of intravenous solutions without adding medications to established peripheral intravenous sites.

*b.* Regulation of the rate of nonmedicated intravenous solutions to established peripheral intravenous sites.

*c.* Administration of maintenance doses of analgesics via the patient-controlled analgesia pump set at a lock-out interval to established peripheral intravenous sites.

*d.* Discontinuation of peripheral intravenous therapy.

*e.* Administration of a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, to an established peripheral lock, in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit.

**6.3(5)** When nursing tasks are delegated by the registered nurse to the licensed practical nurse in a certified end-stage renal dialysis unit, the facility must have a written policy that defines the practice and written verification of the education and competency of the licensed practical nurse in accordance with the facility's written policy. Nursing tasks which may be delegated to the licensed practical nurse for the sole purpose of hemodialysis treatment include:

*a.* Initiation and discontinuation of the hemodialysis treatment utilizing any of the following established vascular accesses: central line catheter, arteriovenous fistula, graft.

*b.* Administration, during hemodialysis treatment, of local anesthetic prior to cannulation of the vascular access site.

*c.* Administration of prescribed dosages of heparin solution or saline solution utilized in the initiation and discontinuation of hemodialysis.

*d.* Administration, during hemodialysis treatment via the extracorporeal circuit, of the routine intravenous medications erythropoietin, Vitamin D Analog, intravenous antibiotic solutions prepackaged

by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, and iron, excluding any iron preparation that requires a test dose. The registered nurse shall administer the first dose of erythropoietin, Vitamin D Analog, antibiotics, and iron.

**6.3(6)** The licensed practical nurse may provide nursing care in an acute care setting. When the nursing care provided by the licensed practical nurse in an acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, a registered nurse or physician must be present in the proximate area. Acute care settings requiring the knowledge and skill ascribed to the registered nurse include, but are not limited to:

- a. Units where care of the unstable, critically ill, or critically injured individual is provided.
- b. General medical-surgical units.
- c. Emergency departments.
- d. Operating rooms. (A licensed practical nurse may assist with circulating duties when supervised by a registered nurse circulating in the same room.)
- e. Postanesthesia recovery units.
- f. Hemodialysis units.
- g. Labor and delivery/birthing units.
- h. Mental health units.

**6.3(7)** The licensed practical nurse may provide nursing care in a non-acute care setting. When the nursing care provided by the licensed practical nurse in a non-acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, the registered nurse or physician must be present in the proximate area. The non-acute care settings requiring the knowledge and skill level ascribed to the registered nurse include, but are not limited to:

- a. Community health. (Subrules 6.6(1) and 6.6(4) are exceptions to the "proximate area" requirement.)
- b. School nursing. (Subrules 6.6(2) and 6.6(3) are exceptions to the "proximate area" requirement.)
- c. Occupational nursing.
- d. Correctional facilities.
- e. Community mental health nursing.

**6.3(8)** The licensed practical nurse shall conduct nursing practice by respecting the rights of an individual or group.

**6.3(9)** The licensed practical nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

**6.3(10)** The licensed practical nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

- a. Performing those activities and functions which require the knowledge and skill level currently ascribed to the licensed practical nurse and seeking assistance when activities and functions are beyond the licensee's scope of preparation.
- b. Accepting responsibility for performing assigned and delegated functions and informing the registered nurse when assigned and delegated functions are not executed.
- c. Executing the medical regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the licensed practical nurse shall exercise prudent judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out based on the licensed practical nurse's prudent judgment, accountability shall include but need not be limited to the following:

- (1) Timely notification of the physician who prescribed the medical regimen that said order(s) was not executed and reason(s) for same.

- (2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

*d.* Wearing identification which clearly identifies the nurse as a licensed practical nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

This rule is intended to implement Iowa Code chapters 152 and 152E.  
[ARC 9329B, IAB 1/12/11, effective 2/16/11]

**655—6.4(152) Additional acts which may be performed by registered nurses.**

**6.4(1)** A registered nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

**6.4(2)** A registered nurse, licensed pursuant to Iowa Code chapter 152, may staff an authorized ambulance, rescue, or first response service provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when documentation has been reviewed and approved at the local level by the medical director of the ambulance, rescue, or first response service in accordance with the form adopted by the Iowa department of public health bureau of emergency medical services. An exception to this subrule is the registered nurse who accompanies and is responsible for a transfer patient.

This rule is intended to implement Iowa Code section 147A.12 and chapters 136C and 152.

**655—6.5(152) Additional acts which may be performed by licensed practical nurses.**

**6.5(1)** A licensed practical nurse shall be permitted to supervise unlicensed assistive personnel under the provisions of Iowa Code section 152.1(4) “*b.*”

*a.* Supervision, among other things, includes any or all of the following:

- (1) Direct observation of a function or activity.
- (2) Delegation of nursing tasks while retaining accountability.
- (3) Determination that nursing care being provided is adequate and delivered appropriately.

*b.* Supervision shall be in accordance with the following:

(1) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in an intermediate care facility for the mentally retarded or in a residential health care setting.

(2) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in a nursing facility.

The licensed practical nurse shall be required to complete a curriculum which has been approved by the board and designed specifically for the supervision role of the licensed practical nurse in a nursing facility. The course must be presented by a board-approved nursing program or an approved provider of continuing education. Documentation of the completion of the curriculum as outlined in this subparagraph shall be maintained by the licensed practical nurse.

(3) A licensed practical nurse shall be entitled to supervise without the educational requirement outlined in subparagraph 6.5(1) “*b*”(2) if the licensed practical nurse was performing in a supervisory role on or before October 6, 1982. The licensed practical nurse being employed in a supervisory role after the enactment of these rules shall complete the curriculum outlined in subparagraph 6.5(1) “*b*”(2) within six months of employment.

(4) A licensed practical nurse working under the supervision of a registered nurse may direct the activities of other licensed practical nurses and unlicensed assistive personnel in an acute care setting in giving care to individuals assigned to the licensed practical nurse. The registered nurse must be in the proximate area.

**6.5(2)** A licensed practical nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

**6.5(3)** A licensed practical nurse shall be permitted to perform, in addition to the functions set forth in subrule 6.3(4), procedures related to the expanded scope of practice of intravenous therapy upon completion of the board-approved expanded intravenous therapy certification course.

**6.5(4)** To be eligible to enroll in the course, the licensed practical nurse shall:

- a. Hold a current unrestricted Iowa license or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.
- b. Have documentation of 1040 hours of practice as a licensed practical nurse.
- c. Be practicing in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit whose policies allow the licensed practical nurse to perform procedures related to the expanded scope of practice of intravenous therapy.

**6.5(5)** The course must be offered by an approved Iowa board of nursing provider of nursing continuing education. Documentation of course completion shall be maintained by the licensed practical nurse and employer.

**6.5(6)** The board-approved course shall incorporate the responsibilities of the licensed practical nurse when providing intravenous therapy via a peripheral intravenous catheter, a midline catheter and a peripherally inserted central catheter (PICC) to children, adults and elderly adults. When providing intravenous therapy, the LPN shall be under the supervision of a registered nurse. Procedures which may be performed if delegated by the registered nurse are as follows:

- a. Initiation of a peripheral intravenous catheter for continuous or intermittent therapy using a catheter not to exceed three inches in length.
- b. Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of premixed electrolyte solutions or premixed vitamin solutions. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
- c. Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of solutions containing potassium chloride that do not exceed 40 meq per liter and that do not exceed a dose of 10 meq per hour. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
- d. Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse. The first dose shall be administered by the registered nurse.
- e. Maintenance of the patency of a peripheral intravenous catheter, midline catheter, and a PICC line with a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed by a registered pharmacist or registered nurse.
- f. Changing the dressing of a midline catheter and a PICC line per sterile technique.

**6.5(7)** Procedures which shall not be delegated by the registered nurse to the licensed practical nurse are as follows:

- a. Initiation and discontinuation of a midline catheter or a peripherally inserted central catheter (PICC).
- b. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.
- c. Administration of blood and blood products, vasodilators, vasopressors, oxytoxic, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics, and solutions with a total osmolarity of 600 or greater.
- d. Provision of intravenous therapy to a client under the age of 12 or any client weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).
- e. Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).

This rule is intended to implement Iowa Code chapters 136C and 152.  
[ARC 9329B, IAB 1/12/11, effective 2/16/11]

**655—6.6(152) Specific nursing practice for licensed practical nurses.**

**6.6(1)** The licensed practical nurse shall be permitted to provide supportive and restorative care in the home setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician. When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process shall be provided by the registered nurse.

**6.6(2)** The licensed practical nurse shall be permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student's health plan when under the supervision of and as delegated by the registered nurse employed by the school district.

**6.6(3)** The licensed practical nurse shall be permitted to provide supportive and restorative care in a Head Start program under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician if the licensed practical nurse were in this position prior to July 1, 1985.

**6.6(4)** The licensed practical nurse shall be permitted to provide supportive and restorative care in a camp setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician. When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process are performed by the registered nurse. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

**6.6(5)** The licensed practical nurse shall be permitted to provide supportive and restorative care in a county jail facility or municipal holding facility operating under the authority provided by Iowa Code chapter 356. The supportive and restorative care provided by the licensed practical nurse in such facilities shall be performed under the supervision of a registered nurse, as defined in subrule 6.2(5). The registered nurse shall perform the initial assessment and ongoing application of the nursing process. The registered nurse shall be available 24 hours per day by teleconferencing equipment, and the time necessary to be readily available on site to the licensed practical nurse shall be no greater than ten minutes. This exception to the proximate area requirement is limited to a county jail facility or municipal holding facility operating under the authority of Iowa Code chapter 356 and shall not apply in any other correctional facility.

**6.6(6)** The licensed practical nurse shall be permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Women, Infants and Children (WIC) clinic. A registered nurse employed by or under contract to the WIC agency will assess the competency of the licensed practical nurse to perform these functions and will be available for consultation. The licensed practical nurse is responsible for performing under the scope of practice for licensed practical nurses and requesting registered nurse consultation as needed. This exception to the proximate area requirement is limited to WIC clinics and to the services permitted in this subrule.

This rule is intended to implement Iowa Code sections 17A.3 and 152.1.

**655—6.7(152) Specific nursing practice for registered nurses.** A registered nurse, while circulating in the operating room, shall provide supervision only to persons in the same operating room.

This rule is intended to implement Iowa Code section 152.1.

[Filed 3/11/81, Notice 12/10/80—published 4/1/81, effective 5/6/81<sup>1</sup>]

[Filed emergency 12/2/81—published 12/23/81, effective 12/2/81]

[Filed 2/17/82, Notice 12/23/81—published 3/17/82, effective 4/21/82<sup>2</sup>]

[Filed 6/17/82, Notice 5/12/82—published 7/7/82, effective 8/11/82]

[Filed 8/13/82, Notices 3/17/82, 6/9/82—published 9/1/82, effective 10/6/82]

[Filed emergency 7/29/83—published 8/17/83, effective 7/29/83]

[Filed 10/21/83, Notice 8/17/83—published 11/9/83, effective 12/14/83]

[Filed 7/26/84, Notice 5/23/84—published 8/15/84, effective 7/1/85<sup>3</sup>]

[Filed 1/22/85, Notice 12/5/84—published 2/13/85, effective 3/20/85]

[Filed without Notice 7/19/85—published 8/14/85, effective 9/18/85]

[Filed 11/27/85, Notice 10/9/85—published 12/18/85, effective 1/22/86]

[Filed 1/30/87, Notice 12/3/86—published 2/25/87, effective 4/1/87]

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]

[Filed 4/1/88, Notice 2/24/88—published 4/20/88, effective 5/25/88]

[Filed 9/18/91, Notice 7/24/91—published 10/16/91, effective 11/20/91]  
 [Filed 12/9/92, Notice 10/14/92—published 1/6/93, effective 2/10/93]<sup>1</sup>  
 [Filed 3/20/97, Notice 1/1/97—published 4/9/97, effective 5/14/97]  
 [Filed 9/17/98, Notice 7/15/98—published 10/7/98, effective 11/11/98]  
 [Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]  
 [Filed 6/9/00, Notice 4/5/00—published 6/28/00, effective 8/2/00]  
 [Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]  
 [Filed 9/15/00, Notice 7/12/00—published 10/4/00, effective 11/8/00]  
 [Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]  
 [Filed 6/6/03, Notice 4/2/03—published 6/25/03, effective 7/30/03]<sup>2</sup>  
 [Filed ARC 9329B (Notice ARC 8930B, IAB 7/14/10), IAB 1/12/11, effective 2/16/11]

<sup>0</sup> Two or more ARCs

- <sup>1</sup> Effective date of 5/6/81 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/29/81].  
 Effective date of Chapter 6 delayed by the Administrative Rules Review Committee 45 days after convening of the next General Assembly pursuant to §17A.8(9) [Published IAB 8/5/81].
- <sup>2</sup> Effective date of 4/21/82 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.
- <sup>3</sup> Amendments to 6.3(5), paragraphs “g” and “h,” and 6.6 effective 7/1/85, IAB 8/15/84.
- <sup>4</sup> Effective date delayed until adjournment of the 1993 General Assembly by the Administrative Rules Review Committee at its meeting held February 8, 1993; subrule 6.4(2) nullified by 1993 Iowa Acts, HJR 17, effective April 23, 1993.

**R 338.10104 Delegation.**

Rule 104. (1) Only a registered nurse may delegate nursing acts, functions, or tasks. A registered nurse who delegates nursing acts, functions, or tasks shall do all of the following:

- (a) Determine whether the act, function, or task delegated is within the registered nurse's scope of practice.
  - (b) Determine the qualifications of the delegatee before such delegation.
  - (c) Determine whether the delegatee has the necessary knowledge and skills for the acts, functions, or tasks to be carried out safely and competently.
  - (d) Supervise and evaluate the performance of the delegatee.
  - (e) Provide or recommend remediation of the performance when indicated.
- (2) The registered nurse shall bear ultimate responsibility for the performance of nursing acts, functions, or tasks performed by the delegatee within the scope of the delegation.

History: 1989 AACS; 2003 AACS.

STATE OF WISCONSIN  
BOARD OF NURSING

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IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE  
PROCEEDINGS BEFORE THE : BOARD OF NURSING  
BOARD OF NURSING : ADOPTING RULES  
: (CLEARINGHOUSE RULE )

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PROPOSED ORDER

An order of the Board of Nursing to amend n 7.01 (2).

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s. 441.07

**Statutory authority:** ss. 15.08 (5) (b) and 441.01 (3), Stats.

**Explanation of agency authority:**

The board shall promulgate rules for the guidance of the profession and define and enforce professional conduct and unethical practices not inconsistent with the law relating to nursing.

The board may establish rules to prevent unauthorized persons from practicing professional nursing and approve all rules for the administration of ch. 441, Stats.

**Related statute or rule:**

**Plain language analysis:**

Section 1 clarifies that the intent of ch. N 7 is also to provide grounds for denying an initial license or certificate. 2013 Act 114 amended s. 441.07, Stats to give authority to the board to deny an initial license or certificate. This rule updates s. N 7.01 (2) to reflect that change in authority.

**Summary of, and comparison with, existing or proposed federal regulation:** None

**Comparison with rules in adjacent states:**

**Illinois:** Illinois specifies unethical or unprofessional conduct is grounds for discipline as well as grounds for refusing to issue a license.

**Iowa:** Iowa does not specify that the grounds for discipline are the same for denying an initial license.

**Michigan:** Michigan does not specify that the grounds for discipline are the same for denying an initial license.

**Minnesota:** Minnesota specifies the grounds for discipline are the same grounds for denying an initial license.

**Summary of factual data and analytical methodologies:**

The board incorporated the authority to deny an initial license into rules of conduct chapter.

**Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:**

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

**Place where comments are to be submitted and deadline for submission:**

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to Sharon.Henes@wisconsin.gov. Comments must be received on or before \* to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. N 7.01(2) is amended to read:

N 7.01 (2) The intent of the board of nursing in adopting this chapter is to specify grounds for denying an initial license or certificate or limiting, suspending, revoking, or denying renewal of a license or certificate or for reprimanding a licensee or certificate holder.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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## Chapter N 8

## CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

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

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

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

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

**N 8.02 Definitions.** As used in this chapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The signature of the applicant.

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

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

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

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

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

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

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

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

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

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

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

**N 8.06 Prescribing limitations.** The advanced practice nurse prescriber:

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

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

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

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

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesia.

(d) Treatment of drug-induced brain dysfunction.

(e) Treatment of epilepsy.

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

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

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

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

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

(a) Specify the date of issue.

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

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

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

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

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

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

#### **N 8.08 Malpractice insurance coverage.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## CHAPTER 441

### BOARD OF NURSING

#### SUBCHAPTER I REGULATION OF NURSING

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**Cross-reference:** See definitions in s. 440.01.

#### SUBCHAPTER I REGULATION OF NURSING

**Cross-reference:** See also N, Wis. adm. code.

#### **441.001 Definitions.** In this subchapter:

(1) **COMPENSATION.** “Compensation” includes indirect compensation, direct compensation, and the expectation of compensation, whether actually received or not.

(2) **NURSE.** Except as provided under s. 441.08, “nurse,” when used without modification or amplification, means only a registered nurse.

(2m) **NURSING.** “Nursing,” when used without modification or amplification, means professional nursing.

(3) **PRACTICAL NURSING.** (a) “Practical nursing” means the performance for compensation of any simple acts in the care of convalescent, subacutely or chronically ill, injured or infirm persons, or of any act or procedure in the care of the more acutely ill, injured or infirm under the specific direction of a nurse, physician, podiatrist licensed under ch. 448, dentist licensed under ch. 447 or optometrist licensed under ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, dentistry or optometry in another state if that person prepared the order after examining the patient in that other state and directs that the order be carried out in this state.

(b) In par. (a), “simple act” means an act to which all of the following apply:

1. The act does not require any substantial nursing skill, knowledge, or training, or the application of nursing principles based on biological, physical, or social sciences, or the understanding of cause and effect in the act.

2. The act is one that is of a nature of those approved by the board for the curriculum of schools for licensed practical nurses.

(4) **PROFESSIONAL NURSING.** “Professional nursing” means the performance for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences. Professional nursing includes any of the following:

(a) The observation and recording of symptoms and reactions.

(b) The execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist licensed under ch. 448, dentist licensed under ch. 447, or optometrist licensed under ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, dentistry, or optometry in another state if the person making the order prepared the order after examining the patient in that other state and directs that the order be carried out in this state.

(c) The execution of general nursing procedures and techniques.

(d) Except as provided in s. 50.04 (2) (b), the supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants.

**History:** 1975 c. 303; 1977 c. 86; 1981 c. 314, 317; 1983 a. 189; 1983 a. 273 s. 8; 1987 a. 264; 1991 a. 181; 1997 a. 62; 1999 a. 22; 2001 a. 107 ss. 72, 75 to 80; Stats. 2001 s. 441.001; 2003 a. 321; 2005 a. 149.

This section is not a safety statute. Leahy v. Kenosha Memorial Hospital, 118 Wis. 2d 441, 348 N.W.2d 607 (Ct. App. 1984).

**441.01 Board of nursing.** (1) In this subchapter, “board” means board of nursing.

(3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

(4) The board shall direct that those schools that qualify be placed on a list of schools the board has approved for professional nurses or of schools the board has approved for licensed practical nurses on application and proof of qualifications; and shall make a study of nursing education and initiate rules and policies to improve it.

(5) The board may promote the professional education of graduate registered nurses licensed in Wisconsin, through creation of scholarships available to such graduate registered nurses, by foundation of professorships in nursing courses in Wisconsin colleges and universities, by conducting educational meetings, seminars, lectures, demonstrations and the like open to registered nurses, by publication and dissemination of technical information or by other similar activities designed to improve the standards of the nursing profession in this state. The board may promote the training of licensed practical nurses through support of workshops and institutes and by conducting meetings, lectures, demonstrations and the like open to licensed practical nurses.

(6) The board shall investigate any nurse anesthetist who is found to have acted negligently by a panel established under s. 655.02, 1983 stats., or by a court.

(7) (a) The board shall require each applicant for the renewal of a license, certificate, or permit issued under this chapter to do all of the following as a condition for renewing the license, certificate, or permit:

1. Complete and submit to the department with the application for renewal of the license, certificate, or permit a nursing workforce survey developed by the department of workforce development under s. 106.30 (2).

2. Pay a nursing workforce survey fee of \$4. All moneys received under this subdivision shall be deposited into the general fund and credited to the appropriation account under s. 20.165 (1) (jm).

(b) The board may not renew a license, certificate, or permit under this chapter unless the renewal applicant has completed the nursing workforce survey to the satisfaction of the board. The board shall establish standards to determine whether the survey has been completed. The board shall, by no later than June 30 of each odd-numbered year, submit all completed nursing workforce survey forms to the department of workforce development.

**History:** 1971 c. 125; 1975 c. 37; 1977 c. 29, 418; 1979 c. 34; 1983 a. 253, 1983 a. 273 ss. 2, 8; 1985 a. 340; 1987 a. 264; 1999 a. 22; 2009 a. 28; 2013 a. 124.

**Cross-reference:** See also chs. N 1 and 2, Wis. adm. code.

**441.05 Examination for nurses.** The examining council on registered nurses shall prepare or select written questions in areas it determines and prescribe rules, subject to the approval of the board, for conducting examinations and the preservation of the examination papers for one year. Examinations shall be held at least twice a year at times and places designated by the examining council, and at least 30 days' public notice shall be given. Examinations may also be held at other times and places with or without public notice as directed by the examining council. The examining council may also proctor an examination of another state for the convenience of a candidate and charge such fee therefor as the department fixes to cover the actual cost of the service rendered.

**History:** 1977 c. 29.

**Cross-reference:** See also ch. N 2, Wis. adm. code.

**441.06 Licensure; civil liability exemptions. (1)** Subject to s. 441.07 (1g), the board shall grant a license as a registered nurse to an applicant for licensure who complies with all of the following requirements:

(a) The applicant graduates from a high school or its equivalent as determined by the board.

**NOTE:** Par. (a) is shown as affected by 2013 Wis. Act 114, section 4, and 2013 Wis. Act 124, section 28, and as merged by the legislative reference bureau under s. 13.92 (2) (i).

(b) The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335.

**NOTE:** Par. (b) is shown as affected by 2013 Wis. Act 114, section 4, and 2013 Wis. Act 124, section 28, and as merged by the legislative reference bureau under s. 13.92 (2) (i).

(c) The applicant holds a diploma of graduation from a school of nursing approved by the board or that the board has authorized to admit students pending approval, and, if that school is located outside this state, submits evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation[.].

**NOTE:** Par. (c) is shown as affected by 2013 Wis. Act 114, section 4, and 2013 Wis. Act 124, section 28, and as merged by the legislative reference bureau under s. 13.92 (2) (i). The semicolon in brackets was inserted by 2013 Wis. Act 124 but is unnecessary as a result of the treatment by 2013 Wis. Act 114. Corrective legislation is pending.

(d) The applicant pays the fee specified in s. 440.05 (1)[, that person].

**NOTE:** Par. (d) is shown as affected by 2013 Wis. Act 114, section 4, and 2013 Wis. Act 124, section 28, and as merged by the legislative reference bureau under s. 13.92 (2) (i). The language in brackets was inserted by 2013 Wis. Act 124 but is unnecessary as a result of the treatment by 2013 Wis. Act 114. Corrective legislation is pending.

(e) The applicant passes the examination under s. 441.05 to receive a license as a registered nurse in this state. The applicant may not take the examination before receiving a diploma under par. (c) unless the applicant obtains a certificate of approval to take the examination from the school of nursing the applicant attends and submits that certificate to the board prior to examination.

**(1m)** The holder of a license as a registered nurse under the laws of another state or territory or province of Canada may be granted a license as a registered nurse in this state without examination if the holder's credentials of general and professional educational qualifications and other qualifications are comparable to those required in this state during the same period and if the board is satisfied from the holder's employment and professional record that the holder is currently competent to practice the profession. The board shall evaluate the credentials and determine

the equivalency and competency in each case. The application for licensure without examination shall be accompanied by the fee prescribed in s. 440.05 (2).

**(2)** The holder of the license is a "registered nurse", may append "R.N." to his or her name and is authorized to practice professional nursing.

**(3)** A registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the applicable renewal fee determined by the department under s. 440.03 (9) (a).

**(4)** Except as provided in s. 257.03, no person may practice or attempt to practice professional nursing, nor use the title, letters, or anything else to indicate that he or she is a registered or professional nurse unless he or she is licensed under this section. Except as provided in s. 257.03, no person not so licensed may use in connection with his or her nursing employment or vocation any title or anything else to indicate that he or she is a trained, certified or graduate nurse. This subsection does not apply to any person who is licensed to practice nursing by a jurisdiction, other than this state, that has adopted the nurse licensure compact under s. 441.50.

**(6)** No person licensed as a registered nurse under this section is liable for any civil damages resulting from his or her refusal to perform sterilization procedures or to remove or aid in the removal of a human embryo or fetus from a person, if the refusal is based on religious or moral precepts.

**(7)** No person certified as an advanced practice nurse prescriber under s. 441.16 (2) is liable for civil damages for any of the following:

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

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

**History:** 1971 c. 125, 215; 1973 c. 159; 1975 c. 39, 199; 1977 c. 29, 164; 1979 c. 34, 162; 1987 a. 27, 264; 1991 a. 39; 1999 a. 22; 2001 a. 107; 2005 a. 96, 187; 2007 a. 20; 2009 a. 42; 2013 a. 114 ss. 4, 5; 2013 a. 124 s. 28; s. 13.92 (2) (i).

**Cross-reference:** See also chs. N 3 and 5, Wis. adm. code.

#### 441.07 Disciplinary proceedings and actions.

**(1c)** Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine whether a person has violated this chapter or a rule promulgated under this chapter.

**(1g)** Subject to the rules promulgated under s. 440.03 (1), the board may deny an initial license or revoke, limit, suspend, or deny the renewal of a license of a registered nurse, nurse-midwife, or licensed practical nurse; deny an initial certificate or revoke, limit, suspend, or deny the renewal of a certificate to prescribe drugs or devices granted under s. 441.16; or reprimand a registered nurse, nurse-midwife, or licensed practical nurse, if the board finds that the applicant or licensee committed any of the following:

(a) Fraud in the procuring or renewal of the certificate or license.

(b) One or more violations of this subchapter or any rule adopted by the board under the authority of this subchapter.

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

(d) Misconduct or unprofessional conduct. In this paragraph, “misconduct” and “unprofessional conduct” do not include any of the following:

1. Providing expedited partner therapy as described in s. 448.035.

2. Prescribing or delivering an opioid antagonist in accordance with s. 441.18 (2).

(e) A violation of any state or federal law that regulates prescribing or dispensing drugs or devices, if the person has a certificate to prescribe drugs or devices under s. 441.16.

(f) A violation of the requirements of s. 253.10 (3) (c) 2., 3., 4., 5., 6, or 7.

(1m) The board may use any information obtained by the board or the department under s. 655.17 (7) (b), as created by 1985 Wisconsin Act 29, in investigations and disciplinary proceedings, including public disciplinary proceedings, conducted under this chapter.

(2) The board may reinstate a revoked license, no earlier than one year following revocation, upon receipt of an application for reinstatement. This subsection does not apply to a license that is revoked under s. 440.12.

**History:** 1977 c. 418; 1979 c. 317, 337; 1981 c. 162; 1983 a. 273 s. 8; 1985 a. 29, 340; 1987 a. 264; 1993 a. 138; 1995 a. 309; 1997 a. 237; 1999 a. 22; 2009 a. 280; 2013 a. 114, 200.

**Cross-reference:** See also ch. N 7, Wis. adm. code.

**441.08 Temporary permit.** A nurse who has graduated from a school approved by the board or that the board has authorized to admit students pending approval but who is not licensed in this state may be granted a temporary permit upon payment of the fee specified in s. 440.05 (6) by the board to practice for compensation until the nurse can qualify for licensure. The temporary permit may be renewed once. Each applicant for renewal of a temporary permit under this section shall complete the nursing workforce survey and pay the fee required under s. 441.01 (7). Further renewals may be granted in hardship cases. The board may promulgate rules limiting the use and duration of temporary permits and providing for revocation of temporary permits.

**History:** 1971 c. 125; 1977 c. 29; 1979 c. 337; 1987 a. 264; 2009 a. 28; 2013 a. 124.

**Cross-reference:** See also ch. N 5, Wis. adm. code.

**441.10 Licensed practical nurses. (2) EXAMINATION.** The examining council on licensed practical nurses shall prepare or select written questions in areas it determines and prescribe rules, subject to the approval of the board, for the examination of those desirous of becoming licensed practical nurses, and the examination papers of all applicants shall be preserved for one year. Examinations shall be held at least twice annually at times and places designated by the board, and at least 30 days’ public notice shall be given of each examination. Examinations may also be held at other times and places with or without public notice as directed by the examining council. The examining council may also proctor an examination of another state for the convenience of a candidate and shall charge such fee therefor as the department fixes to cover the actual cost of the services rendered.

(3) LICENSING. (a) Subject to s. 441.07 (1g), the board shall grant a license as a licensed practical nurse to an applicant for licensure who satisfies all of the following conditions:

1. The applicant is 18 years of age or older.

**NOTE:** Subd. 1. is shown as affected by 2013 Wis. Act 114, section 9, and 2013 Wis. Act 124, section 30, and as merged by the legislative reference bureau under s. 13.92 (2) (i).

2. The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335.

**NOTE:** Subd. 2. is shown as affected by 2013 Wis. Act 114, section 9, and 2013 Wis. Act 124, section 30, and as merged by the legislative reference bureau under s. 13.92 (2) (i).

3. The applicant has completed 2 years of high school or its equivalent as determined by the board[.].

**NOTE:** Subd. 3. is shown as affected by 2013 Wis. Act 114, section 9, and 2013 Wis. Act 124, section 30, and as merged by the legislative reference bureau under s. 13.92 (2) (i). The comma in brackets was inserted by 2013 Wis. Act 124 but

is unnecessary as a result of the treatment by 2013 Wis. Act 114. Corrective legislation is pending.

4. The applicant holds a diploma of graduation from a school for licensed practical nurses approved by the board or that the board has authorized to admit students pending approval[.].

**NOTE:** Subd. 4. is shown as affected by 2013 Wis. Act 114, section 9, and 2013 Wis. Act 124, section 30, and as merged by the legislative reference bureau under s. 13.92 (2) (i). The semicolon in brackets was inserted by 2013 Wis. Act 124 but is unnecessary as a result of the treatment by 2013 Wis. Act 114. Corrective legislation is pending.

5. The applicant pays the fee specified in s. 440.05 (1) [that person].

**NOTE:** Subd. 5. is shown as affected by 2013 Wis. Act 114, section 9, and 2013 Wis. Act 124, section 30, and as merged by the legislative reference bureau under s. 13.92 (2) (i). The language in brackets was inserted by 2013 Wis. Act 124 but is unnecessary as a result of the treatment by 2013 Wis. Act 114. Corrective legislation is pending.

6. The applicant passes the examination under sub. (2) for licensure as a licensed practical nurse in this state. The applicant may not take the examination before receiving a diploma under subd. 4. unless the applicant obtains a certificate of approval to take the examination from the school of nursing the applicant attends and submits that certificate to the board prior to examination.

(ag) Any school for licensed practical nurses, in order to be approved by the board, must offer a course of not less than 9 months.

**NOTE:** Par. (ag) is shown as affected by 2013 Wis. Act 114, section 9, and 2013 Wis. Act 124, section 30, and as merged by the legislative reference bureau under s. 13.92 (2) (i).

(ar) The holder of a license under this subsection is a “licensed practical nurse” and may append the letters “L.P.N.” to his or her name. The board may reprimand or may limit, suspend, or revoke the license of a licensed practical nurse under s. 441.07.

(b) On or before the applicable renewal date specified under s. 440.08 (2) (a), a licensed practical nurse practicing for compensation shall submit to the board, on forms furnished by the department, an application for license renewal, together with a statement giving name, residence, nature and extent of practice as a licensed practical nurse during the prior year and prior unreported years, the nursing workforce survey and fee required under s. 441.01 (7), and other facts bearing upon current competency that the board requires, accompanied by the applicable license renewal fee determined by the department under s. 440.03 (9) (a).

(c) No license is required for practical nursing, but, except as provided in s. 257.03, no person without a license may hold himself or herself out as a licensed practical nurse or licensed attendant, use the title or letters “Trained Practical Nurse” or “T.P.N.,” “Licensed Practical Nurse” or “L.P.N.,” “Licensed Attendant” or “L.A.,” “Trained Attendant” or “T.A.,” or otherwise seek to indicate that he or she is a licensed practical nurse or licensed attendant. No licensed practical nurse or licensed attendant may use the title, or otherwise seek to act as a registered, licensed, graduate or professional nurse. Anyone violating this subsection shall be subject to the penalties prescribed by s. 441.13. The board shall grant without examination a license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant. This paragraph does not apply to any person who is licensed to practice practical nursing by a jurisdiction, other than this state, that has adopted the nurse licensure compact under s. 441.50.

(d) The board may license without examination any person who has been licensed as a licensed attendant or licensed practical nurse in another state or territory or province of Canada if the person’s general education, training, prior practice and other qualifications, in the opinion of the board, are at least comparable to those of this state for licensed practical nurses and current licensing or renewal. The fee for licensing without examination is specified in s. 440.05 (2).

(e) The board may grant a temporary permit to a practical nurse who has graduated from a school approved by the board or that the board has authorized to admit students pending approval but who is not licensed in this state, upon payment of the fee specified in s. 440.05 (6), to practice for compensation until the practical nurse

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qualifies for licensure. The board may grant further renewals in hardship cases. The board may promulgate rules limiting the use and duration of temporary permits and providing for revocation of temporary permits.

**History:** 1971 c. 125, 215; 1975 c. 39, 199; 1977 c. 29, 418; 1979 c. 34, 162, 337; 1981 c. 380; 1981 c. 391 s. 211; 1983 a. 273 ss. 3, 8; 1987 a. 27, 264; 1991 a. 39; 1999 a. 22; 2001 a. 107; 2005 a. 96; 2007 a. 20; 2009 a. 28, 42; 2013 a. 114, 124; s. 13.92 (2) (i).

**Cross-reference:** See also ch. N 6, Wis. adm. code.

**441.11 Nurse anesthetists. (1)** In this section:

(a) “Anesthesiologist” has the meaning given in s. 448.015 (1b).

(b) “Nurse anesthetist” has the meaning given in s. 655.001 (9).

(2) The provisions of s. 448.04 (1) (g) do not apply to a nurse anesthetist.

(3) A nurse who is in a training program to become a nurse anesthetist and who is assisting an anesthesiologist as part of that training program must be supervised by an anesthesiologist who is supervising no more than one other nurse in such a training program.

**History:** 2011 a. 160.

**441.115 Exceptions; temporary practice. (1)** This chapter may not be construed to affect nursing by friends, members of the family, or undergraduates in a school approved by the board, nor be construed to interfere with members of religious communities or orders having charge of hospitals or taking care of the sick in their homes, except that none of those persons may represent himself or herself as a registered, trained, certified, or graduate nurse unless registered under this subchapter.

(2) (a) In this subsection, “nursing credential” means a license, permit or certificate of registration or certification that is granted to a person by another state or territory or by a foreign country or province and that authorizes or qualifies the person holding the credential to perform acts that are substantially the same as those performed by a person licensed as a registered nurse or licensed practical nurse under this subchapter. In this paragraph, “state or territory” excludes any state or territory that has adopted the nurse licensure compact under s. 441.50.

(b) A person who holds a current, valid nursing credential may practice professional or practical nursing in this state, as provided under par. (c), for not more than 72 consecutive hours each year without holding a license granted by the board under this subchapter if the board determines that the requirements for the nursing credential that the person holds are substantially equivalent to the requirements for nursing under this subchapter. Except in an emergency, the person shall provide to the board, at least 7 days before practicing professional or practical nursing for the person who is specified under par. (c) 2., written notice that includes the name of the person providing notice, the type of nursing credential that the person holds and the name of the state, territory, foreign country or province that granted the nursing credential. In the event of an emergency, the person shall provide to the board written notice that includes the information otherwise required under this paragraph, as soon as practicable.

(c) A person who is permitted to practice professional or practical nursing under par. (b) may practice professional or practical nursing only for the following persons:

1. A person who is being transported through or into this state for the purpose of receiving medical care.

2. A person who is in this state temporarily, if the person is a resident of the state, territory, country or province that granted the nursing credential to the person permitted to practice professional or practical nursing under par. (b).

**History:** 1983 a. 189 s. 273; 1995 a. 146; 1999 a. 22; 2013 a. 124.

**Cross-reference:** See also ch. N 6, Wis. adm. code.

**441.12 Administration; nonaccredited schools.**

(1) The board shall enforce this chapter and cause the prosecution of persons violating it.

(2) No person may operate in this state a school for professional nurses or a school for practical nurses unless the school is approved by the board. No solicitation may be made in this state of the sale of, or registration in, a course by correspondence or conducted outside of the state for practical nurses unless all written material used in the solicitation plainly states in type as large as any other type on the material that the course is not approved by the board for training of practical nurses.

**History:** 1979 c. 34; 2013 a. 124.

**441.13 Penalty. (1)** Any person violating this subchapter or knowingly employing another in violation of this subchapter may be fined not more than \$250 or imprisoned not more than one year in the county jail.

(2) No action may be brought or other proceeding had to recover compensation for professional nursing services unless at the time such services were rendered the person rendering the same was a registered nurse or had a temporary permit issued under this subchapter.

(3) The remedy of injunction may be used in enforcing this subchapter.

**History:** 1999 a. 22.

**441.15 Nurse-midwives. (1)** In this section:

(a) “Collaboration” means a process that involves 2 or more health care professionals working together and, when necessary, in each other’s presence, and in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer.

(b) “Practice of nurse-midwifery” means 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.

(2) Except as provided in sub. (2m) and s. 257.03, no person may engage in the practice of nurse-midwifery unless each of the following conditions is satisfied:

(a) The person is issued a license by the board under sub. (3) (a).

(b) The practice occurs in a health care facility approved by the board by rule under sub. (3) (c), in collaboration with a physician with postgraduate training in obstetrics, and pursuant to a written agreement with that physician.

(c) Except as provided in sub. (5) (a), the person has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(2m) Subsection (2) does not apply to a person granted a license to practice midwifery under subch. XIII of ch. 440.

(3) (a) Subject to s. 441.07 (1g), the board shall grant a license to engage in the practice of nurse-midwifery to any person licensed as a registered nurse under this subchapter or in a party state, as defined in s. 441.50 (2) (j), who does all of the following:

1. Submits evidence satisfactory to the board that he or she meets the educational and training prerequisites established by the board for the practice of nurse-midwifery.

2. Pays the initial credential fee determined by the department under s. 440.03 (9) (a).

3. If applicable, submits evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(b) On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under par. (a) and practicing nurse-midwifery shall submit to the board on furnished forms a statement giving his or her name, residence, the nursing workforce survey and fee required under s. 441.01 (7), and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). If applicable, the person shall also submit evidence satisfactory to the board that he or she has in effect the malpractice liability insurance.

ance required under the rules promulgated under sub. (5) (bm). The board shall grant to a person who pays the fee determined by the department under s. 440.03 (9) (a) for renewal of a license to practice nurse–midwifery and who satisfies the requirements of this paragraph the renewal of his or her license to practice nurse–midwifery and the renewal of his or her license to practice as a registered nurse.

(c) The board shall promulgate rules necessary to administer this section, including the establishment of appropriate limitations on the scope of the practice of nurse–midwifery, the facilities in which such practice may occur and the granting of temporary permits to practice nurse–midwifery pending qualification for certification.

(4) A nurse–midwife who discovers evidence that any aspect of care involves any complication which jeopardizes the health or life of a newborn or mother shall consult with the collaborating physician under sub. (2) (b) or the physician’s designee, or make a referral as specified in a written agreement under sub. (2) (b).

(5) (a) Except for any of the following, no person may practice nurse–midwifery unless he or she has in effect malpractice liability insurance in an amount that is at least the minimum amount specified in rules promulgated under par. (bm):

1. A federal, state, county, city, village, or town employee who practices nurse–midwifery within the scope of his or her employment.

2. A person who is considered to be an employee of the federal public health service under 42 USC 233 (g).

3. A person whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount that is at least the minimum amount specified in the rules.

4. A person who does not provide care for patients.

5. The provision of services by a nurse–midwife under s. 257.03.

(bm) The board shall promulgate rules establishing the minimum amount of malpractice liability insurance that is required for a person to practice nurse–midwifery, which shall be the same as the amount established by the board under s. 441.16 (3) (e).

**History:** 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22; 2001 a. 52, 105, 107; 2003 a. 321; 2005 a. 96, 292; 2007 a. 20, 97; 2009 a. 28, 42, 282; 2013 a. 114.

**NOTE:** Chapter 317, laws of 1979, which created this section, states legislative intent in Section 1.

**Cross-reference:** See also ch. N 5, Wis. adm. code.

**441.16 Prescription privileges of nurses. (1)** In this section:

(a) “Device” has the meaning given in s. 450.01 (6).

(b) “Drug” has the meaning given in s. 450.01 (10) and includes all of the following:

1. Prescription drugs, as defined in s. 450.01 (20) (a).

2. Controlled substances, as defined in s. 961.01 (4).

(c) “Prescription order” has the meaning given in s. 450.01 (21).

(2) Subject to s. 441.07 (1g), the board shall grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training, and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1). An advanced practice nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.

(3) The board shall promulgate rules necessary to administer this section, including rules for all of the following:

(a) Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.

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

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

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

(cm) Specifying the conditions to be met for a registered nurse to do the following:

1. Administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders.

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

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education and a requirement to complete the nursing workforce survey and submit the fee required under s. 441.01 (7).

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

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

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

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician.

**History:** 1993 a. 138; 1995 a. 448; 2009 a. 28, 280; 2013 a. 114.

**Cross-reference:** See also ch. N 8, Wis. adm. code.

**441.18 Prescriptions for and delivery of opioid antagonists. (1)** In this section:

(a) “Administer” has the meaning given in s. 450.01 (1).

(b) “Deliver” has the meaning given in s. 450.01 (5).

(c) “Dispense” has the meaning given in s. 450.01 (7).

(d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).

(e) “Opioid–related drug overdose” has the meaning given in s. 256.40 (1) (d).

(2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may, directly or by the use of a standing order, prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid–related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this paragraph need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist will be delivered.

(b) An advanced practice nurse who prescribes or delivers an opioid antagonist under par. (a) shall ensure that the person to whom the opioid antagonist will be delivered has the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid–related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline

under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

**History:** 2013 a. 200.

## SUBCHAPTER II

### NURSE LICENSURE COMPACT

**441.50 Nurse licensure compact. (1)** ARTICLE I — FINDINGS AND DECLARATION OF PURPOSE. (a) The party states find all of the following:

1. That the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.

2. That violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.

3. That the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.

4. That new practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex.

5. That the current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

(b) The general purposes of this compact are as follows:

1. To facilitate the states' responsibility to protect the public's health and safety.

2. To ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation.

3. To facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions.

4. To promote compliance with the laws governing the practice of nursing in each jurisdiction.

5. To invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

**(2)** ARTICLE II — DEFINITIONS. As used in this compact:

(a) "Adverse action" means a home or remote state action.

(b) "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a nurse licensing board.

(c) "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.

(d) "Current significant investigative information" means any of the following:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

2. Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

(e) "Home state" means the party state that is the nurse's primary state of residence.

(f) "Home state action" means any administrative, civil, equitable or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license, such as

revocation, suspension, probation or any other action that affects a nurse's authorization to practice.

(g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

(h) "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege, such as revocation, suspension, probation or any other action that affects a nurse's authorization to practice.

(i) "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.

(j) "Party state" means any state that has adopted this compact.

(k) "Remote state" means a party state, other than the home state, where the patient is located at the time nursing care is provided, or, in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

(L) "Remote state action" means any of the following:

1. Any administrative, civil, equitable or criminal action permitted by a remote state's laws that are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state.

2. Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

(m) "State" means a state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(n) "State practice laws" means those individual party state's laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

**(3)** ARTICLE III — GENERAL PROVISIONS AND JURISDICTION. (a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

(b) Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(c) Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing

granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

(e) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

**(4) ARTICLE IV — APPLICATIONS FOR LICENSURE IN A PARTY STATE.** (a) Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

(b) A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

(c) A nurse who intends to change his or her primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of the change in his or her primary state of residence satisfactory to the new home state's licensing board.

(d) 1. When a nurse changes his or her primary state of residence by moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid.

2. When a nurse changes his or her primary state of residence by moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state.

3. When a nurse changes his or her primary state of residence by moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

**(5) ARTICLE V — ADVERSE ACTIONS.** In addition to the general provisions described in sub. (3), the following provisions apply:

(a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

(b) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes his or her primary state of residence during the course of such investigations. It shall also have the authority to take appropriate actions, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

(c) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.

(d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

(e) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.

(f) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

**(6) ARTICLE VI — ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE NURSE LICENSING BOARDS.** Notwithstanding any other powers, party state nurse licensing boards shall have the authority to do any of the following:

(a) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

(b) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, or the production of evidence from another party state, or both, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence, or both, are located.

(c) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state.

(d) Promulgate uniform rules and regulations as provided for in sub. (8) (c).

**(7) ARTICLE VII — COORDINATED LICENSURE INFORMATION SYSTEM.** (a) All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.

(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

(e) Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.

(g) The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and

proper procedures for the identification, collection and exchange of information under this compact.

**(8) ARTICLE VIII — COMPACT ADMINISTRATION AND INTERCHANGE OF INFORMATION.** (a) The secretary of the department, or his or her designee, shall be the administrator of this compact for this state.

(b) The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data and disclosable alternative program participation information to facilitate the administration of this compact.

(c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under sub. (6) (d).

**(9) ARTICLE IX — IMMUNITY.** No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence or recklessness.

**(10) ARTICLE X — ENTRY INTO FORCE, WITHDRAWAL AND AMENDMENT.** (a) This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 6 months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

(b) No withdrawal shall affect the validity or applicability by

the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

(c) Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.

(d) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

**(11) ARTICLE XI — CONSTRUCTION AND SEVERABILITY.** (a) This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

(b) In the event party states find a need for settling disputes arising under this compact, the party states may submit the issues in dispute to an arbitration panel that will be comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in the remote state or states involved and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute. The decision of a majority of the arbitrators shall be final and binding.

**History:** 1999 a. 22, 185; 2003 a. 321; 2013 a. 168 s. 21.