



VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
February 8, 2024

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of January 11, 2024 (6-10)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
 - 1. Introduction: Patrick McNally, Registered Nurse (Succeeds: Dr. Rosalyn L. McFarland)
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. Appointments of Liaisons and Alternates, Delegation of Authorities **(11-30)**
 - 3. Board Members – Term Expiration Dates
 - a. Anderson, John G. – 7/1/2025
 - b. Edelstein, Janice A. – 7/1/2024
 - c. Guyton, Vera L. – 7/1/2025
 - d. Kane, Amanda K. – 7/1/2027
 - e. Malak, Jennifer L. – 7/1/2026
 - f. McNally, Patrick J. – 7/1/2026
 - g. Sabourin, Shelly R. – 7/1/2027
 - h. Saldivar Frias, Christian – 7/1/2023
 - i. Weinman, Robert W. – 7/1/2027
- F. Education and Examination Matters – Discussion and Consideration (31)**
 - 1. Spring 2024 Nursing Regulatory body Review of NCLEX Items
- G. Credentialing Matters – Discussion and Consideration**

- H. Legislative and Policy Matters – Discussion and Consideration (32-118)**
 - 1. 2023 Assembly Bill 609 (with amendments) /2023 Senate Bill 922 **(33-46)**
 - 2. 2023 Assembly Bill 154 (with amendments) / 2023 Senate Bill 145 **(47-118)**
- I. Administrative Rule Matters – Discussion and Consideration (119-130)**
 - 1. Preliminary Rule Draft: N 6, relating to delegated acts **(120-128)**
 - 2. Pending and Possible Rulemaking Projects **(129-130)**
- J. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**
 - 1. Travel Report: 2024 Scientific Symposium – January 23-24, 2024, Scottsdale, AZ – Rob Weinman
 - 2. NLC Commission and NCSBN Midyear Meeting – Atlanta, GA, March 11 - 14, 2024
- K. Newsletter Matters – Discussion and Consideration (131)**
- L. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**
- M. Liaison Reports – Discussion and Consideration**
- N. Discussion and Consideration of Items Added After Preparation of Agenda:**
 - 1. Introductions, Announcements and Recognition
 - 2. Administrative Matters
 - 3. Election of Officers
 - 4. Appointment of Liaisons and Alternates
 - 5. Delegation of Authorities
 - 6. Education and Examination Matters
 - 7. Credentialing Matters
 - 8. Practice Matters
 - 9. Legislative and Policy Matters
 - 10. Administrative Rule Matters
 - 11. Liaison Reports
 - 12. Board Liaison Training and Appointment of Mentors
 - 13. Public Health Emergencies
 - 14. Informational Items
 - 15. Division of Legal Services and Compliance (DLSC) Matters
 - 16. Presentations of Petitions for Summary Suspension
 - 17. Petitions for Designation of Hearing Examiner
 - 18. Presentation of Stipulations, Final Decisions and Orders
 - 19. Presentation of Proposed Final Decisions and Orders
 - 20. Presentation of Interim Orders
 - 21. Petitions for Re-Hearing
 - 22. Petitions for Assessments
 - 23. Petitions to Vacate Orders
 - 24. Requests for Disciplinary Proceeding Presentations
 - 25. Motions
 - 26. Petitions
 - 27. Appearances from Requests Received or Renewed
 - 28. Speaking Engagements, Travel, Public Relation Requests, and Reports

O. Public Comments

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

P. Credentialing Matters

1. Application Reviews

- a. M.L. – RN (132-199)
- b. Z.L. – RN (200-243)

Q. Deliberation on Division of Legal Services and Compliance Matters

1. Administrative Warnings

- a. 22 NUR 227 – A.M.H. (244-245)
- b. 23 NUR 034 – A.L.V. (246-247)
- c. 23 NUR 555 – A.H. (248-249)
- d. 23 NUR 679 – D.S.S. (250-251)

2. Case Closings

- a. 21 NUR 456 and 21 NUR 495 – M.B.C. (252-259)
- b. 21 NUR 630 – C.M.M. (260-281)
- c. 22 NUR 623 – T.L. (282-289)
- d. 22 NUR 683 – D.R.C. (290-297)
- e. 22 NUR 816 – U. and K.A.W. (298-302)
- f. 23 NUR 011 – U. (303-309)
- g. 23 NUR 110 – M.J.D. (310-314)
- h. 23 NUR 208 – G.V. (315-318)
- i. 23 NUR 229 – J.L.V. (319-340)
- j. 23 NUR 251 – C.M.M. (341-345)
- k. 23 NUR 285 – E.S.Z. (346-351)
- l. 23 NUR 405 – U. (352-356)
- m. 23 NUR 438 – P.L.K. (357-364)
- n. 23 NUR 461 – D.L.B. (365-368)
- o. 23 NUR 555 – R.M. (369-373)
- p. 23 NUR 636 – S.M.M. (374-378)
- q. 23 NUR 719 – K.M.M. (379-383)
- r. 23 NUR 742 – L.S.R. (384-387)

3. Proposed Stipulations, Final Decisions, and Orders

- a. 22 NUR 603 – Mildred Reeves-Wilburn (388-394)
- b. 22 NUR 688 – Aretishia D. Patterson (395-401)
- c. 22 NUR 822 – Jean N. Rusch (402-407)
- d. 23 NUR 176 – Amber K. Knowler (408-414)
- e. 23 NUR 267 and 23 NUR 286 – Jenni-Jo Clark (415-423)
- f. 23 NUR 333 – Jennifer L. Mauer (424-430)
- g. 23 NUR 362 – Kellie Bock (431-438)
- h. 23 NUR 531 – Susan M. Leonard (439-444)
- i. 23 NUR 669 – Brandy L. Dunse (445-450)
- j. 23 NUR 747 – Monica L. Mars (451-457)

4. Deliberation on Matters Relating to Costs/Orders Fixing Costs

- a. Ray D. Summar – R.N. DHA Case Number SPS-21-0064/DLSC Case Number 21 NUR 206 (458-477)

R. Monitoring Matters (478-704)

1. Monitor Wagner

- a. Jenica Koller – Requesting Full Licensure (480-507)

2. Monitor Heller

- a. Michelle Bearheart – Requesting Full Licensure (508-522)
b. Michelle Chadwick – Requesting Full Licensure (523-543)

3. Monitor Olson

- a. Caitlin Cornell – Requesting Full Licensure (544-556)
b. Michelle Lang – Requesting Full Licensure or modification of monitoring Order (557-609)
c. Briana Owens – Requesting Full Licensure (610-625)
d. Theresa Shurn – Requesting Full Licensure (626-646)
e. Jay Tolbert – Requesting modification of monitoring Order (647-674)
f. Olivia Zaleski – Board review of monitoring materials (675-704)

S. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

T. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

U. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

- T. Open Session Items Noticed Above Not Completed in the Initial Open Session
- U. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
- V. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: MARCH 14, 2024

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
JANUARY 11, 2024**

PRESENT: John Anderson, Janice Edelstein, Amanda Kane, Jennifer Malak, Shelly Sabourin, Robert Weinman (*excused at 8:16 a.m.*)

EXCUSED: Vera Guyton, Christian Saldivar Frias

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

CALL TO ORDER

Janice Edelstein, Secretary, called the meeting to order at 8:01a.m. A quorum was confirmed with six (6) members present.

ADOPTION OF THE AGENDA

MOTION: Robert Weinman moved, seconded by Amanda Kane, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES DECEMBER 14, 2023

MOTION: Jennifer Malak moved, seconded by Shelly Sabourin, to approve the Minutes of December 14, 2023, as published. Motion carried unanimously.

2024 Elections, Liaisons, and Delegations

Election of Officers

Slate of Officers

NOMINATION: Jennifer Malak nominated the 2023 slate of officers to continue in 2024. All officers accepted their nominations.

Brad Wojciechowski, Executive Director, called for nominations three (3) times.

All in favor

The Slate of Officers was elected by unanimous voice vote.

ELECTION RESULTS	
Chairperson	Robert Weinman
Vice Chairperson	Vera Guyton
Secretary	Janice Edelstein

(Robert Weinman excused at 8:16 a.m.)

ADMINISTRATIVE RULE MATTERS

Preliminary Rule Draft: N 6, relating to delegated acts

MOTION: Amanda Kane moved, seconded by John Anderson, to authorize Jennifer Malak to review the preliminary rule draft of N 6, relating to delegated acts, for inclusion in the next meeting agenda. Motion carried unanimously.

CREDENTIALING MATTERS

Licensing Renewal Information

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to acknowledge and thank Terri Treinen for her appearance and presentation to the Board of Nursing. Motion carried unanimously.

CLOSED SESSION

MOTION: John Anderson moved, seconded by Jennifer Malak, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigation with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Janice Edelstein, Secretary, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Amanda Kane -yes; Jennifer Malak-yes; and Shelly Sabourin -yes. Motion carried unanimously.

The Board convened into Closed Session at 9:25 a.m.

**DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE
MATTERS**

Administrative Warnings

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to issue Administrative Warnings in the following DLSC Cases:
22 NUR 449 – J.L.F.
22 NUR 482 – M.P.S.
22 NUR 793 – M.K.C.
23 NUR 189 – S.N.M.
Motion carried unanimously.

Case Closings

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to close the following DLSC Cases for the reasons outlined below:
22 NUR 368 – K.M.A. – Prosecutorial Discretion (P2)
22 NUR 516 – A.A.R. – No Violation
22 NUR 803 – A.K.R. – Insufficient Evidence
23 NUR 075 – C.A.M. – Insufficient Evidence
23 NUR 499 – L.A. – No Violation
23 NUR 639 – A.J.P. – No Violation
Motion carried unanimously.

Proposed Stipulations and Final Decisions and Orders

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
21 NUR 007 – Amy T. Jansen
22 NUR 875 – Rebecca Philantrope
23 NUR 022 – Meredith G. Ketzner
Motion carried unanimously.

23 NUR 160 – Nicole D. Fields

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to delegate to DSPS Chief Legal Counsel the Board’s authority to preside over and resolve the matter of disciplinary proceedings against Nicole D. Fields, DLSC Case Number 23 NUR 160. Motion carried unanimously.

Monitoring Matters

Tracie Koboski – Requesting reduction in drug screens, frequency of treatment sessions determined by treater, reduction of AANA meeting attendance to once weekly, and other requests

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to deny the request of Tracie Koboski, for modifications requested in her 12/12/2023 letter to the Board which included modifications to drug screens, frequency of treatment sessions determined by treater, reduction of AANA meeting attendance to once weekly and other requests. Reason for Denial: Failure to demonstrate continuous and successful compliance under the terms of the Board Order (12/15/2022). Motion carried unanimously.

Kamani McCoy, L.P.N., R.N. - Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to grant the request of Kamani McCoy, L.P.N., R.N., for Full Licensure for both L.P.N. and R.N. Motion carried unanimously.

Karla Price, L.P.N. - Requesting Full Licensure

MOTION: Shelly Sabourin moved, seconded by John Anderson, to grant the request of Karla Price, L.P.N., for Full Licensure. Motion carried unanimously.

Heidi Sahr, R.N. - Requesting to reduce testing frequency to 28 times per year, termination of AANA meetings, and grant access to controlled substances in the work setting

MOTION: Amanda Kane moved, seconded by John Anderson, to deny the request of Heidi Sahr, R.N., for access to controlled substances in the work setting, but to grant a reduction of testing frequency to 28 screens per year and one annual hair test, and termination of AA/NA meetings.
Reason for Denial: Insufficient time under the Board Order (02/13/2020) to demonstrate adequate compliance. Motion carried unanimously.

Rebecca Schmidt, R.N.

Requesting a reduction of drug and alcohol screens, termination of AA/NA meetings, and a change from direct supervision to general supervision.

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to grant the request of Rebecca Schmidt, R.N., for a reduction of drug and alcohol screens to 36 screens per year, reduction of AA/NA meetings to once per week, and allow for general supervision with her current employer. Motion carried unanimously.

Shane Renner, R.N.

Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to grant the request of Shane Renner, R.N., for Full Licensure. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: John Anderson moved, seconded by Jennifer Malak, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:13 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Amanda Kane moved, seconded by Shelly Sabourin, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Jennifer Malak moved, seconded by Shelly Sabourin, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:15 a.m.

**BOARD OF NURSING
OFFICERS AND LIAISONS**

2024 Elections (January 11, 2024)

2024 OFFICERS	
Chairperson	Robert Weinman
Vice Chairperson	Vera Guyton
Secretary	Janice Edelstein

2023 Liaisons and Alternates (as of 12/31/2023)

LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Janice Edelstein, Vera Guyton (<i>LPN Reviews</i>), Robert Weinman Amanda Kane <i>Alternate:</i> Vera Guyton
Monitoring Liaison(s)	John Anderson (<i>6/8/2023</i>) <i>Alternate:</i> Robert Weinman
Professional Assistance Procedure (PAP) Liaison(s)	Robert Weinman (<i>6/8/2023</i>) Jennifer Malak
Legislative Liaison(s)	John Anderson, Robert Weinman
Newsletter Liaison(s)	Janice Edelstein, Jennifer Malak <i>Alternate:</i> Vera Guyton
Communication Liaison(s)	Robert Weinman
Education and Examination Liaison(s)	Janice Edelstein (<i>6/8/2023</i>) <i>Alternate:</i>
Controlled Substances Board Liaison as per Wis. Stats. §15.405(5g)	Amanda Kane <i>Alternate:</i> Robert Weinman (Primary)

Wisconsin Coalition for Prescription Drug Abuse Reduction Liaison(s)	Amanda Kane
Travel Authorization Liaison(s)	Robert Weinman (Chair) <i>Alternate:</i> Vera Guyton (Vice Chair)
Military Medical Personnel	Robert Weinman <i>Alternate: Jennifer Malak</i>
COMMITTEE MEMBER APPOINTMENTS	
Legislation and Rules Committee	Janice Edelstein, Robert Weinman (Chair), John Anderson
BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION	
Administrator of the Nurse Licensure Compact	Robert Weinman <i>Alternate:</i> Janice Edelstein

SCREENING PANEL APPOINTMENTS	
Alternates	Robert Weinman
2024 Screening Panel Rotation	
January – March	Janice Edelstein, Amanda Kane
April – June	Robert Weinman, John Anderson
July – September	Robert Weinman (6/8/2023) Christian Saldivar Frias
October – December	Robert Weinman, Jennifer Malak



State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

CORRESPONDENCE / MEMORANDUM

DATE: January 9, 2024

TO: Board, Council, and Committee Members

FROM: Legal Counsel

SUBJECT: Liaison Definitions and Delegations Explanations

Overall Purpose of Liaison Appointments

Each Board/Section (Board) has inherent authority that is established in our Wisconsin Statutes. This authority may change from Board to Board. For further information on your Board's authority review Wis. Stat. ch. 15. Generally, each Board has authority to grant credentials, discipline credential holders, and set standards for education and examinations. Additionally, Liaisons assist with the operations of the Boards purpose by weighing in on legislative matters, traveling to national conferences, or communicating with stakeholders.

The Department asks that each year the Boards make liaison appointments to assist the Board and Department to accomplish these tasks in an efficient manner. Your practical knowledge and experience, as an appointed member of a professional board, are essential in making determinations regularly. The Liaison positions below assist the Department to complete operations between Board meetings. In most cases, Liaisons can make decisions for the full Board in their designated area. These are determined through the delegation process. However, a Liaison may also decide to send the delegated issue to the full Board for consideration as appropriate. Delegations assist the Board in defining the roles and authorities of each Liaison.

Liaison Definitions

Credentialing Liaison: The Credentialing Liaison is empowered by the Board to review and make determinations regarding certain applications for credentials. The Credentialing Liaison may be called on by Department staff to answer questions that pertain to qualifications for licensure, which may include whether a particular degree is suitable for the application requirements, whether an applicant's specific work experience satisfies the requirements in statute or rule for licensure, or whether an applicant's criminal or disciplinary history is substantially related to the practice of the profession in such a way that granting the applicant a credential would create a risk of harm to the public. Questions will likely be sent by Department

staff to the Credentialing Liaison via email and may include application materials. The Credentialing Liaison serves a very important role in the credentialing process.

Monitoring Liaison: The Monitoring Liaison is empowered by the Board to make decisions on any credential that is limited either through a disciplinary order or initial licensure. The Department Monitors will send requests from credential holders to the Monitoring Liaison. These requests vary wildly. A common request could be to remove a limitation that has been placed on a credential or to petition for full licensure. The Monitoring Liaison can review these requests and make decisions on behalf of the Board. The Board has the authority to grant decision making latitude to their liaison to any degree. The specific monitoring delegations are found in the Monitoring Document attached to the agenda. If the Monitoring Liaison has a question on a request, it is advisable for the Liaison to consult further with Department staff or bring the matter to the full Board for consideration.

Professional Assistance Procedure (PAP) Liaison: PAP is a voluntary program open to credential holders with substance abuse issues who wish to seek help by being held accountable through treatment and monitoring by the Department and Board. As part of PAP, the credential holder enters into an agreement with the Department to undergo testing, counseling, or other rehabilitation. The PAP Liaison's role includes responding to credential holders' requests for modifications and terminations of provisions of the agreement. Similar to the Monitoring Liaison, the Department Monitors will send requests from credential holders to the PAP Liaison for further review.

Education and Examination Liaison: Some Boards are required by statute or rule to approve qualifying education and examinations. The Education and Examination Liaison provides guidance to Department staff to exercise authority of the Board to approve or decline examinations and educational programs. This determination requires a level of professional expertise and should be performed by a professional member of the Board. For some Boards, the Education and Examination Liaison will also be tasked with approving continuing education programs and courses.

Legislative Liaison: The Legislative Liaison is permitted to act and speak on the Board's behalf regarding pending and enacted legislation or actions being considered by the legislature outside of Board meetings. The Legislative Liaison is not the Board's designated lobbyist and should exercise their delegated authority carefully.

Travel Authorization Liaison: The Travel Authorization Liaison is authorized to approve a Board member to travel to events and speak or act on the Board's behalf between Board meetings. The Travel Authorization Liaison is called upon to make decisions when sufficient notice was not received, and the full Board could not determine a representative to travel. The Travel Authorization Liaison is tasked with making determinations if the Board appointed representative is not able to attend or if the Board becomes authorized to send additional members. As scholarship and funding streams can be unpredictable.

Communication Liaison: The Communication Liaison responds on behalf of the Board when questions arise that require a response from the Board. The Communication Liaison works with

the Department to cultivate an appropriate response. The Communication Liaison can be responsible for all types of communication on behalf of the Board. However, the Board can appoint a separate **Website Liaison** to work with DSPS staff to make changes and ensure the Board webpage contains updated and accurate information. Additionally, for the Boards that are required by statute to produce a newsletter or digest. The Board can appoint a separate **Newsletter/Digest Liaison** to assemble and approve content for those communications.

Screening Panel Members: The duties of the Screening panel are to review incoming complaints against credential holders and determine which complaints should be opened for investigation and which complaints should be closed without further action. The complexity and amount of work in this role depends substantially on your particular Board. As a member of the Screening panel you are asked to apply your professional expertise to determine if a complaint alleges unprofessional conduct.

Delegations Explanations

Credentialing Delegations

The overall purpose of credentialing delegations is to allow the credentialing process to proceed as efficiently and effectively as possible.

Delegation of Authority to Credentialing Liaison (Generic)

MOTION EXAMPLE: to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications.

PURPOSE: To permit one representative of the Board to assist Department staff with credentialing applications and eliminate the need for the entire Board to convene to consider credential application content or questions. Additionally, it is most efficient to have the designated liaison who has assisted with the credentialing process to be able to effectuate decisions which require a signature.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION EXAMPLE: to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review.

PURPOSE: To permit Department staff to efficiently issue credentials and eliminate the need for Board/Section/Liaison review when all credentialing legal requirements are met in an application.

Delegation of Authority for Predetermination Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f).

PURPOSE: In general, the Wisconsin Fair Employment Act (codified in Wis. Stat. Ch. 111) prohibits licensing agencies from discriminating against applicants because of their arrest and/or conviction record. However, there are exceptions which permit denial of a license in certain circumstances. Individuals who do not possess a license have a legal right to apply for a determination of whether they are disqualified from obtaining a license due to their conviction record. This process is called “Predetermination”. Predeterminations must be completed within 30 days. This delegation allows Department Attorneys to conduct predetermination reviews and efficiently make these legal determinations without need for Board/Section/Liaison review.

Delegation of Authority for Conviction Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice.

PURPOSE: As used here, “substantially related” is a legal standard that is used in the Wisconsin Fair Employment Act. The concept of what is “substantially related” is informed by case law. This delegation permits Department Attorneys to independently conduct conviction reviews and efficiently approve applications if convictions are not substantially related to the practice of the profession. Applications that contain conviction records that may be substantially related to the practice of a profession will still be submitted to the Credentialing Liaison for input.

Delegation to DSPS When Applicant’s History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where Applicant’s prior discipline has been approved for a previous credential and there is no new discipline.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison for a lower-level credential.

Delegation to DSPS When Applicant’s Conviction History Has Been Previously Reviewed

MOTION EXAMPLE: to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous credential and there is no new conviction record.

PURPOSE: Some Boards offer progressive levels of credentials. This delegation eliminates the need for a re-review of conviction history that has already been reviewed and approved for a lower-level credential.

Delegation of Authority for Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to review and approve reciprocity applications in which the out of state license requirements meet Wisconsin license requirements. (specific legal standards are referenced in the motion depending on credential/profession type).

PURPOSE: Applications via reciprocity or endorsement require comparison of Wisconsin licensing requirements to the licensing requirements of another jurisdiction. These reviews consider the legal standard for reciprocity, which varies by profession, as well as the specified legal requirements to obtain licensure in the profession. This delegation permits Department Attorneys to independently conduct reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Military Reciprocity Reviews

MOTION EXAMPLE: to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09.

PURPOSE: The law permits service members, former service members, and their spouses to be licensed if they hold licensure in other jurisdictions that qualify them to perform acts authorized by the credential they are seeking in Wisconsin. This is a shortened path to licensure that does not require meeting the specific requirements/standards for licensure/reciprocity in a profession. By law, the Department/Board must expedite the issuance of a reciprocal license via military reciprocity. This delegation permits Department Attorneys to independently conduct military reciprocity reviews and efficiently approve applications if legal standards and requirements are met for licensure. Applications for which reciprocity may not be available will still be submitted to the Credentialing Liaison for input.

Delegation of Authority for Application Denial Reviews

MOTION EXAMPLE: to delegate authority to the Department's Attorney Supervisors to serve as the Board designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential.

PURPOSE: When an application is denied, the applicant has a legal right to appeal the denial determination. Applicants must meet a specified legal standard in order to have an appeal granted. Additionally, Wisconsin law sets specific time frames for appeal decisions. This delegation permits Department Attorney Supervisors to independently review and efficiently act on requests for hearing as a result of a denial of a credential.

Delegation to Department Attorneys to Approve Duplicate Legal Issue

MOTION EXAMPLE: to delegate authority to Department Attorneys to approve a legal matter in connection with a renewal application when that same/similar matter was already addressed

by the Board and there are no new legal issues for that credential holder. Motion carried unanimously.

PURPOSE: The intent of this delegation is to be able to approve prior discipline by the Board for the renewal applicant. This delegation eliminates the need for a re-review of discipline that has already been considered and approved by the Board/Section/Liaison.

Monitoring Delegations

The overall purpose of monitoring delegations is to be able to enforce the Boards orders and limited licenses as efficiently and effectively as possible. Monitoring delegations have two categories: delegations to the monitoring liaison and delegations to the Department Monitor.

Delegation of Authority to Department Monitor

MOTION EXAMPLE: to delegate authority to the Department Monitor

- a. to grant full reinstatement of licensure if education is the only limitation and credential holder has submitted the required proof of course completion.
- b. to suspend the credential if the credential holder has not completed Board ordered education, paid costs, paid forfeitures, within the time specified by the Board Order.
- c. to lift a suspension when compliance with education and costs provisions have been met.

PURPOSE: These delegations allow for the Department Monitor to automatically act on requests when certain criteria are met or not met without needing to burden the Board Monitoring Liaison. The Board can set their own criteria for what actions they would like to be handled by the Department, the Monitoring Liaison and the full Board.

Delegation of Authority to Monitoring Liaison

MOTION EXAMPLE: to delegate authority to the Monitoring Liaison to approve or deny all requests received by the credential holder.

PURPOSE: These delegations allow the Board to set criteria for what decisions can be made by the Board member(s) serving as the Monitoring Liaison and what matters should be decided by the full Board. The Board has the authority to set specific criteria or to permit the liaison to make all determinations at their discretion.

Education and Exam Delegations

MOTION EXAMPLE: to delegate authority to the Education and Examination Liaison(s) to address all issues related to continuing education and examinations. Motion carried unanimously. (Differs by Board)

PURPOSE: Some Boards are responsible for approving qualifying educational programs or continuing education courses. A delegation is executed in order for a Board member to make

these determinations on behalf of the Boards and with assistance of the Department. Additionally, some Boards review examinations and individual scores to qualify for a credential.

Miscellaneous Delegations

Document Signature

MOTION EXAMPLE: to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION EXAMPLE: in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director, Board Counsel or DPD Division Administrator, the authority to sign on behalf of a Board member as necessary. Motion carried unanimously.

PURPOSE: In order to take the action approved at Board meetings, the Department may need to draft correspondence and/or Orders after the meetings have adjourned. These actions then need to be signed by a Board Member. This interaction usually takes place over email and a Board member can authorize the use of his/her signature that is kept on file.

Urgent Matters

MOTION EXAMPLE: in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

PURPOSE: Allows for quick responses to urgent matters that may need Board approval or for which the Department requires guidance from the Board.

Delegation to Chief Legal Counsel

Due to Loss of Quorum

MOTION EXAMPLE: to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

PURPOSE: Sometimes Boards can struggle to meet quorum necessary to conduct business. This happens for a multitude of reasons but this delegation allows for the Boards to have disciplinary cases decided by Chief Legal Counsel if the Board fails to meet quorum for two consecutive meetings.

Stipulated Resolutions

MOTION EXAMPLE: to delegate to the Department's Chief Legal Counsel (CLC) the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such matters when the best interests of the Board, Department and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

PURPOSE: For matters of public safety, it may be necessary to take immediate action on a stipulated agreement rather than allowing a credential holder to continue practicing unencumbered until the next scheduled meeting. This delegation allows CLC to act on behalf of the Board when there is a stipulated agreement. A stipulated agreement is an agreement to which all relevant parties have consented to the terms.

Voluntary Surrenders

MOTION: to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter.

MOTION: to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19.

PURPOSE: Credential holders can ask the Boards to surrender their credentials at any time. These delegations are in place for the different situations that arise from those requests. If a credential holder is seeking to surrender their credential because they wish to leave the profession that can be processed with this delegation by the Department if they have no pending disciplinary complaints. If the credential holder wishes to surrender while they have a pending disciplinary complaint that request is reviewed by the individual Board member assigned to the case.

DLSC Pre-screening

MOTION EXAMPLE: to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases where the credential holder has failed to respond to allegations contained in the complaint when requested by intake (Case will be opened on failure to respond and the merits of the complaint).

PURPOSE: Pre-Screening delegations exist so the Board can define specific parameters where the Department can review disciplinary complaints and open those cases if they meet certain criteria. Boards also have the authority to set certain criteria that would allow the Department to review and close a case if the criteria is met.

Roles and Authorities Delegated for Monitoring

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors (“Monitor”) to enforce Board/Section orders as explained below.

Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/disciplinary/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain written authorization from the Liaison to sign on their behalf.
6. Grant or deny a request to appear before the Board/Section in closed session.
7. The Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
8. Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review. (Except PHM, MED)

9. Grant Respondent's petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison. Orders that do not start at 49 screens will still follow the same standard schedule.
 - a. Initial: 49 screens (including 1 hair test, if required by original order)
 - b. 1st Reduction: 36 screens (plus 1 hair test, if required by original order)
 - c. 2nd Reduction: 28 screens plus 1 hair test
 - d. 3rd Reduction: 14 screens plus 1 hair test
10. (*Dentistry only*) Ability to approve or deny all requests from a respondent.
11. The Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc. (Applies only to these Boards: Dietitians, Massage/Bodywork Therapy Board, DEN, PAB, CHI, MED, RAD)
12. **The Liaison may have full authority to approve or deny a request from a Respondent that otherwise would require the approval of the full Board if the request cannot be heard and voted on due to lack of/loss of quorum.**
13. **The Liaison may have full authority to terminate any treatment ONLY upon written request from Respondent and written recommendation from Respondents treater.**

Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if education is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered education and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof of completion and/or payment have been received.
3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. Grant or deny approval when Respondent proposes treatment providers [, mentors, supervisors, etc.] unless the Order specifically requires full-Board/Section or Board designee approval. (Except for MED)
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing/disciplinary/remedial education.
6. Grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete a Board/Section-ordered evaluation or exam.

Authorities Delegated to Board Legal Counsel

Board Legal Counsel may take the following actions on behalf of the Board/Section:

1. Sign Monitoring orders that result from Board/Section meetings on behalf of the Board/Section Chair.
-

Updated 03/13/2023

2022 Roles & Authorities

BOARD OF NURSING
2023 Delegation of Authorities

Document Signature Delegations

MOTION: Robert Weinman moved, seconded by Linda Scott, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: John Anderson moved, seconded by Vera Guyton, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a Board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Janice Edelstein moved, seconded by Robert Weinman, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving Board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Robert Weinman moved, seconded by Linda Scott, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Delegation to Chief Legal Counsel for Stipulated Resolutions

MOTION: Janice Edelstein moved, seconded by Robert Weinman, to delegate to DSPS Chief Legal Counsel the authority to act on behalf of the Board concerning stipulated resolutions providing for a surrender, suspension, or revocation of a credential, where the underlying merits involve serious and dangerous behavior, and where the signed stipulation is received between Board meetings. The Board further requests that CLC only act on such matters when the best interests of the Board, Department and the Public are best served by acting upon the stipulated resolution at the time the signed stipulation is received versus waiting for the next Board meeting. Motion carried unanimously.

Monitoring Delegations

Delegation of Authorities for Monitoring

MOTION: John Anderson moved, seconded by Linda Scott, to adopt the “Roles and Authorities Delegated for Monitoring” document as presented in the January 12, 2023 agenda materials on pages 25-27. Motion carried unanimously.

Delegation of Authorities for Legal Counsel to Sign Monitoring Orders

MOTION: Robert Weinman moved, seconded by Vera Guyton, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Janice Edelstein moved, seconded by Robert Weinman, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Janice Edelstein moved, seconded by Linda Scott, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: John Anderson moved, seconded by Vera Guyton, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f). Motion carried unanimously.

Delegation of Authority for Conviction Reviews

MOTION: Janice Edelstein moved, seconded by John Anderson, to delegate authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of nursing. Motion carried unanimously.

Delegation of Authority for Termination Reviews

MOTION: John Anderson moved, seconded by Vera Guyton, to delegate authority to the Department Attorneys and Paralegals to approve reviews of prior terminations of which the known circumstances underlying the termination are unrelated to the practice of nursing. Motion carried unanimously.

Delegation to DSPS When Applicant’s Discipline History Has Been Previously Reviewed

MOTION: Janice Edelstein moved, seconded by Linda Scott, to delegate authority to Department staff to approve applications where Applicant’s prior discipline has been approved for a previous credential and there is no new discipline. Motion carried unanimously.

Delegation to DSPS When Applicant’s Conviction History Has Been Previously Reviewed

MOTION: Janice Edelstein moved, seconded by John Anderson, to delegate authority to Department staff to approve applications where criminal background checks have been approved for a previous credential and there is no new conviction record. Motion carried unanimously.

Delegation of Authority to Department Attorneys and Paralegals

MOTION: Linda Scott moved, seconded by Vera Guyton, to delegate authority to Department Attorneys and Paralegals to grant limited licenses for Nurse Refresher Courses (as long as all other requirements are met) unless there are convictions, prior Board discipline, or impairment issues. Staff can then move forward with the granting of full licensure after verification of successful completion has been received. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: John Anderson moved, seconded by Emily Zentz, to delegate authority to the Department’s Attorney Supervisors to serve as the Board’s designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Delegation of Authority for Military Reciprocity Reviews

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to delegate authority to the Department Attorneys to review and approve military reciprocity applications in which the individual meets the requirements of Wis. Stat. § 440.09. Motion carried unanimously.

Delegation for Conviction Review Decision Making Authority to DPCP Legal Team Paralegals

MOTION: Janice Edelstein moved, seconded by Vera Guyton, to delegate-decision making authority to DPCP Legal Team paralegals to review and approve applications with the following offenses which are not related to the practice of nursing:

- Loitering
- Retail Theft (includes shoplifting and NSF checks)
- Up to two (2) Underage Drinking Offenses
- Resisting/Obstructing an Officer
- Disorderly Conduct
- Trespassing
- Disturbing the Peace
- Operating after Suspension/Revocation
- OWI 1st that occurred over two (2) years prior to the date of application
- Up to two (2) OWIs prior to entering Nursing School
- A violation that is an ordinance violation in Wisconsin, but a misdemeanor in other states.

Motion carried unanimously.

Delegation to DPCP Legal Team Paralegals and Attorneys to Approve AODA/FTP Evaluators/Assessors

MOTION: Robert Weinman moved, seconded by John Anderson, to delegate authority to the DPCP Legal Team Attorneys and Paralegals to review and approve Applicant's proposed Evaluators/Assessors for AODA and FTP assessments, unless the request specifically requires full-Board or Board liaison approval. Motion carried unanimously.

Pre-Screening Delegation to Open Cases

MOTION: John Anderson moved, seconded by Emily Zentz, to delegate pre-screening decision making authority to the DSPS screening attorney for opening cases as outlined below:

1. OWIs of 3 or more that occurred in the last 5 years.
2. Reciprocal discipline cases.
3. Impairment and/or diversion at work that includes a positive drug/alcohol test.
4. Conviction of a misdemeanor or felony that the attorney believes is substantially related and is not otherwise excluded from consideration via Wis. Stat. ch. 111.
5. Failure to Respond by Respondent to allegations contained in the complaint when requested by intake (Case will be opened on failure to respond and the merits).

Motion carried unanimously.

Pre-Screening Delegation to Close Cases

MOTION: Robert Weinman moved, seconded by John Anderson, to delegate pre-screening decision making authority to the DSPS screening attorney for closing cases as outlined below:

1. One OWI that is non-work related and if AODA assessment completed, assessment does not indicate dependency.
2. DHS caregiver complaint where DHS investigation does not find wrongdoing by a nurse.
3. Complaints that even if allegations are true, do not amount to a violation of statute or rules.

Motion carried unanimously.

Voluntary Surrenders

MOTION: John Anderson moved, seconded by Robert Weinman, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

MOTION: Robert Weinman moved, seconded by John Anderson, to delegate authority to the Department to accept the voluntary surrender of a credential when there is no pending complaint or disciplinary matter with the Department pursuant to Wis. Stat. § 440.19. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Robert Weinman moved, seconded by Vera Guyton, to authorize the Department staff to provide national regulatory related bodies with all board member contact information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Linda Scott moved, seconded by John Anderson, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislation and Rules Committee Delegation

MOTION: Janice Edelstein moved, seconded by Vera Guyton, to grant the Legislation and Rules Committee the ability to address all rulemaking as related to drafting and making recommendations to the full Board. Motion carried unanimously.

Legislation and Rules Committee Membership Delegation

MOTION: Robert Weinman moved, seconded by Emily Zentz, that in order to facilitate the completion of its duties between meetings, the Board delegates authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to appoint members to the Legislation and Rules Committee between meetings as necessary. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: John Anderson moved, seconded by Robert Weinman, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Newsletter Liaison(s) Delegation

MOTION: Emily Zentz moved, seconded by John Anderson, to delegate authority to the Newsletter Liaison(s) to handle all matters relating to newsletters. Motion carried unanimously.

Board Practice Liaison(s) Delegation

MOTION: Linda Scott moved, seconded by Vera Guyton, to delegate authority to the Board Practice Liaison(s) to confer with Department staff when necessary to answer practice questions. Motion carried unanimously.

Board Education Liaison(s) Delegation

MOTION: Robert Weinman moved, seconded by Emily Zentz, to delegate authority to the Board Education Liaison(s) to serve as a liaison between DSPS and the Board and to act on behalf of the Board when making recommendations related to Nursing School approval. Motion carried unanimously.

Wisconsin Coalition for Prescription Drug Abuse Reduction Delegation


MOTION: John Anderson moved, seconded by Emily Zentz, to delegate authority to the Wisconsin Coalition for Prescription Drug Abuse Reduction liaison to speak and act on behalf of the Board in matters concerning the Coalition. Motion carried unanimously.

Travel Authorization Liaison Delegation

MOTION: Robert Weinman moved, seconded by John Anderson, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 2/1/2024 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 2/8/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Education and Examination Matters – Discussion and Consideration 1) Spring 2024 Nursing Regulatory Body Review of NCLEX Items	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed: Website information: https://mailchi.mp/ncsbn/nclex-item-development-opportunities-27in83nw7v?e=8301ae8d82 Highlights: All attendees from the same jurisdiction must attend on the same date, at the same time, and at the same testing location. The review dates are from Monday, April 22 – May 10, 2024. The registration deadline is Monday, February 12, 2024.			
11) Authorization			
		2/1/2024	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 1/25/2024 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 2/8/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Policy Matters – Discussion and Consideration 1) 2023 Assembly Bill 609 (with amendments) /2023 Senate Bill 922 2) 2023 Assembly Bill 154 (with amendments) / 2023 Senate Bill 145	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed: <Click Here to Add Description>			
11) Authorization			
<NAME>		<Date: M/D/YYYY>	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			



2023 ASSEMBLY BILL 609

October 31, 2023 - Introduced by Representatives SORTWELL, MURPHY, ROZAR, ALLEN, BEHNKE, BODDEN, BRANDTJEN, CALLAHAN, EDMING, MAGNAFICI, MICHALSKI, O'CONNOR, PENTERMAN, RETTINGER, SCHRAA and SCHUTT, cosponsored by Senators NASS, CABRAL-GUEVARA and STROEBEL. Referred to Committee on Health, Aging and Long-Term Care.

1 **AN ACT to create** 146.50 and 440.208 of the statutes; **relating to:** prohibiting
2 discrimination or retaliation against health care providers by health care
3 entities and credentialing boards for ordering or discussing innovative or novel
4 therapies.

Analysis by the Legislative Reference Bureau

This bill prevents health care entities and credentialing boards from discriminating or retaliating against health care providers for ordering innovative therapies or novel therapies if certain conditions are met, including: 1) the health care provider orders the therapy based on his or her assessment of the patient and any available clinical data supporting the therapy; 2) the patient requests the innovative therapy or novel therapy; and 3) the ordered therapy, if the therapy is a drug, device, or biological product, is either approved or authorized for emergency use by the federal Food and Drug Administration. Further, this bill prevents any health care entity or credentialing board from restricting any health care provider from informing a patient of any innovative or novel therapy that may potentially benefit the patient. The protections provided under the bill do not apply to a health care provider who orders any drug, device, or biological product that is intended to

ASSEMBLY BILL 609

delay or suppress pubertal development in a minor for the purpose of assisting the minor with a gender transition.

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

1 **SECTION 1.** 146.50 of the statutes is created to read:

2 **146.50 Novel and innovative therapies. (1)** In this section:

3 (a) “Biological sex” means the biological indication of male or female in the
4 context of reproductive potential or capacity, such as by sex chromosomes, naturally
5 occurring sex hormones, gonads, and unambiguous internal and external genitalia
6 present at birth, without regard to psychological, chosen, or subjective experience of
7 gender.

8 (b) “Gender transition” means a process in which an individual goes from
9 identifying with and living as a gender that corresponds with the individual’s
10 biological sex to identifying with and living as a gender different from the
11 individual’s biological sex.

12 (c) “Health care entity” has the meaning given for “health care provider” in s.
13 146.81 (1) (i) to (p).

14 (d) “Health care provider” has the meaning given in s. 146.81 (1) (a) to (hp).

15 **(2)** No health care entity may retaliate against, discriminate against, or deny
16 privileges to a health care provider for ordering an innovative or novel therapy if all
17 of the following apply:

18 (a) The health care provider orders the innovative or novel therapy based on
19 his or her assessment of the patient and any available clinical data supporting the
20 innovative or novel therapy.

ASSEMBLY BILL 609**SECTION 1**

1 (b) The patient is informed of all reasonable alternative courses of treatment
2 and requests the innovative or novel therapy over alternative courses of treatment.

3 (c) If the ordered innovative or novel therapy is a drug, device, or biological
4 product, the ordered drug, device, or biological product is approved by the federal
5 food and drug administration under 21 USC 355 or is authorized for emergency use
6 by the federal food and drug administration under 21 USC 360bbb-3.

7 (3) A health care entity may not restrict, directly or indirectly, any health care
8 provider from informing a patient of any innovative or novel therapy that may
9 potentially benefit the patient.

10 (4) This section does not apply to a health care provider who orders any drug,
11 device, or biological product that is intended to delay or suppress pubertal
12 development in a minor for the purpose of assisting the minor with a gender
13 transition.

14 **SECTION 2.** 440.208 of the statutes is created to read:

15 **440.208 Novel and innovative therapies. (1)** In this section, “health care
16 provider” has the meaning given in s. 146.81 (1) (a) to (hp).

17 (2) No credentialing board may retaliate against, discriminate against, or
18 deny, suspend, limit, or revoke a credential to a health care provider for ordering an
19 innovative or novel therapy if all of the following apply:

20 (a) The health care provider orders the innovative or novel therapy based on
21 his or her assessment of the patient and any available clinical data supporting the
22 innovative or novel therapy.

23 (b) The patient is informed of all reasonable alternative courses of treatment
24 and requests the innovative or novel therapy over alternative courses of treatment.

ASSEMBLY BILL 609**SECTION 2**

1 (c) If the ordered innovative or novel therapy is a drug, device, or biological
2 product, the ordered drug, device, or biological product is approved by the federal
3 food and drug administration under 21 USC 355 or is authorized for emergency use
4 by the federal food and drug administration under 21 USC 360bbb-3.

5 (3) No credentialing board may restrict, directly or indirectly, by rule or any
6 other official action, any health care provider from informing a patient of any
7 innovative or novel therapy that may potentially benefit the patient.

8 (4) This section does not apply to a health care provider who orders any drug,
9 device, or biological product that is intended to delay or suppress pubertal
10 development in a minor for the purpose of assisting the minor with a gender
11 transition, as defined in s. 146.50 (1) (b).

12 (END)



State of Wisconsin
2023 - 2024 LEGISLATURE

LRBa0784/1
JPC:amn

**ASSEMBLY AMENDMENT 1,
TO ASSEMBLY BILL 609**

January 23, 2024 - Offered by Representatives SORTWELL and MURPHY.

- 1 At the locations indicated, amend the bill as follows:
- 2 **1.** Page 1, line 3: after “ordering” insert “, dispensing”.
- 3 **2.** Page 2, line 16: after “ordering” insert “or dispensing”.
- 4 **3.** Page 2, line 18: after “orders” insert “or dispenses”.
- 5 **4.** Page 3, line 3: after “ordered” insert “or dispensed”.
- 6 **5.** Page 3, line 4: after “ordered” insert “or dispensed”.
- 7 **6.** Page 3, line 10: after “orders” insert “or dispenses”.
- 8 **7.** Page 3, line 18: after “ordering” insert “or dispensing”.
- 9 **8.** Page 3, line 20: after “orders” insert “or dispenses”.
- 10 **9.** Page 4, line 1: after “ordered” insert “or dispensed”.
- 11 **10.** Page 4, line 2: after “ordered” insert “or dispensed”.



**ASSEMBLY AMENDMENT 2,
TO ASSEMBLY BILL 154**

January 16, 2024 - Offered by Representative SUBECK.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 49, line 20: delete “(b) 1.” and substitute “(b)”.

3 **2.** Page 49, line 24: delete “has” and substitute “satisfies all of the following:”.

4 **3.** Page 49, line 25: delete the material beginning with that line and ending
5 with page 50, line 21, and substitute:

6 “1. The advanced practice registered nurse has, except as provided in subd. 3.,
7 completed 3,840 hours of professional nursing in a clinical setting. Clinical hours
8 completed as a requirement of a nursing program offered by a qualifying school of
9 nursing described under s. 441.06 (1) (c) may be used to satisfy the requirement
10 under this subdivision. Hours completed to satisfy a requirement of an education
11 program described in sub. (1) (a) 2. a. may not be used to satisfy the requirement
12 under this subdivision.

1 2. At least 24 months have elapsed since the advanced practice registered nurse
2 first began completing the clinical hours required by a nursing program described
3 under subd. 1.

4 3. The advanced practice registered nurse has completed 3,840 clinical hours
5 of advanced practice registered nursing practice in that recognized role while
6 working with a physician or dentist who was immediately available for consultation
7 and accepted responsibility for the actions of the advanced practice registered nurse
8 during those 3,840 hours of practice. The advanced practice registered nurse may
9 substitute additional hours of advanced practice registered nursing working with a
10 physician or dentist described in this subdivision to count toward the requirement
11 under subd. 1. Each such additional hour shall count toward one hour of the
12 requirement under subd. 1.

13 4. At least 24 months have elapsed since the advanced practice registered nurse
14 first began practicing advanced practice registered nursing in that recognized role
15 as described in subd. 3.

16 (bd) For purposes of par. (b) 3., hours of advanced practice registered nursing
17 practice may include the lawful practice of advanced practice registered nursing
18 outside this state or the lawful practice of advanced practice registered nursing in
19 this state prior to the effective date of this paragraph [LRB inserts date].”

20 **4.** Page 50, line 22: delete “An advanced” and substitute “Except as otherwise
21 provided in this paragraph, an advanced”.

22 **5.** Page 50, line 22: before “pain management” insert “chronic”.

23 **6.** Page 50, line 23: after “physician” insert “who, through education, training,
24 and experience, specializes in pain management”.

1 **7.** Page 50, line 23: delete the material beginning with “Except” and ending
2 with “this subdivision” on line 24 and substitute “This subdivision”.

3 **8.** Page 51, line 2: before “pain management” insert “chronic”.

4 **9.** Page 51, line 4: after that line insert:

5 “3. Except as provided in par. (c), subd. 1. does not apply to an advanced practice
6 registered nurse who has qualified for independent practice under par. (b) and has
7 privileges in a hospital, as defined in s. 50.33 (2), to provide chronic pain
8 management services without a collaborative relationship with a physician.”.

9 **10.** Page 51, line 5: after “(bg) 1.” insert “and 3.”.

10 **11.** Page 51, line 10: after that line insert:

11 “(br) Any advanced practice registered nurse who may provide chronic pain
12 management services without a collaborative relationship with a physician as
13 provided in par. (bg) 3. shall inform the hospital in which the advanced practice
14 registered nurse has privileges as described under par. (bg) 3. that the advanced
15 practice registered nurse may provide chronic pain management services without a
16 collaborative relationship with a physician.”.

17 **12.** Page 53, line 2: delete “in the minimum amounts required by the rules of
18 the board” and substitute “that provides coverage of not less than the amounts
19 established under s. 655.23 (4)”.

20 **13.** Page 56, line 15: after that line insert:

21 “**SECTION 109m.** 441.14 of the statutes is created to read:

22 **441.14 Use of terms representing physicians.** No person licensed under
23 this chapter, unless the person is also licensed as a physician under subch. II of ch.
24 448, may use or assume the following words, letters, or terms in the person’s title,

1 advertising, or description of services: “physician,” “surgeon,” “osteopathic
2 physician,” “osteopathic surgeon,” “medical doctor,” “anesthesiologist,”
3 “cardiologist,” “dermatologist,” “endocrinologist,” “gastroenterologist,”
4 “gynecologist,” “hematologist,” “laryngologist,” “nephrologist,” “neurologist,”
5 “obstetrician,” “oncologist,” “ophthalmologist,” “orthopedic surgeon,” “orthopedist,”
6 “osteopath,” “otologist,” “otolaryngologist,” “otorhinolaryngologist,” “pathologist,”
7 “pediatrician,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,”
8 “rheumatologist,” “rhinologist,” “urologist,” or any other words, letters, or
9 abbreviations, alone or in combination with other titles or words, that represent that
10 the person is a physician.”.

11 **14.** Page 64, line 11: delete the material beginning with ““Advanced practice
12 registered nurse”” and ending with “under s. 441.001 (3c).” on line 13.

13 (END)



**ASSEMBLY AMENDMENT 3,
TO ASSEMBLY BILL 154**

January 24, 2024 - Offered by Representative SUBECK.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 49, line 20: delete “(b) 1.” and substitute “(b)”.

3 **2.** Page 49, line 24: delete “has” and substitute “satisfies all of the following:”.

4 **3.** Page 49, line 25: delete the material beginning with that line and ending
5 with page 50, line 21, and substitute:

6 “1. The advanced practice registered nurse has, except as provided in subd. 3.,
7 completed 3,840 hours of professional nursing in a clinical setting. Clinical hours
8 completed as a requirement of a nursing program offered by a qualifying school of
9 nursing described under s. 441.06 (1) (c) may be used to satisfy the requirement
10 under this subdivision. Hours completed to satisfy a requirement of an education
11 program described in sub. (1) (a) 2. a. may not be used to satisfy the requirement
12 under this subdivision.

1 2. At least 24 months have elapsed since the advanced practice registered nurse
2 first began completing the clinical hours required by a nursing program described
3 under subd. 1.

4 3. The advanced practice registered nurse has completed 3,840 clinical hours
5 of advanced practice registered nursing practice in that recognized role while
6 working with a physician or dentist who was immediately available for consultation
7 and accepted responsibility for the actions of the advanced practice registered nurse
8 during those 3,840 hours of practice. The advanced practice registered nurse may
9 substitute additional hours of advanced practice registered nursing working with a
10 physician or dentist described in this subdivision to count toward the requirement
11 under subd. 1. Each such additional hour shall count toward one hour of the
12 requirement under subd. 1.

13 4. At least 24 months have elapsed since the advanced practice registered nurse
14 first began practicing advanced practice registered nursing in that recognized role
15 as described in subd. 3.

16 (bd) For purposes of par. (b) 3., hours of advanced practice registered nursing
17 practice may include the lawful practice of advanced practice registered nursing
18 outside this state or the lawful practice of advanced practice registered nursing in
19 this state prior to the effective date of this paragraph [LRB inserts date].”

20 **4.** Page 50, line 22: delete “An advanced” and substitute “Except as otherwise
21 provided in this paragraph, an advanced”.

22 **5.** Page 50, line 22: before “pain management” insert “chronic”.

23 **6.** Page 50, line 23: after “physician” insert “who, through education, training,
24 and experience, specializes in pain management”.

1 **7.** Page 50, line 23: delete the material beginning with “Except” and ending
2 with “this subdivision” on line 24 and substitute “This subdivision”.

3 **8.** Page 51, line 2: before “pain management” insert “chronic”.

4 **9.** Page 51, line 4: after that line insert:

5 “3. Except as provided in par. (c), subd. 1. does not apply to an advanced practice
6 registered nurse who has qualified for independent practice under par. (b) and has
7 privileges in a hospital, as defined in s. 50.33 (2), to provide chronic pain
8 management services without a collaborative relationship with a physician.”.

9 **10.** Page 51, line 5: after “(bg) 1.” insert “and 3.”.

10 **11.** Page 51, line 10: after that line insert:

11 “(br) Any advanced practice registered nurse who may provide chronic pain
12 management services without a collaborative relationship with a physician as
13 provided in par. (bg) 3. shall inform the hospital in which the advanced practice
14 registered nurse has privileges as described under par. (bg) 3. that the advanced
15 practice registered nurse may provide chronic pain management services without a
16 collaborative relationship with a physician.”.

17 **12.** Page 53, line 2: delete “in the minimum amounts required by the rules of
18 the board” and substitute “that provides coverage of not less than the amounts
19 established under s. 655.23 (4)”.

20 **13.** Page 56, line 15: after that line insert:

21 “**SECTION 109m.** 441.14 of the statutes is created to read:

22 **441.14 Use of terms representing physicians.** No person licensed under
23 this chapter, unless the person is also licensed as a physician under subch. II of ch.
24 448, may use or assume the following words, letters, or terms in the person’s title,

1 advertising, or description of services: “physician,” “surgeon,” “osteopathic
2 physician,” “osteopathic surgeon,” “medical doctor,” “anesthesiologist,”
3 “cardiologist,” “dermatologist,” “endocrinologist,” “gastroenterologist,”
4 “gynecologist,” “hematologist,” “laryngologist,” “nephrologist,” “neurologist,”
5 “obstetrician,” “oncologist,” “ophthalmologist,” “orthopedic surgeon,” “orthopedist,”
6 “osteopath,” “otologist,” “otolaryngologist,” “otorhinolaryngologist,” “pathologist,”
7 “pediatrician,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,”
8 “rheumatologist,” “rhinologist,” “urologist,” or any other words, letters, or
9 abbreviations, alone or in combination with other titles or words, that represent that
10 the person is a physician.”.

11 **14.** Page 64, line 11: delete the material beginning with ““Advanced practice
12 registered nurse”” and ending with “under s. 441.001 (3c).” on line 13.

13 (END)



State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-2341/1
JPC&MED:amn

2023 ASSEMBLY BILL 154

April 10, 2023 - Introduced by Representatives MAGNAFICI, ARMSTRONG, BEHNKE, BODDEN, DITTRICH, DONOVAN, GREEN, GUNDRUM, GUSTAFSON, S. JOHNSON, KITCHENS, KRUG, KURTZ, MACCO, MURPHY, NOVAK, RODRIGUEZ, SCHMIDT, SCHRAA, SCHUTT, SORTWELL, STEFFEN, TITTL, TUSLER, WICHGERS and NEDWESKI, cosponsored by Senators TESTIN, CABRAL-GUEVARA, ROYS, BALLWEG, COWLES, FELZKOWSKI, JACQUE, MARKLEIN, NASS, QUINN, STROEBEL and TAYLOR. Referred to Committee on Health, Aging and Long-Term Care.

1 **AN ACT** *to repeal* 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 8.,
2 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2)
3 (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 441.19, 448.035 (1)
4 (a), 450.01 (1m) and 655.001 (9); **to renumber** 655.001 (1); **to renumber and**
5 **amend** 146.89 (1) (r) 3., 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); **to**
6 **amend** 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2)
7 (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03
8 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k),
9 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59,
10 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4.,
11 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a),
12 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4)
13 (c), 118.2925 (5), 146.615 (1) (a), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (6),
14 154.01 (1g), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5) and (7),

ASSEMBLY BILL 154

1 252.11 (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3.
2 and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4)
3 (d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
4 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
5 (1), 343.62 (4) (a) 4., 440.077 (1) (a), 440.077 (2) (c), 440.094 (1) (c) 1., 440.094
6 (2) (a) (intro.), 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01
7 (7) (a) (intro.), 441.01 (7) (b), 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c)
8 and (e), 441.10 (7), 441.18 (2) (a) (intro.), 441.18 (2) (b), 441.18 (3), 448.03 (2) (a),
9 448.035 (2) to (4), 448.56 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m),
10 450.01 (16) (h) 2., 450.01 (16) (hr) 2., 450.03 (1) (e), 450.11 (1g) (b), 450.11 (1i)
11 (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 450.135 (7)
12 (b), 462.04, 655.001 (7t), 655.002 (1) (a), 655.002 (1) (b), 655.002 (1) (c), 655.002
13 (1) (d), 655.002 (1) (e), 655.002 (1) (em), 655.002 (2) (a), 655.002 (2) (b), 655.003
14 (1), 655.003 (3), 655.005 (2) (a), 655.005 (2) (b), 655.23 (5m), 655.27 (3) (a) 4.,
15 655.27 (3) (b) 2m., 655.275 (2), 655.275 (5) (b) 2., 961.01 (19) (a) and 961.395;
16 **to repeal and recreate** 155.01 (1g) (b), 251.01 (1c) and 441.06 (title); and **to**
17 **create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13)
18 (b) 39m., 440.08 (2) (a) 47r., 441.001 (1c), 441.001 (3c), 441.001 (3g), 441.001
19 (3n), 441.001 (3r), 441.001 (3w), 441.001 (5), 441.01 (7) (c), 441.09, 441.092 and
20 655.001 (1g) of the statutes; **relating to:** advanced practice registered nurses,
21 extending the time limit for emergency rule procedures, providing an

ASSEMBLY BILL 154

1 exemption from emergency rule procedures, and granting rule-making
2 authority.

Analysis by the Legislative Reference Bureau**NURSING PRACTICE AND LICENSURE**

This bill makes various changes to practice, licensure, and certification requirements for nurses, which are administered by the Board of Nursing.

Licensure of advanced practice registered nurses

Under current law, a person who wishes to practice professional nursing must be licensed by the Board of Nursing as a registered nurse (RN). This bill creates an additional system of licensure for advanced practice registered nurses (APRNs), to be administered by the board. Under the bill, in order to apply for an APRN license, a person must 1) hold, or concurrently apply for, an RN license; 2) have completed an accredited graduate-level or postgraduate-level education program preparing the person to practice as an APRN in one of four recognized roles and hold a current national certification approved by the board; 3) possess malpractice liability insurance as provided in the bill; 4) pay a fee determined by the Department of Safety and Professional Services; and 5) satisfy certain other criteria specified in the bill. The bill also allows a person who has not completed an accredited education program described above to receive an APRN license if the person 1) on January 1, 2024, is both licensed as an RN in Wisconsin and practicing in one of the four recognized roles; and 2) satisfies additional practice or education criteria established by the board. The bill also, however, automatically grants licenses to certain RNs, as further described below. The four recognized roles, as defined in the bill, are 1) certified nurse-midwife; 2) certified registered nurse anesthetist; 3) clinical nurse specialist; and 4) nurse practitioner. The bill requires the board, upon granting a person an APRN license, to also grant the person one or more specialty designations corresponding to the recognized role or roles for which the person qualifies.

Under the bill, all APRNs, except APRNs with a certified nurse-midwife specialty designation, must practice in collaboration with a physician or dentist. However, under the bill, an APRN may practice without being supervised by a physician or dentist if the Board of Nursing verifies that the APRN has completed 3,840 clinical hours of advanced practice registered nursing practice in their recognized role while working with a physician or dentist during those 3,840 hours of practice. APRNs with a certified nurse-midwife specialty designation are instead required, if they offer to deliver babies outside of a hospital setting, to file and keep current with the board a proactive plan for involving a hospital or a physician who has admitting privileges at a hospital in the treatment of patients with higher acuity or emergency care needs, as further described below. Additionally, under the bill, an APRN may provide pain management services only while working in a collaborative relationship with a physician or, if the APRN has qualified to practice independently, in a hospital or clinic associated with a hospital.

ASSEMBLY BILL 154

The holder of an APRN license may append the title “A.P.R.N.” to his or her name, as well as a title corresponding to whichever specialty designations that the person possesses. The bill prohibits any person from using the title “A.P.R.N.,” and from otherwise indicating that he or she is an APRN, unless the person is licensed by the board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has a specialty designation for that role. However, the bill allows an APRN to delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN’s practice, the APRN is competent to perform the task or issue the order, and the APRN has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances. The bill requires an APRN to adhere to professional standards when managing situations that are beyond the APRN’s expertise.

Under the bill, when an APRN renews his or her APRN license, the board must grant the person the renewal of both the person’s RN license and the person’s APRN license. The bill requires all APRNs to complete continuing education requirements each biennium in clinical pharmacology or therapeutics relevant to the APRN’s area of practice and to satisfy certain other requirements when renewing a license.

Practice of nurse-midwifery

This bill repeals licensure and practice requirements specific to nurse-midwives and the practice of nurse-midwifery, including specific requirements to practice with an obstetrician. Under the bill, “certified nurse-midwife” is one of the four recognized roles for APRNs, and a person who is licensed as a nurse-midwife under current law is automatically granted an APRN license with a certified nurse-midwife specialty designation. The bill otherwise allows nurse-midwives to be licensed as APRNs if they satisfy the licensure requirements, except that the bill also requires that a person applying for a certified nurse-midwife specialty designation be certified by the American Midwifery Certification Board. The bill also requires an APRN with a specialty designation as a certified nurse-midwife to file with the board, and obtain the board’s approval of, a plan for ensuring appropriate care or care transitions in treating certain patients if the APRN offers to deliver babies outside of a hospital setting.

Prescribing authority

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

The bill eliminates certificates to issue prescription orders and generally authorizes APRNs to issue prescription orders. A person who is certified to issue prescription orders under current law is automatically granted an APRN license with his or her appropriate specialty designation. RNs who are practicing in a recognized role on January 1, 2024, but who do not hold a certificate to issue prescription orders on that date and who are granted an APRN license under the bill may not issue prescription orders. As under current law, an APRN issuing

ASSEMBLY BILL 154

prescription orders is subject to various practice requirements and limitations established by the board.

The bill repeals a provision concerning the ability of advanced practice nurses who are certified to issue prescription orders and who are required to work in collaboration with or under the supervision of a physician to obtain and practice under a federal waiver to dispense narcotic drugs to individuals for addiction treatment.

Malpractice liability insurance

The bill requires all APRNs to maintain malpractice liability insurance in coverage amounts specified under current law for physicians and nurse anesthetists except for APRNs whose employer has in effect malpractice liability insurance that provides the same amount of coverage for the APRN. Additionally, the bill requires APRNs who have qualified to practice independently and who practice outside a collaborative or employment relationship, but not including those APRNs who only practice as a certified nurse-midwife, to participate in the Injured Patients and Families Compensation Fund. The Injured Patients and Families Compensation Fund provides excess medical malpractice coverage for health care providers who participate in the fund and meet all other participation requirements, which includes maintaining malpractice liability insurance in coverage amounts specified under current law.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs, including various terminology changes.

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

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

1 **SECTION 1.** 29.193 (1m) (a) 2. (intro.) of the statutes is amended to read:
2 29.193 (1m) (a) 2. (intro.) Has a permanent substantial loss of function in one
3 or both arms or one or both hands and fails to meet the minimum standards of any
4 one of the following standard tests, administered under the direction of a licensed
5 physician, a licensed physician assistant, a licensed chiropractor, or a certified
6 licensed advanced practice registered nurse prescriber:

7 **SECTION 2.** 29.193 (2) (b) 2. of the statutes is amended to read:

ASSEMBLY BILL 154**SECTION 2**

1 29.193 (2) (b) 2. An applicant shall submit an application on a form prepared
2 and furnished by the department, which shall include a written statement or report
3 prepared and signed by a licensed physician, a licensed physician assistant, a
4 licensed chiropractor, a licensed podiatrist, or a ~~certified~~ licensed advanced practice
5 registered nurse ~~prescriber~~ prepared no more than 6 months preceding the
6 application and verifying that the applicant is physically disabled.

7 **SECTION 3.** 29.193 (2) (c) 3. of the statutes is amended to read:

8 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant
9 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under
10 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the
11 applicant and the recommendation of a licensed physician, a licensed physician
12 assistant, a licensed chiropractor, a licensed podiatrist, or a ~~certified~~ licensed
13 advanced practice registered nurse ~~prescriber~~ selected by the applicant from a list
14 of licensed physicians, licensed physician assistants, licensed chiropractors, licensed
15 podiatrists, and ~~certified~~ licensed advanced practice nurse ~~prescribers~~ registered
16 nurses compiled by the department, the department finds that issuance of a permit
17 complies with the intent of this subsection. The use of this review procedure is
18 discretionary with the department and all costs of the review procedure shall be paid
19 by the applicant.

20 **SECTION 4.** 29.193 (2) (cd) 2. b. of the statutes is amended to read:

21 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function
22 in one or both arms and fails to meet the minimum standards of the standard upper
23 extremity pinch test, the standard grip test, or the standard nine-hole peg test,
24 administered under the direction of a licensed physician, a licensed physician

ASSEMBLY BILL 154

1 assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced practice registered
2 nurse ~~prescriber~~.

3 **SECTION 5.** 29.193 (2) (cd) 2. c. of the statutes is amended to read:

4 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in
5 one or both shoulders and fails to meet the minimum standards of the standard
6 shoulder strength test, administered under the direction of a licensed physician, a
7 licensed physician assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced
8 practice registered nurse ~~prescriber~~.

9 **SECTION 6.** 29.193 (2) (e) of the statutes is amended to read:

10 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this
11 subsection, except a permit under par. (c) 3., may obtain a review of that decision by
12 a licensed physician, a licensed physician assistant, a licensed chiropractor, a
13 licensed podiatrist, or a ~~certified~~ licensed advanced practice registered nurse
14 ~~prescriber~~ designated by the department and with an office located in the
15 department district in which the applicant resides. The department shall pay for the
16 cost of a review under this paragraph unless the denied application on its face fails
17 to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is
18 the only method of review of a decision to deny a permit under this subsection and
19 is not subject to further review under ch. 227.

20 **SECTION 7.** 29.193 (3) (a) of the statutes is amended to read:

21 29.193 (3) (a) Produces a certificate from a licensed physician, a licensed
22 physician assistant, a licensed optometrist, or a ~~certified~~ licensed advanced practice
23 registered nurse ~~prescriber~~ stating that his or her sight is impaired to the degree that
24 he or she cannot read ordinary newspaper print with or without corrective glasses.

25 **SECTION 8.** 45.40 (1g) (a) of the statutes is amended to read:

ASSEMBLY BILL 154**SECTION 8**

1 45.40 **(1g)** (a) “Health care provider” means an advanced practice registered
2 nurse ~~prescriber certified~~ who may issue prescription orders under s. 441.16 ~~441.09~~
3 (2), an audiologist licensed under ch. 459, a dentist licensed under ch. 447, an
4 optometrist licensed under ch. 449, a physician licensed under s. 448.02, or a
5 podiatrist licensed under s. 448.63.

6 **SECTION 9.** 46.03 (44) of the statutes is amended to read:

7 46.03 **(44)** SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and
8 keep current an information sheet to be distributed to a patient by a physician, a
9 physician assistant, or ~~certified~~ an advanced practice registered nurse prescriber
10 who may issue prescription orders under s. 441.09 (2) providing expedited partner
11 therapy to that patient under s. 441.092, 448.035, or 448.9725. The information
12 sheet shall include information about sexually transmitted diseases and their
13 treatment and about the risk of drug allergies. The information sheet shall also
14 include a statement advising a person with questions about the information to
15 contact his or her physician, advanced practice registered nurse, pharmacist, or local
16 health department, as defined in s. 250.01 (4).

17 **SECTION 10.** 50.01 (1b) of the statutes is repealed.

18 **SECTION 11.** 50.08 (2) of the statutes is amended to read:

19 50.08 **(2)** A physician, an advanced practice registered nurse ~~prescriber~~
20 ~~certified~~ who may issue prescription orders under s. 441.16 ~~441.09~~ (2), or a physician
21 assistant who prescribes a psychotropic medication to a nursing home resident who
22 has degenerative brain disorder shall notify the nursing home if the prescribed
23 medication has a boxed warning under 21 CFR 201.57.

24 **SECTION 12.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

ASSEMBLY BILL 154

1 50.09 (1) (a) (intro.) Private and unrestricted communications with the
2 resident's family, physician, physician assistant, advanced practice registered nurse
3 ~~prescriber~~, attorney, and any other person, unless medically contraindicated as
4 documented by the resident's physician, physician assistant, or advanced practice
5 registered nurse ~~prescriber~~ in the resident's medical record, except that
6 communications with public officials or with the resident's attorney shall not be
7 restricted in any event. The right to private and unrestricted communications shall
8 include, but is not limited to, the right to:

9 **SECTION 13.** 50.09 (1) (f) 1. of the statutes is amended to read:

10 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
11 or both domestic partners under ch. 770 are residents of the same facility, the spouses
12 or domestic partners shall be permitted to share a room unless medically
13 contraindicated as documented by the resident's physician, physician assistant, or
14 advanced practice registered nurse ~~prescriber~~ in the resident's medical record.

15 **SECTION 14.** 50.09 (1) (h) of the statutes is amended to read:

16 50.09 (1) (h) Meet with, and participate in activities of social, religious, and
17 community groups at the resident's discretion, unless medically contraindicated as
18 documented by the resident's physician, physician assistant, or advanced practice
19 registered nurse ~~prescriber~~ in the resident's medical record.

20 **SECTION 15.** 50.09 (1) (k) of the statutes is amended to read:

21 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical
22 and physical restraints except as authorized in writing by a physician, physician
23 assistant, or advanced practice registered nurse ~~prescriber~~ for a specified and
24 limited period of time and documented in the resident's medical record. Physical
25 restraints may be used in an emergency when necessary to protect the resident from

ASSEMBLY BILL 154**SECTION 15**

1 injury to himself or herself or others or to property. However, authorization for
2 continuing use of the physical restraints shall be secured from a physician, physician
3 assistant, or advanced practice registered nurse ~~prescriber~~ within 12 hours. Any use
4 of physical restraints shall be noted in the resident's medical records. "Physical
5 restraints" includes, but is not limited to, any article, device, or garment that
6 interferes with the free movement of the resident and that the resident is unable to
7 remove easily, and confinement in a locked room.

8 **SECTION 16.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

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

18 **SECTION 17.** 51.41 (1d) (b) 4. of the statutes is amended to read:

19 51.41 (1d) (b) 4. A psychiatric mental health advanced practice registered
20 nurse who is suggested by the Milwaukee County board of supervisors. The
21 Milwaukee County board of supervisors shall solicit suggestions from organizations
22 including the Wisconsin Nurses Association for individuals who specialize in a full
23 continuum of behavioral health and medical services including emergency
24 detention, inpatient, residential, transitional, partial hospitalization, intensive
25 outpatient, and wraparound community-based services. The Milwaukee County

ASSEMBLY BILL 154

1 board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric
2 mental health advanced practice registered nurses for this board membership
3 position.

4 **SECTION 18.** 70.47 (8) (intro.) of the statutes is amended to read:

5 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
6 appear before it in relation to the assessment. Instead of appearing in person at the
7 hearing, the board may allow the property owner, or the property owner's
8 representative, at the request of either person, to appear before the board, under
9 oath, by telephone or to submit written statements, under oath, to the board. The
10 board shall hear upon oath, by telephone, all ill or disabled persons who present to
11 the board a letter from a physician, physician assistant, or advanced practice
12 registered nurse prescriber certified under s. 441.16 (2) licensed under ch. 441 that
13 confirms their illness or disability. At the request of the property owner or the
14 property owner's representative, the board may postpone and reschedule a hearing
15 under this subsection, but may not postpone and reschedule a hearing more than
16 once during the same session for the same property. The board at such hearing shall
17 proceed as follows:

18 **SECTION 19.** 77.54 (14) (f) 3. of the statutes is repealed.

19 **SECTION 20.** 77.54 (14) (f) 4. of the statutes is amended to read:

20 77.54 (14) (f) 4. An advanced practice registered nurse who may issue
21 prescription orders under s. 441.09 (2).

22 **SECTION 21.** 97.59 of the statutes is amended to read:

23 **97.59 Handling foods.** No person in charge of any public eating place or other
24 establishment where food products to be consumed by others are handled may
25 knowingly employ any person handling food products who has a disease in a form

ASSEMBLY BILL 154**SECTION 21**

1 that is communicable by food handling. If required by the local health officer or any
2 officer of the department for the purposes of an investigation, any person who is
3 employed in the handling of foods or is suspected of having a disease in a form that
4 is communicable by food handling shall submit to an examination by the officer or
5 by a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~
6 designated by the officer. The expense of the examination, if any, shall be paid by the
7 person examined. Any person knowingly infected with a disease in a form that is
8 communicable by food handling who handles food products to be consumed by others
9 and any persons knowingly employing or permitting such a person to handle food
10 products to be consumed by others shall be punished as provided by s. 97.72.

11 **SECTION 22.** 102.13 (1) (a) of the statutes is amended to read:

12 102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed
13 by an employee, the employee shall, upon the written request of the employee's
14 employer or worker's compensation insurer, submit to reasonable examinations by
15 physicians, chiropractors, psychologists, dentists, physician assistants, advanced
16 practice ~~nurse prescribers~~ registered nurses, or podiatrists provided and paid for by
17 the employer or insurer. No employee who submits to an examination under this
18 paragraph is a patient of the examining physician, chiropractor, psychologist,
19 dentist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
20 podiatrist for any purpose other than for the purpose of bringing an action under ch.
21 655, unless the employee specifically requests treatment from that physician,
22 chiropractor, psychologist, dentist, physician assistant, advanced practice registered
23 nurse ~~prescriber~~, or podiatrist.

24 **SECTION 23.** 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to
25 read:

ASSEMBLY BILL 154

1 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
2 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
3 before the examination, all necessary expenses including transportation expenses.
4 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
5 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist
6 provided by himself or herself present at the examination and to receive a copy of all
7 reports of the examination that are prepared by the examining physician,
8 chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced
9 practice registered nurse ~~prescriber~~, or vocational expert immediately upon receipt
10 of those reports by the employer or worker's compensation insurer. The employee is
11 entitled to have one observer provided by himself or herself present at the
12 examination. The employee is also entitled to have a translator provided by himself
13 or herself present at the examination if the employee has difficulty speaking or
14 understanding the English language. The employer's or insurer's written request
15 for examination shall notify the employee of all of the following:

16 1. The proposed date, time, and place of the examination and the identity and
17 area of specialization of the examining physician, chiropractor, psychologist, dentist,
18 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
19 vocational expert.

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

23 4. The employee's right to receive a copy of all reports of the examination that
24 are prepared by the examining physician, chiropractor, psychologist, dentist,
25 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or

ASSEMBLY BILL 154**SECTION 23**

1 vocational expert immediately upon receipt of these reports by the employer or
2 worker's compensation insurer.

3 **SECTION 24.** 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read:

4 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,
5 physician assistant, advanced practice registered nurse ~~prescriber~~, or vocational
6 expert who is present at any examination under par. (a) or (am) may be required to
7 testify as to the results of the examination.

8 2. Any physician, chiropractor, psychologist, dentist, physician assistant,
9 advanced practice registered nurse ~~prescriber~~, or podiatrist who attended a worker's
10 compensation claimant for any condition or complaint reasonably related to the
11 condition for which the claimant claims compensation may be required to testify
12 before the division when the division so directs.

13 3. Notwithstanding any statutory provisions except par. (e), any physician,
14 chiropractor, psychologist, dentist, physician assistant, advanced practice registered
15 nurse ~~prescriber~~, or podiatrist attending a worker's compensation claimant for any
16 condition or complaint reasonably related to the condition for which the claimant
17 claims compensation may furnish to the employee, employer, worker's compensation
18 insurer, department, or division information and reports relative to a compensation
19 claim.

20 4. The testimony of any physician, chiropractor, psychologist, dentist,
21 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist who
22 is licensed to practice where he or she resides or practices in any state and the
23 testimony of any vocational expert may be received in evidence in compensation
24 proceedings.

25 **SECTION 25.** 102.13 (2) (a) of the statutes is amended to read:

ASSEMBLY BILL 154

1 102.13 (2) (a) An employee who reports an injury alleged to be work-related
2 or files an application for hearing waives any physician-patient,
3 psychologist-patient, or chiropractor-patient privilege with respect to any condition
4 or complaint reasonably related to the condition for which the employee claims
5 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any
6 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,
7 advanced practice registered nurse ~~prescriber~~, hospital, or health care provider
8 shall, within a reasonable time after written request by the employee, employer,
9 worker's compensation insurer, department, or division, or its representative,
10 provide that person with any information or written material reasonably related to
11 any injury for which the employee claims compensation. If the request is by a
12 representative of a worker's compensation insurer for a billing statement, the
13 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,
14 advanced practice registered nurse ~~prescriber~~, hospital, or health care provider
15 shall, within 30 days after receiving the request, provide that person with a complete
16 copy of an itemized billing statement or a billing statement in a standard billing
17 format recognized by the federal government.

18 **SECTION 26.** 102.13 (2) (b) of the statutes is amended to read:

19 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,
20 physician assistant, advanced practice registered nurse ~~prescriber~~, hospital, or
21 health service provider shall furnish a legible, certified duplicate of the written
22 material requested under par. (a) in paper format upon payment of the actual costs
23 of preparing the certified duplicate, not to exceed the greater of 45 cents per page or
24 \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified
25 duplicate of that material in electronic format upon payment of \$26 per request. Any

ASSEMBLY BILL 154**SECTION 26**

1 person who refuses to provide certified duplicates of written material in the person's
2 custody that is requested under par. (a) shall be liable for reasonable and necessary
3 costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in
4 enforcing the requester's right to the duplicates under par. (a).

5 **SECTION 27.** 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

6 102.17 (1) (d) 1. The contents of certified medical and surgical reports by
7 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,
8 advanced practice nurse prescribers registered nurses, and chiropractors licensed in
9 and practicing in this state, and of certified reports by experts concerning loss of
10 earning capacity under s. 102.44 (2) and (3), presented by a party for compensation
11 constitute prima facie evidence as to the matter contained in those reports, subject
12 to any rules and limitations the division prescribes. Certified reports of physicians,
13 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced
14 practice nurse prescribers registered nurses, and chiropractors, wherever licensed
15 and practicing, who have examined or treated the claimant, and of experts, if the
16 practitioner or expert consents to being subjected to cross-examination, also
17 constitute prima facie evidence as to the matter contained in those reports. Certified
18 reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are
19 admissible as evidence of the diagnosis, necessity of the treatment, and cause and
20 extent of the disability. Certified reports by doctors of dentistry, physician
21 assistants, and advanced practice nurse prescribers registered nurses are
22 admissible as evidence of the diagnosis and necessity of treatment but not of the
23 cause and extent of disability. Any physician, podiatrist, surgeon, dentist,
24 psychologist, chiropractor, physician assistant, advanced practice registered nurse

ASSEMBLY BILL 154

1 ~~prescriber~~, or expert who knowingly makes a false statement of fact or opinion in a
2 certified report may be fined or imprisoned, or both, under s. 943.395.

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

11 **SECTION 28.** 102.29 (3) of the statutes is amended to read:

12 102.29 (3) Nothing in this chapter shall prevent an employee from taking the
13 compensation that the employee may be entitled to under this chapter and also
14 maintaining a civil action against any physician, chiropractor, psychologist, dentist,
15 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist for
16 malpractice.

17 **SECTION 29.** 102.42 (2) (a) of the statutes is amended to read:

18 102.42 (2) (a) When the employer has notice of an injury and its relationship
19 to the employment, the employer shall offer to the injured employee his or her choice
20 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced
21 practice registered nurse ~~prescriber~~, or podiatrist licensed to practice and practicing
22 in this state for treatment of the injury. By mutual agreement, the employee may
23 have the choice of any qualified practitioner not licensed in this state. In case of
24 emergency, the employer may arrange for treatment without tendering a choice.
25 After the emergency has passed the employee shall be given his or her choice of

ASSEMBLY BILL 154**SECTION 29**

1 attending practitioner at the earliest opportunity. The employee has the right to a
2 2nd choice of attending practitioner on notice to the employer or its insurance carrier.
3 Any further choice shall be by mutual agreement. Partners and clinics are
4 considered to be one practitioner. Treatment by a practitioner on referral from
5 another practitioner is considered to be treatment by one practitioner.

6 **SECTION 30.** 106.30 (1) of the statutes is amended to read:

7 106.30 (1) DEFINITION. In this section, “nurse” means a registered nurse
8 licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse
9 licensed or permitted under s. 441.10, or an advanced practice registered nurse
10 ~~prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15~~
11 441.09.

12 **SECTION 31.** 118.15 (3) (a) of the statutes is amended to read:

13 118.15 (3) (a) Any child who is excused by the school board because the child
14 is temporarily not in proper physical or mental condition to attend a school program
15 but who can be expected to return to a school program upon termination or
16 abatement of the illness or condition. The school attendance officer may request the
17 parent or guardian of the child to obtain a written statement from a licensed
18 physician, naturopathic doctor, dentist, chiropractor, optometrist, psychologist,
19 physician assistant, ~~or nurse practitioner, as defined in s. 255.06 (1) (d), or certified~~
20 advanced practice registered nurse prescriber, or registered nurse described under
21 s. 255.06 (1) (f) 1. or Christian Science practitioner living and residing in this state,
22 who is listed in the Christian Science Journal, as sufficient proof of the physical or
23 mental condition of the child. An excuse under this paragraph shall be in writing and
24 shall state the time period for which it is valid, not to exceed 30 days.

25 **SECTION 32.** 118.25 (1) (a) of the statutes is amended to read:

ASSEMBLY BILL 154

1 118.25 (1) (a) “Practitioner” means a person licensed as a physician,
2 naturopathic doctor, or physician assistant in any state or licensed as an advanced
3 practice registered nurse or certified as an advanced practice registered nurse
4 prescriber in any state. In this paragraph, “physician” has the meaning given in s.
5 448.01 (5).

6 **SECTION 33.** 118.29 (1) (e) of the statutes is amended to read:

7 118.29 (1) (e) “Practitioner” means any physician, naturopathic doctor, dentist,
8 optometrist, physician assistant, advanced practice registered nurse ~~prescriber with~~
9 prescribing authority, or podiatrist licensed in any state.

10 **SECTION 34.** 118.2925 (1) (b) of the statutes is repealed.

11 **SECTION 35.** 118.2925 (3) of the statutes is amended to read:

12 118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice
13 registered nurse ~~prescriber~~ who may issue prescription orders under s. 441.09 (2),
14 or a physician assistant may prescribe epinephrine auto-injectors or prefilled
15 syringes in the name of a school that has adopted a plan under sub. (2) (a), to be
16 maintained by the school for use under sub. (4).

17 **SECTION 36.** 118.2925 (4) (c) of the statutes is amended to read:

18 118.2925 (4) (c) Administer an epinephrine auto-injector or prefilled syringe
19 to a pupil or other person who the school nurse or designated school personnel in good
20 faith believes is experiencing anaphylaxis in accordance with a standing protocol
21 from a physician, an advanced practice registered nurse ~~prescriber~~ who may issue
22 prescription orders under s. 441.09 (2), or a physician assistant, regardless of
23 whether the pupil or other person has a prescription for an epinephrine auto-injector
24 or prefilled syringe. If the pupil or other person does not have a prescription for an
25 epinephrine auto-injector or prefilled syringe, or the person who administers the

ASSEMBLY BILL 154**SECTION 36**

1 epinephrine auto-injector or prefilled syringe does not know whether the pupil or
2 other person has a prescription for an epinephrine auto-injector or prefilled syringe,
3 the person who administers the epinephrine auto-injector or prefilled syringe shall,
4 as soon as practicable, report the administration by dialing the telephone number
5 “911” or, in an area in which the telephone number “911” is not available, the
6 telephone number for an emergency medical service provider.

7 **SECTION 37.** 118.2925 (5) of the statutes is amended to read:

8 118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF
9 MEDICINE. A school and its designated school personnel, and a physician, an advanced
10 practice registered nurse ~~prescriber who may issue prescription orders under s.~~
11 441.09 (2), or a physician assistant who provides a prescription or standing protocol
12 for school epinephrine auto-injectors or prefilled syringes, are not liable for any
13 injury that results from the administration or self-administration of an epinephrine
14 auto-injector or prefilled syringe under this section, regardless of whether
15 authorization was given by the pupil’s parent or guardian or by the pupil’s physician,
16 physician assistant, or advanced practice registered nurse ~~prescriber~~, unless the
17 injury is the result of an act or omission that constitutes gross negligence or willful
18 or wanton misconduct. The immunity from liability provided under this subsection
19 is in addition to and not in lieu of that provided under s. 895.48.

20 **SECTION 38.** 146.615 (1) (a) of the statutes is amended to read:

21 146.615 (1) (a) “Advanced practice clinician” means a physician assistant or an
22 advanced practice registered nurse, ~~including a nurse practitioner, certified~~
23 ~~nurse-midwife, clinical nurse specialist, or certified registered nurse anesthetist~~
24 licensed under s. 441.09.

25 **SECTION 39.** 146.82 (3) (a) of the statutes is amended to read:

ASSEMBLY BILL 154

1 146.82 (3) (a) Notwithstanding sub. (1), a physician, a naturopathic doctor, a
2 limited-scope naturopathic doctor, a physician assistant, or an advanced practice
3 registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09 who
4 treats a patient whose physical or mental condition in the physician's, naturopathic
5 doctor's, limited-scope naturopathic doctor's, physician assistant's, or advanced
6 practice nurse prescriber's registered nurse's judgment affects the patient's ability
7 to exercise reasonable and ordinary control over a motor vehicle may report the
8 patient's name and other information relevant to the condition to the department of
9 transportation without the informed consent of the patient.

10 **SECTION 40.** 146.89 (1) (r) 1. of the statutes is amended to read:

11 146.89 (1) (r) 1. Licensed as a physician under ch. 448, naturopathic doctor
12 under ch. 466, a dentist or dental hygienist under ch. 447, a registered nurse,
13 practical nurse, or ~~nurse-midwife~~ advanced practice registered nurse under ch. 441,
14 an optometrist under ch. 449, a physician assistant under subch. IX of ch. 448, a
15 pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV
16 of ch. 448, or a physical therapist under subch. III of ch. 448.

17 **SECTION 41.** 146.89 (1) (r) 3. of the statutes is renumbered 146.89 (1) (r) 5e. and
18 amended to read:

19 146.89 (1) (r) 5e. A registered nurse practitioner, as defined in s. 255.06 (1) (d)
20 who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a party state,
21 as defined in s. 441.51 (2) (k), and whose practice of professional nursing under s.
22 441.001 (4) includes performance of delegated medical services under the
23 supervision of a physician, dentist, podiatrist, or advanced practice registered nurse.

24 **SECTION 42.** 146.89 (1) (r) 8. of the statutes is repealed.

25 **SECTION 43.** 146.89 (6) of the statutes is amended to read:

ASSEMBLY BILL 154**SECTION 43**

1 146.89 (6) (a) While serving as a volunteer health care provider under this
2 section, an advanced practice registered nurse ~~who has a certificate to issue~~
3 ~~prescription orders under s. 441.16 (2)~~ is considered to meet the requirements of s.
4 655.23, if required to comply with s. 655.23.

5 (b) While serving as a volunteer health care provider under this section, an
6 advanced practice registered nurse ~~who has a certificate to issue prescription orders~~
7 ~~under s. 441.16 (2)~~ is not required to maintain in effect malpractice insurance.

8 **SECTION 44.** 154.01 (1g) of the statutes is amended to read:

9 154.01 (1g) “Advanced practice registered nurse” means ~~a nurse~~ an individual
10 licensed under ~~ch. 441~~ ~~who is currently certified by a national certifying body~~
11 ~~approved by the board of nursing as a nurse practitioner, certified nurse-midwife,~~
12 ~~certified registered nurse anesthetist, or clinical nurse specialist~~ s. 441.09.

13 **SECTION 45.** 155.01 (1g) (b) of the statutes is repealed and recreated to read:

14 155.01 (1g) (b) An individual who is licensed as an advanced practice registered
15 nurse and possesses a nurse practitioner specialty designation under s. 441.09.

16 **SECTION 46.** 251.01 (1c) of the statutes is repealed and recreated to read:

17 251.01 (1c) “Advanced practice registered nurse” means an individual licensed
18 under s. 441.09.

19 **SECTION 47.** 252.01 (1c) of the statutes is repealed.

20 **SECTION 48.** 252.07 (8) (a) 2. of the statutes is amended to read:

21 252.07 (8) (a) 2. The department or local health officer provides to the court a
22 written statement from a physician, physician assistant, or advanced practice
23 registered nurse ~~prescriber~~ that the individual has infectious tuberculosis or suspect
24 tuberculosis.

25 **SECTION 49.** 252.07 (9) (c) of the statutes is amended to read:

ASSEMBLY BILL 154

1 252.07 **(9)** (c) If the court orders confinement of an individual under this
2 subsection, the individual shall remain confined until the department or local health
3 officer, with the concurrence of a treating physician, physician assistant, or advanced
4 practice registered nurse ~~prescriber~~, determines that treatment is complete or that
5 the individual is no longer a substantial threat to himself or herself or to the public
6 health. If the individual is to be confined for more than 6 months, the court shall
7 review the confinement every 6 months.

8 **SECTION 50.** 252.10 (7) of the statutes is amended to read:

9 252.10 **(7)** Drugs necessary for the treatment of mycobacterium tuberculosis
10 shall be purchased by the department from the appropriation account under s.
11 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local
12 health departments, physicians, or advanced practice nurse ~~prescribers~~ registered
13 nurses who may issue prescription orders under s. 441.09 (2).

14 **SECTION 51.** 252.11 (2), (4), (5) and (7) of the statutes are amended to read:

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

ASSEMBLY BILL 154**SECTION 51**

1 (4) If a person infected with a sexually transmitted disease ceases or refuses
2 treatment before reaching what in a physician's, physician assistant's, or advanced
3 practice ~~nurse prescriber's~~ registered nurse's opinion is the noncommunicable stage,
4 the physician, physician assistant, or advanced practice registered nurse ~~prescriber~~
5 shall notify the department. The department shall without delay take the necessary
6 steps to have the person committed for treatment or observation under sub. (5), or
7 shall notify the local health officer to take these steps.

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

ASSEMBLY BILL 154

1 (7) Reports, examinations and inspections, and all records concerning sexually
2 transmitted diseases are confidential and not open to public inspection, and may not
3 be divulged except as may be necessary for the preservation of the public health, in
4 the course of commitment proceedings under sub. (5), or as provided under s. 938.296
5 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice registered
6 nurse ~~prescriber~~ has reported a case of sexually transmitted disease to the
7 department under sub. (4), information regarding the presence of the disease and
8 treatment is not privileged when the patient, physician, physician assistant, or
9 advanced practice registered nurse ~~prescriber~~ is called upon to testify to the facts
10 before any court of record.

11 **SECTION 52.** 252.11 (10) of the statutes is amended to read:

12 252.11 (10) The state laboratory of hygiene shall examine specimens for the
13 diagnosis of sexually transmitted diseases for any physician, naturopathic doctor,
14 physician assistant, advanced practice registered nurse ~~prescriber~~, or local health
15 officer in the state, and shall report the positive results of the examinations to the
16 local health officer and to the department. All laboratories performing tests for
17 sexually transmitted diseases shall report all positive results to the local health
18 officer and to the department, with the name of the physician, naturopathic doctor,
19 physician assistant, or advanced practice registered nurse ~~prescriber~~ to whom
20 reported.

21 **SECTION 53.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3.
22 and (7m) (intro.) and (b) of the statutes are amended to read:

23 252.15 (3m) (d) 11. b. The coroner, medical examiner, or appointed assistant
24 is investigating the cause of death of the subject of the HIV test and has contact with
25 the body fluid of the subject of the HIV test that constitutes a significant exposure,

ASSEMBLY BILL 154**SECTION 53**

1 if a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~,
2 based on information provided to the physician, physician assistant, or advanced
3 practice registered nurse ~~prescriber~~, determines and certifies in writing that the
4 coroner, medical examiner, or appointed assistant has had a contact that constitutes
5 a significant exposure and if the certification accompanies the request for disclosure.

6 13. If the subject of the HIV test has a positive HIV test result and is deceased,
7 by the subject's attending physician, physician assistant, or advanced practice
8 registered nurse ~~prescriber~~, to persons, if known to the physician, physician
9 assistant, or advanced practice registered nurse ~~prescriber~~, with whom the subject
10 had sexual contact or shared intravenous drug use paraphernalia.

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

ASSEMBLY BILL 154

1 services determines, under s. 101.02 (19) (b), is substantially equivalent to the report
2 form that is developed under s. 101.02 (19) (a).

3 **(5m)** (d) 2. A physician, physician assistant, or advanced practice registered
4 nurse ~~prescriber~~, based on information provided to the physician, physician
5 assistant, or advanced practice registered nurse ~~prescriber~~, determines and certifies
6 in writing that the contact under subd. 1. constitutes a significant exposure. A health
7 care provider who has a contact under subd. 1. c. may not make the certification
8 under this subdivision for himself or herself.

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

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

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

24 (b) Notified the HIV test subject that the name of any person known to the
25 physician, physician assistant, or advanced practice registered nurse ~~prescriber~~ to

ASSEMBLY BILL 154**SECTION 53**

1 have had contact with body fluid of the test subject that constitutes a significant
2 exposure will be reported to the state epidemiologist.

3 **SECTION 54.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

4 252.16 (3) (c) (intro.) Has submitted to the department a certification from a
5 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
6 registered nurse prescriber of all of the following:

7 **SECTION 55.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

8 252.17 (3) (c) (intro.) Has submitted to the department a certification from a
9 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
10 registered nurse prescriber of all of the following:

11 **SECTION 56.** 253.07 (4) (d) of the statutes is amended to read:

12 253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in
13 communities of licensed registered nurses, licensed practical nurses, ~~certified~~
14 ~~nurse-midwives~~ licensed advanced practice registered nurses, or licensed physician
15 assistants who are members of a racial minority.

16 **SECTION 57.** 253.115 (1) (f) of the statutes is created to read:

17 253.115 (1) (f) "Nurse-midwife" means an individual who is licensed as an
18 advanced practice registered nurse and possesses a certified nurse-midwife
19 specialty designation under s. 441.09.

20 **SECTION 58.** 253.115 (4) of the statutes is amended to read:

21 253.115 (4) SCREENING REQUIRED. Except as provided in sub. (6), the physician,
22 nurse-midwife ~~licensed under s. 441.15~~, or certified professional midwife licensed
23 under s. 440.982 who attended the birth shall ensure that the infant is screened for
24 hearing loss before being discharged from a hospital, or within 30 days of birth if the
25 infant was not born in a hospital.

ASSEMBLY BILL 154

1 **SECTION 59.** 253.115 (7) (a) (intro.) of the statutes is amended to read:

2 253.115 (7) (a) (intro.) The physician, nurse-midwife ~~licensed under s. 441.15,~~
3 or certified professional midwife licensed under s. 440.982 who is required to ensure
4 that the infant is screened for hearing loss under sub. (4) shall do all of the following:

5 **SECTION 60.** 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and
6 amended to read:

7 253.13 (1) (b) The attending physician or ~~nurse licensed under s. 441.15~~
8 nurse-midwife shall cause every infant born in each hospital or maternity home,
9 prior to its discharge therefrom, to be subjected to tests for congenital and metabolic
10 disorders, as specified in rules promulgated by the department. If the infant is born
11 elsewhere than in a hospital or maternity home, the attending physician, ~~nurse~~
12 ~~licensed under s. 441.15~~ nurse-midwife, or birth attendant who attended the birth
13 shall cause the infant, within one week of birth, to be subjected to these tests.

14 **SECTION 61.** 253.13 (1) (a) of the statutes is created to read:

15 253.13 (1) (a) In this subsection, “nurse-midwife” means an individual who is
16 licensed as an advanced practice registered nurse and possesses a certified
17 nurse-midwife specialty designation under s. 441.09.

18 **SECTION 62.** 253.15 (1) (em) of the statutes is created to read:

19 253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an
20 advanced practice registered nurse and possesses a certified nurse-midwife
21 specialty designation under s. 441.09.

22 **SECTION 63.** 253.15 (2) of the statutes is amended to read:

23 253.15 (2) INFORMATIONAL MATERIALS. The board shall purchase or prepare or
24 arrange with a nonprofit organization to prepare printed and audiovisual materials
25 relating to shaken baby syndrome and impacted babies. The materials shall include

ASSEMBLY BILL 154**SECTION 63**

1 information regarding the identification and prevention of shaken baby syndrome
2 and impacted babies, the grave effects of shaking or throwing on an infant or young
3 child, appropriate ways to manage crying, fussing, or other causes that can lead a
4 person to shake or throw an infant or young child, and a discussion of ways to reduce
5 the risks that can lead a person to shake or throw an infant or young child. The
6 materials shall be prepared in English, Spanish, and other languages spoken by a
7 significant number of state residents, as determined by the board. The board shall
8 make those written and audiovisual materials available to all hospitals, maternity
9 homes, and nurse-midwives licensed under s. 441.15 that are required to provide or
10 make available materials to parents under sub. (3) (a) 1., to the department and to
11 all county departments and nonprofit organizations that are required to provide the
12 materials to child care providers under sub. (4) (d), and to all school boards and
13 nonprofit organizations that are permitted to provide the materials to pupils in one
14 of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make
15 those written materials available to all county departments and Indian tribes that
16 are providing home visitation services under s. 48.983 (4) (b) 1. and to all providers
17 of prenatal, postpartum, and young child care coordination services under s. 49.45
18 (44). The board may make available the materials required under this subsection
19 to be made available by making those materials available at no charge on the board's
20 Internet site.

21 **SECTION 64.** 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.)
22 and amended to read:

23 255.06 (1) (f) (intro.) ~~"Nurse practitioner"~~ "Women's health nurse clinician"
24 means ~~a~~ any of the following:

ASSEMBLY BILL 154

1 1. A registered nurse who is licensed under ch. 441 or who holds a multistate
2 license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51
3 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes
4 performance of delegated medical services under the supervision of a physician,
5 naturopathic doctor, dentist, ~~or podiatrist,~~ or advanced practice registered nurse.

6 **SECTION 65.** 255.06 (1) (f) 2. of the statutes is created to read:

7 255.06 (1) (f) 2. An advanced practice registered nurse.

8 **SECTION 66.** 255.06 (2) (d) of the statutes is amended to read:

9 255.06 (2) (d) *Specialized training for rural colposcopic examinations and*
10 *activities.* Provide not more than \$25,000 in each fiscal year as reimbursement for
11 the provision of specialized training of ~~nurse practitioners~~ women's health nurse
12 clinicians to perform, in rural areas, colposcopic examinations and follow-up
13 activities for the treatment of cervical cancer.

14 **SECTION 67.** 255.07 (1) (d) of the statutes is amended to read:

15 255.07 (1) (d) "Health care practitioner" means a physician, a physician
16 assistant, or an advanced practice registered nurse who ~~is certified to~~ may issue
17 prescription orders under s. ~~441.16~~ 441.09 (2).

18 **SECTION 68.** 257.01 (5) (a) and (b) of the statutes are amended to read:

19 257.01 (5) (a) An individual who is licensed as a physician, a physician
20 assistant, or a podiatrist under ch. 448, licensed as a naturopathic doctor under ch.
21 466, licensed as a registered nurse, licensed practical nurse, or ~~nurse-midwife~~
22 advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447,
23 licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a
24 veterinary technician under ch. 89, or certified as a respiratory care practitioner
25 under ch. 448.

ASSEMBLY BILL 154**SECTION 68**

1 (b) An individual who was at any time within the previous 10 years, but is not
2 currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448,
3 licensed as a naturopathic doctor under ch. 466, licensed as a registered nurse,
4 licensed practical nurse, or ~~nurse-midwife~~, advanced practice registered nurse
5 under ch. 441, licensed as a nurse-midwife under ch. 441, 2021 stats., licensed as a
6 dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a
7 veterinarian or certified as a veterinary technician under ch. 89, or certified as a
8 respiratory care practitioner under ch. 448, if the individual's license or certification
9 was never revoked, limited, suspended, or denied renewal.

10 **SECTION 69.** 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to
11 read:

12 341.14 (1a) If any resident of this state, who is registering or has registered an
13 automobile, or a motor truck, dual purpose motor home or dual purpose farm truck
14 which has a gross weight of not more than 8,000 pounds, a farm truck which has a
15 gross weight of not more than 12,000 pounds or a motor home, submits a statement
16 once every 4 years, as determined by the department, from a physician licensed to
17 practice medicine in any state, from an advanced practice registered nurse licensed
18 to practice nursing in any state, from a public health nurse certified or licensed to
19 practice in any state, from a physician assistant licensed or certified to practice in
20 any state, from a podiatrist licensed to practice in any state, from a chiropractor
21 licensed to practice chiropractic in any state, or from a Christian Science practitioner
22 residing in this state and listed in the Christian Science journal certifying to the
23 department that the resident is a person with a disability that limits or impairs the
24 ability to walk, the department shall procure, issue and deliver to the disabled
25 person plates of a special design in lieu of plates which ordinarily would be issued

ASSEMBLY BILL 154

1 for the vehicle, and shall renew the plates. The plates shall be so designed as to
2 readily apprise law enforcement officers of the fact that the vehicle is owned by a
3 nonveteran disabled person and is entitled to the parking privileges specified in s.
4 346.50 (2a). No charge in addition to the registration fee shall be made for the
5 issuance or renewal of such plates.

6 (1e) (a) If any resident of this state, who is registering or has registered a
7 motorcycle, submits a statement once every 4 years, as determined by the
8 department, from a physician licensed to practice medicine in any state, from an
9 advanced practice registered nurse licensed to practice nursing in any state, from a
10 public health nurse certified or licensed to practice in any state, from a physician
11 assistant licensed or certified to practice in any state, from a podiatrist licensed to
12 practice in any state, from a chiropractor licensed to practice chiropractic in any
13 state, from a Christian Science practitioner residing in this state and listed in the
14 Christian Science journal, or from the U.S. department of veterans affairs certifying
15 to the department that the resident is a person with a disability that limits or impairs
16 the ability to walk, the department shall procure, issue and deliver to the disabled
17 person a plate of a special design in lieu of the plate which ordinarily would be issued
18 for the motorcycle, and shall renew the plate. The statement shall state whether the
19 disability is permanent or temporary and, if temporary, the opinion of the physician,
20 advanced practice registered nurse, public health nurse, physician assistant,
21 podiatrist, chiropractor, practitioner, or U.S. department of veterans affairs as to the
22 duration of the disability. The plate shall be so designed as to readily apprise law
23 enforcement officers of the fact that the motorcycle is owned by a disabled person and
24 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
25 to the registration fee may be made for the issuance or renewal of the plate.

ASSEMBLY BILL 154**SECTION 69**

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

21 **(1q)** If any employer who provides an automobile, or a motor truck, dual
22 purpose motor home or dual purpose farm truck which has a gross weight of not more
23 than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000
24 pounds or a motor home, for an employee's use submits to the department a
25 statement once every 4 years, as determined by the department, from a physician

ASSEMBLY BILL 154

1 licensed to practice medicine in any state, from an advanced practice registered
2 nurse licensed to practice nursing in any state, from a public health nurse certified
3 or licensed to practice in any state, from a physician assistant licensed or certified
4 to practice in any state, from a podiatrist licensed to practice in any state, from a
5 chiropractor licensed to practice chiropractic in any state, or from a Christian
6 Science practitioner residing in this state and listed in the Christian Science journal
7 certifying that the employee is a person with a disability that limits or impairs the
8 ability to walk, the department shall issue and deliver to such employer plates of a
9 special design in lieu of the plates which ordinarily would be issued for the vehicle,
10 and shall renew the plates. The plates shall be so designed as to readily apprise law
11 enforcement officers of the fact that the vehicle is operated by a disabled person and
12 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
13 to the registration fee may be made for the issuance or renewal of the plates. The
14 plates shall conform to the plates required in sub. (1a).

15 **SECTION 70.** 343.16 (5) (a) of the statutes is amended to read:

16 343.16 (5) (a) The secretary may require any applicant for a license or any
17 licensed operator to submit to a special examination by such persons or agencies as
18 the secretary may direct to determine incompetency, physical or mental disability,
19 disease, or any other condition that might prevent such applicant or licensed person
20 from exercising reasonable and ordinary control over a motor vehicle. If the
21 department requires the applicant to submit to an examination, the applicant shall
22 pay for the examination. If the department receives an application for a renewal or
23 duplicate license after voluntary surrender under s. 343.265 or receives a report from
24 a physician, physician assistant, advanced practice registered nurse ~~prescriber~~
25 ~~certified under s. 441.16 (2)~~ licensed under s. 441.09, or optometrist under s. 146.82

ASSEMBLY BILL 154**SECTION 70**

1 (3), or if the department has a report of 2 or more arrests within a one-year period
2 for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in
3 conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian
4 tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m),
5 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved
6 the use of a vehicle, the department shall determine, by interview or otherwise,
7 whether the operator should submit to an examination under this section. The
8 examination may consist of an assessment. If the examination indicates that
9 education or treatment for a disability, disease or condition concerning the use of
10 alcohol, a controlled substance or a controlled substance analog is appropriate, the
11 department may order a driver safety plan in accordance with s. 343.30 (1q). If there
12 is noncompliance with assessment or the driver safety plan, the department shall
13 revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

14 **SECTION 71.** 343.51 (1) of the statutes is amended to read:

15 343.51 (1) Any person who qualifies for registration plates of a special design
16 under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits
17 or impairs the ability to walk may request from the department a special
18 identification card that will entitle any motor vehicle parked by, or under the
19 direction of, the person, or a motor vehicle operated by or on behalf of the
20 organization when used to transport such a person, to parking privileges under s.
21 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined
22 by the department, upon submission by the applicant, if the applicant is an
23 individual rather than an organization, of a statement from a physician licensed to
24 practice medicine in any state, from an advanced practice registered nurse licensed
25 to practice nursing in any state, from a public health nurse certified or licensed to

ASSEMBLY BILL 154

1 practice in any state, from a physician assistant licensed or certified to practice in
2 any state, from a podiatrist licensed to practice in any state, from a chiropractor
3 licensed to practice chiropractic in any state, or from a Christian Science practitioner
4 residing in this state and listed in the Christian Science journal that the person is
5 a person with a disability that limits or impairs the ability to walk. The statement
6 shall state whether the disability is permanent or temporary and, if temporary, the
7 opinion of the physician, advanced practice registered nurse, public health nurse,
8 physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the
9 disability. The department shall issue the card upon application by an organization
10 on a form prescribed by the department if the department believes that the
11 organization meets the requirements under this subsection.

12 **SECTION 72.** 343.62 (4) (a) 4. of the statutes is amended to read:

13 343.62 (4) (a) 4. The applicant submits with the application a statement
14 completed within the immediately preceding 24 months, except as provided by rule,
15 by a physician licensed to practice medicine in any state, from an advanced practice
16 registered nurse licensed to practice nursing in any state, from a physician assistant
17 licensed or certified to practice in any state, from a podiatrist licensed to practice in
18 any state, from a chiropractor licensed to practice chiropractic in any state, or from
19 a Christian Science practitioner residing in this state, and listed in the Christian
20 Science journal certifying that, in the medical care provider's judgment, the
21 applicant is physically fit to teach driving.

22 **SECTION 73.** 440.03 (13) (b) 3. of the statutes is repealed.

23 **SECTION 74.** 440.03 (13) (b) 39m. of the statutes is created to read:

24 440.03 (13) (b) 39m. Nurse, advanced practice registered.

25 **SECTION 75.** 440.03 (13) (b) 42. of the statutes is repealed.

ASSEMBLY BILL 154**SECTION 76**

1 **SECTION 76.** 440.077 (1) (a) of the statutes is amended to read:

2 440.077 (1) (a) “Advanced practice registered nurse ~~prescriber~~” means an
3 advanced practice registered nurse ~~prescriber-certified~~ licensed under s. 441.16 (2)
4 441.09.

5 **SECTION 77.** 440.077 (2) (c) of the statutes is amended to read:

6 440.077 (2) (c) Under the program under par. (a), a participating military
7 medical personnel shall be supervised by a physician, physician assistant,
8 podiatrist, ~~registered professional nurse~~, or advanced practice registered nurse
9 ~~prescriber~~. The supervising physician, physician assistant, podiatrist, ~~registered~~
10 ~~professional nurse~~, or advanced practice registered nurse ~~prescriber~~ shall retain
11 responsibility for the care of the patient.

12 **SECTION 78.** 440.08 (2) (a) 4m. of the statutes is repealed.

13 **SECTION 79.** 440.08 (2) (a) 47r. of the statutes is created to read:

14 440.08 (2) (a) 47r. Nurse, advanced practice registered: March 1 of each
15 even-numbered year.

16 **SECTION 80.** 440.08 (2) (a) 50. of the statutes is repealed.

17 **SECTION 81.** 440.094 (1) (c) 1. of the statutes is amended to read:

18 440.094 (1) (c) 1. A registered nurse, licensed practical nurse, or nurse midwife
19 ~~licensed under ch. 441, or an advanced practice~~ registered nurse ~~prescriber-certified~~
20 licensed under ch. 441.

21 **SECTION 82.** 440.094 (2) (a) (intro.) of the statutes is amended to read:

22 440.094 (2) (a) (intro.) Notwithstanding ss. 441.06 (4), ~~441.15 (2), 441.16,~~
23 ~~441.09 (3) (b),~~ 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51
24 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m),
25 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider

ASSEMBLY BILL 154

1 may provide services within the scope of the credential that the health care provider
2 holds and the department shall grant the health care provider a temporary
3 credential to practice under this section if all of the following apply:

4 **SECTION 83.** 440.981 (1) of the statutes is amended to read:

5 440.981 (1) No person may use the title “licensed midwife,” describe or imply
6 that he or she is a licensed midwife, or represent himself or herself as a licensed
7 midwife unless the person is granted a license under this subchapter or is licensed
8 as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and
9 possesses a certified nurse-midwife specialty designation under s. 441.09.

10 **SECTION 84.** 440.982 (1) of the statutes is amended to read:

11 440.982 (1) No person may engage in the practice of midwifery unless the
12 person is granted a license under this subchapter, is granted a temporary permit
13 pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a~~
14 ~~nurse-midwife under s. 441.15~~ an advanced practice registered nurse and possesses
15 a certified nurse-midwife specialty designation under s. 441.09.

16 **SECTION 85.** 440.987 (2) of the statutes is amended to read:

17 440.987 (2) One member who is licensed as ~~a nurse-midwife under s. 441.15~~
18 an advanced practice registered nurse and possesses a certified nurse-midwife
19 specialty designation under s. 441.09 and who practices in an out-of-hospital
20 setting.

21 **SECTION 86.** 441.001 (1c) of the statutes is created to read:

22 441.001 (1c) ADVANCED PRACTICE REGISTERED NURSING. “Advanced practice
23 registered nursing” means the practice of a certified nurse-midwife, the practice of
24 a certified registered nurse anesthetist, the practice of a clinical nurse specialist, and
25 the practice of a nurse practitioner.

ASSEMBLY BILL 154**SECTION 87**

1 **SECTION 87.** 441.001 (3c) of the statutes is created to read:

2 441.001 **(3c)** PRACTICE OF A CERTIFIED NURSE-MIDWIFE. “Practice of a certified
3 nurse-midwife” means practice in the management of women’s health care,
4 pregnancy, childbirth, postpartum care for newborns, family planning, and
5 gynecological services consistent with the standards of practice of the American
6 College of Nurse-Midwives or its successor.

7 **SECTION 88.** 441.001 (3g) of the statutes is created to read:

8 441.001 **(3g)** PRACTICE OF A CERTIFIED REGISTERED NURSE ANESTHETIST. “Practice
9 of a certified registered nurse anesthetist” means providing anesthesia care, pain
10 management care, and care related to anesthesia and pain management for persons
11 across their lifespan, whose health status may range from healthy through all levels
12 of acuity, including persons with immediate, severe, or life-threatening illness or
13 injury, in diverse settings, including hospitals, ambulatory surgery centers,
14 outpatient clinics, medical offices, and home health care settings.

15 **SECTION 89.** 441.001 (3n) of the statutes is created to read:

16 441.001 **(3n)** PRACTICE OF A CLINICAL NURSE SPECIALIST. “Practice of a clinical
17 nurse specialist” means providing advanced nursing care, primarily in health care
18 facilities, including the diagnosis and treatment of illness for identified specific
19 populations based on a specialty.

20 **SECTION 90.** 441.001 (3r) of the statutes is created to read:

21 441.001 **(3r)** PRACTICE OF A NURSE PRACTITIONER. “Practice of a nurse
22 practitioner” means practice in ambulatory, acute, long-term, or other health care
23 settings as a primary or specialty care provider who provides health services,
24 including assessing, diagnosing, treating, or managing acute, episodic, and chronic
25 illnesses.

ASSEMBLY BILL 154

1 **SECTION 91.** 441.001 (3w) of the statutes is created to read:

2 441.001 (3w) PRESCRIPTION ORDER. “Prescription order” has the meaning given
3 in s. 450.01 (21).

4 **SECTION 92.** 441.001 (5) of the statutes is created to read:

5 441.001 (5) RECOGNIZED ROLE. “Recognized role” means one of the following
6 roles:

7 (a) Certified nurse-midwife.

8 (b) Certified registered nurse anesthetist.

9 (c) Clinical nurse specialist.

10 (d) Nurse practitioner.

11 **SECTION 93.** 441.01 (3) of the statutes is amended to read:

12 441.01 (3) The board may promulgate rules to establish minimum standards
13 for schools for professional nurses ~~and~~, schools for licensed practical nurses, and
14 schools for advanced practice registered nurses, including all related clinical units
15 and facilities, and make and provide periodic surveys and consultations to such
16 schools. ~~It~~ The board may also ~~establish~~ promulgate rules to prevent unauthorized
17 persons from practicing professional nursing. ~~It shall approve all rules for the~~
18 ~~administration of this chapter in accordance with ch. 227.~~

19 **SECTION 94.** 441.01 (4) of the statutes is amended to read:

20 441.01 (4) The board shall direct that those schools that qualify be placed on
21 a list of schools the board has approved for professional nurses ~~or~~, of schools the board
22 has approved for licensed practical nurses, or of schools the board has approved for
23 advanced practice registered nurses on application and proof of qualifications; ~~and~~
24 the board shall make a study of nursing education and ~~initiate~~ promulgate rules and
25 policies to improve it.

ASSEMBLY BILL 154**SECTION 95**

1 **SECTION 95.** 441.01 (7) (a) (intro.) of the statutes is amended to read:

2 441.01 (7) (a) (intro.) The board shall require each applicant for the renewal
3 of a registered nurse ~~or~~, licensed practical nurse, or advanced practice registered
4 nurse license issued under this chapter to do all of the following as a condition for
5 renewing the license:

6 **SECTION 96.** 441.01 (7) (b) of the statutes is amended to read:

7 441.01 (7) (b) The board may not renew a registered nurse ~~or~~, licensed practical
8 nurse, or advanced practice registered nurse license under this chapter unless the
9 renewal applicant has completed the nursing workforce survey to the satisfaction of
10 the board. The board shall establish standards to determine whether the survey has
11 been completed. The board shall, by no later than June 30 of each odd-numbered
12 year, submit all completed nursing workforce survey forms to the department of
13 workforce development.

14 **SECTION 97.** 441.01 (7) (c) of the statutes is created to read:

15 441.01 (7) (c) An applicant who is renewing both a registered nurse and
16 advanced practice registered nurse license under s. 441.09 (1) (c) is only required to
17 pay a single fee under par. (a) 2.

18 **SECTION 98.** 441.06 (title) of the statutes is repealed and recreated to read:

19 **441.06 (title) Registered nurses; civil liability exemption.**

20 **SECTION 99.** 441.06 (3) of the statutes is amended to read:

21 441.06 (3) ~~A~~ Except as provided in s. 441.09 (1) (c), a registered nurse
22 practicing for compensation shall, on or before the applicable renewal date specified
23 under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving
24 name, residence, and other facts that the board requires, with the nursing workforce

ASSEMBLY BILL 154

1 survey and fee required under s. 441.01 (7) and the applicable renewal fee
2 determined by the department under s. 440.03 (9) (a).

3 **SECTION 100.** 441.06 (4) of the statutes is amended to read:

4 441.06 (4) Except as provided in ss. 257.03 and 440.077, no person may practice
5 or attempt to practice professional nursing, nor use the title, letters, or anything else
6 to indicate that he or she is a registered or professional nurse unless he or she is
7 licensed under this section. Except as provided in ss. 257.03 and 440.077, no person
8 not so licensed may use in connection with his or her nursing employment or vocation
9 any title or anything else to indicate that he or she is a trained, certified or graduate
10 nurse. This subsection does not apply to any registered nurse who holds a multistate
11 license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state,
12 that has adopted the nurse licensure compact under s. 441.51.

13 **SECTION 101.** 441.06 (7) of the statutes is renumbered 441.09 (7) and amended
14 to read:

15 441.09 (7) CIVIL LIABILITY. No person ~~certified~~ licensed as an advanced practice
16 registered nurse ~~prescriber~~ under s. 441.16 (2) this section is liable for civil damages
17 for any of the following:

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

23 (b) In good faith, not reporting to the department of transportation under s.
24 146.82 (3) a patient's name and other information relevant to a physical or mental
25 condition of the patient that in the advanced practice ~~nurse prescriber's~~ registered

ASSEMBLY BILL 154**SECTION 101**

1 nurse's judgment does not impair the patient's ability to exercise reasonable and
2 ordinary control over a motor vehicle.

3 **SECTION 102.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended
4 to read:

5 441.07 (**1g**) (intro.) Subject to the rules promulgated under s. 440.03 (1), the
6 board may deny an initial license or revoke, limit, suspend, or deny the renewal of
7 a license of a registered nurse, ~~nurse-midwife~~ advanced practice registered nurse,
8 or licensed practical nurse; ~~deny an initial certificate or revoke, limit, suspend, or~~
9 ~~deny the renewal of a certificate to prescribe drugs or devices granted under s.~~
10 ~~441.16;~~ or reprimand a registered nurse, ~~nurse-midwife~~ advanced practice
11 registered nurse, or licensed practical nurse, if the board finds that the applicant or
12 licensee committed any of the following:

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

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

17 (e) A violation of any state or federal law that regulates prescribing or
18 dispensing drugs or devices, if the person ~~has a certificate to prescribe drugs or~~
19 ~~devices under s. 441.16~~ may issue prescription orders under s. 441.09 (2).

20 **SECTION 103.** 441.09 of the statutes is created to read:

21 **441.09 Advanced practice registered nurses; civil liability exemption.**

22 **(1) LICENSE.** (a) An applicant who satisfies all of the following requirements may
23 apply to the board for initial licensure by the board as an advanced practice
24 registered nurse:

25 1. The applicant satisfies one of the following criteria:

ASSEMBLY BILL 154

1 a. The applicant holds a valid license to practice as a registered nurse issued
2 under s. 441.06 (1), (1c), or (1m).

3 b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or
4 (1m) with the application for a license under this paragraph.

5 c. The applicant is a registered nurse who holds a multistate license, as defined
6 in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted
7 the nurse licensure compact.

8 2. The applicant provides evidence satisfactory to the board that he or she
9 satisfies one of the following criteria:

10 a. The applicant has completed a graduate-level or postgraduate-level
11 education program that is approved by the board and that prepares the applicant for
12 the practice of advanced practice registered nursing in one of the 4 recognized roles,
13 and the applicant holds a current certification by a national certifying body approved
14 by the board.

15 b. On January 1, 2024, the applicant was licensed as a registered nurse in this
16 state and was practicing in a recognized role, and the applicant satisfies additional
17 criteria established by the board by rule under sub. (6) (a) 3. relating to practice,
18 education, or certification.

19 3. The applicant pays the fee specified under s. 440.05 (1).

20 4. The applicant provides to the board evidence of any malpractice liability
21 insurance coverage required under sub. (5).

22 5. If the applicant is applying to receive a certified nurse-midwife specialty
23 designation under par. (b) 1., the applicant does all of the following:

24 a. Provides evidence satisfactory to the board that the applicant is currently
25 certified by the American Midwifery Certification Board or its successor.

ASSEMBLY BILL 154**SECTION 103**

1 b. Files with the board any plan required under sub. (3m) (f).

2 6. The applicant does not have an arrest or conviction record, subject to ss.
3 111.321, 111.322, and 111.335.

4 7. The applicant meets any other criteria established by the board by rule under
5 sub. (6) (a) 3. relating to the education, training, or experience required for each
6 recognized role.

7 (b) 1. a. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced
8 practice registered nurse license to an applicant the board determines meets the
9 requirements under par. (a). The board shall also grant a person who is granted a
10 license under this subd. 1. a. one or more specialty designations corresponding to the
11 recognized roles for which the board determines that the person qualifies based on
12 the person's qualifications under par. (a).

13 b. The board shall grant an advanced practice registered nurse license to each
14 individual who, on the day before the effective date of this subd. 1. b. [LRB inserts
15 date], was certified to issue prescription orders under s. 441.16, 2021 stats. The
16 board shall also grant a person who is granted a license under this subd. 1. b. one or
17 more specialty designations corresponding to the recognized roles for which the
18 board determines that the person qualifies based on the person's qualifications.

19 c. The board shall grant an advanced practice registered nurse license to each
20 individual who, on the day before the effective date of this subd. 1. c. [LRB inserts
21 date], was licensed as a nurse-midwife under s. 441.15, 2021 stats. The board shall
22 also grant a person who is granted a license under this subd. 1. c. a nurse-midwife
23 specialty designation.

24 2. Each specialty designation granted under subd. 1. shall appear on the
25 person's advanced practice registered nurse license.

ASSEMBLY BILL 154

1 3. The board may not grant an advanced practice registered nurse license to
2 a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless
3 the board also grants the person the license under s. 441.06 (1), (1c), or (1m).

4 4. The board may place specific limitations on a person licensed as an advanced
5 practice registered nurse as a condition of licensure.

6 5. If all of the following apply to a person, a notation indicating that the person
7 may not issue prescription orders shall appear on the person's advanced practice
8 registered nurse license:

9 a. The person is granted an advanced practice registered nurse license under
10 subd. 1. a. and satisfies only par. (a) 2. b. but not par. (a) 2. a., or the person is granted
11 an advanced practice registered nurse license under subd. 1. c.

12 b. On January 1, 2024, the person did not hold a certificate under s. 441.16 (2),
13 2021 stats.

14 (c) On or before the applicable renewal date specified under s. 440.08 (2) (a),
15 an advanced practice registered nurse shall submit to the board on a form furnished
16 by the board a statement giving his or her name and residence, the nursing workforce
17 survey and fee required under s. 441.01 (7), evidence of having satisfied the
18 continuing education requirements under sub. (4), evidence of any malpractice
19 liability insurance coverage required under sub. (5), any plan required under sub.
20 (3m) (f), current evidence that the person satisfies each of the requirements under
21 par. (a) 1., 2., 5. a., and 7. that apply with respect to the person, and any other
22 information that the board requires by rule, with the applicable renewal fee
23 determined by the department under s. 440.03 (9) (a). The board shall grant to a
24 person who satisfies the requirements under this paragraph the renewal of his or her
25 advanced practice registered nurse license and specialty designations granted under

ASSEMBLY BILL 154**SECTION 103**

1 par. (b) 1. and shall, if the person holds a license under s. 441.06 (1), (1c), or (1m), also
2 grant the renewal of that license.

3 **(2) PRESCRIBING AUTHORITY.** (a) Except as provided in par. (b), an advanced
4 practice registered nurse may issue prescription orders, subject to the rules
5 promulgated under sub. (6) (a) 1. and 4., and may provide expedited partner therapy
6 in the manner described in s. 441.092.

7 (b) An advanced practice registered nurse may not issue prescription orders if
8 a notation under sub. (1) (b) 5. indicating that the advanced practice registered nurse
9 may not issue prescription orders appears on the advanced practice registered
10 nurse's license.

11 **(3) LICENSE REQUIRED; USE OF TITLES.** (a) 1. The holder of a license issued under
12 this section is an "advanced practice registered nurse," may append to his or her
13 name the title "A.P.R.N.," and is authorized to practice advanced practice registered
14 nursing.

15 2. The holder of a specialty designation for a recognized role granted under sub.
16 (1) (b) 1. may append to his or her name the title and an abbreviation corresponding
17 to that recognized role.

18 (b) 1. Except as provided in sub. (3m) (e) and s. 257.03, no person may practice
19 or attempt to practice advanced practice registered nursing, nor use the title
20 "advanced practice registered nurse," the title "A.P.R.N.," or anything else to indicate
21 that he or she is an advanced practice registered nurse unless he or she is licensed
22 under this section.

23 2. Except as provided in s. 257.03, no person may do any of the following:

ASSEMBLY BILL 154

1 a. Use the title “certified nurse–midwife,” the title “C.N.M.,” or anything else
2 to indicate that he or she is a certified nurse–midwife unless he or she has been
3 granted a certified nurse–midwife specialty designation under sub. (1) (b) 1.

4 b. Use the title “certified registered nurse anesthetist,” the title “C.R.N.A.,” or
5 anything else to indicate that he or she is a certified registered nurse anesthetist
6 unless he or she has been granted a certified registered nurse anesthetist specialty
7 designation under sub. (1) (b) 1.

8 c. Use the title “clinical nurse specialist,” the title “C.N.S.,” or anything else to
9 indicate that he or she is a clinical nurse specialist unless he or she has been granted
10 a clinical nurse specialist specialty designation under sub. (1) (b) 1.

11 d. Use the title “nurse practitioner,” the title “N.P.,” or anything else to indicate
12 that he or she is a nurse practitioner unless he or she has been granted a nurse
13 practitioner specialty designation under sub. (1) (b) 1.

14 **(3m)** PRACTICE REQUIREMENTS AND LIMITATIONS. (a) 1. An advanced practice
15 registered nurse licensed under this section may, except as provided in subd. 2. and
16 par. (b), practice advanced practice registered nursing only in collaboration with a
17 physician or dentist.

18 2. Subdivision 1. does not apply to an advanced practice registered nurse with
19 a certified nurse–midwife specialty designation.

20 (b) 1. An advanced practice registered nurse to whom par. (a) 1. applies may,
21 except as provided in pars. (bg) 1. and (c), practice advanced practice registered
22 nursing in a recognized role without being supervised by or collaborating with, and
23 independent of, a physician or dentist if the board verifies, upon application of the
24 advanced practice registered nurse, that the advanced practice registered nurse has
25 completed 3,840 clinical hours of advanced practice registered nursing practice in

ASSEMBLY BILL 154**SECTION 103**

1 that recognized role while working with a physician or dentist during those 3,840
2 hours of practice. For purposes of this subdivision, during the completion of these
3 hours, the advanced practice registered nurse must have continuously satisfied all
4 of the following requirements:

5 a. Maintained a mutual, professional relationship with at least one physician
6 or dentist.

7 b. Maintained, and provided to the board upon request, documentation
8 indicating the relationships the advanced practice registered nurse had with one or
9 more physicians or dentists to deal with issues outside of his or her licensed scope
10 of practice.

11 c. Maintained evidence that he or she was subject to a quality assurance
12 program, peer review process, or other similar program or process that was
13 implemented for and designed to ensure the provision of competent and quality
14 patient care and that also included participation by a physician or dentist. Such a
15 program or process may include a program or process administered through the
16 advanced practice registered nurse's employer, hospital, ambulatory surgery center,
17 clinic, or other outpatient facility.

18 2. For purposes of subd. 1., hours of advanced practice registered nursing
19 practice may include the lawful practice of advanced practice registered nursing
20 outside this state or the lawful practice of advanced practice registered nursing in
21 this state prior to the effective date of this subdivision [LRB inserts date].

22 (bg) 1. An advanced practice registered nurse may provide pain management
23 services only while working in a collaborative relationship with a physician. Except
24 as provided in subd. 2., this subdivision applies regardless of whether the advanced
25 practice registered nurse has qualified for independent practice under par. (b).

ASSEMBLY BILL 154

1 2. Except as provided in par. (c), subd. 1. does not apply to an advanced practice
2 registered nurse who is providing pain management services in a hospital, as defined
3 in s. 50.33 (2), or a clinic associated with a hospital, and who has qualified for
4 independent practice under par. (b).

5 (bm) For purposes of pars. (a) 1. and (bg) 1., a collaborative relationship is a
6 process in which an advanced practice registered nurse is working with a physician
7 or dentist, in each other's presence when necessary, to deliver health care services
8 within the scope of the advanced practice registered nurse's training, education, and
9 experience. The advanced practice registered nurse shall document such a
10 collaborative relationship.

11 (c) Nothing in this section prohibits an entity employing or with a relationship
12 with an advanced practice registered nurse from establishing additional
13 requirements for an advanced practice registered nurse as a condition of
14 employment or relationship.

15 (d) An advanced practice registered nurse shall adhere to professional
16 standards when managing situations that are beyond the advanced practice
17 registered nurse's expertise. If a particular patient's needs are beyond the advanced
18 practice registered nurse's expertise, the advanced practice registered nurse shall,
19 as warranted by the patient's needs, consult or collaborate with or refer the patient
20 to at least one of the following:

21 1. A physician licensed under ch. 448.

22 2. Another health care provider for whom the advanced practice registered
23 nurse has reasonable evidence of having a scope of practice that includes the
24 authorization to address the patient's needs.

ASSEMBLY BILL 154**SECTION 103**

1 (e) An advanced practice registered nurse licensed under this section may
2 delegate a task or order to another clinically trained health care worker if the task
3 or order is within the scope of the advanced practice registered nurse's practice, the
4 advanced practice registered nurse is competent to perform the task or issue the
5 order, and the advanced practice registered nurse has reasonable evidence that the
6 health care worker is minimally competent to perform the task or issue the order
7 under the circumstances.

8 (f) An advanced practice registered nurse with a certified nurse-midwife
9 specialty designation may not offer to deliver babies outside of a hospital setting
10 unless the advanced practice registered nurse files with the board, and the board
11 approves, a proactive plan for ensuring appropriate care or care transitions
12 conforming with professional standards for patients with higher acuity or emergency
13 care needs that exceed the advanced practice registered nurse's scope of practice. An
14 advanced practice registered nurse who offers to deliver babies outside of a hospital
15 setting shall file a plan under this paragraph when applying for an initial license
16 under this section or a renewal of a license under this section, shall keep the plan
17 current with the board, and shall follow the plan.

18 (4) CONTINUING EDUCATION. Every advanced practice registered nurse shall
19 submit to the board evidence of having completed at least 16 contact hours per
20 biennium in clinical pharmacology or therapeutics relevant to the advanced practice
21 registered nurse's area of practice. The board may promulgate rules regarding the
22 continuing education requirements under this subsection.

23 (5) MALPRACTICE LIABILITY INSURANCE. Except for a person whose employer has
24 in effect malpractice liability insurance that provides coverage for the person in the
25 amounts specified under s. 655.23 (4), no person may practice advanced practice

ASSEMBLY BILL 154

1 registered nursing unless he or she at all times has in effect malpractice liability
2 insurance coverage in the minimum amounts required by the rules of the board. An
3 advanced practice registered nurse shall submit evidence of that coverage to the
4 board when applying for an initial license under this section or a renewal of a license
5 under this section. An advanced practice registered nurse shall also submit such
6 evidence to the board upon request of the board.

7 **(6) RULES.** (a) The board shall promulgate rules necessary to administer this
8 section, including rules for all of the following:

9 1. Further defining the scope of practice of an advanced practice registered
10 nurse, practice of a certified nurse-midwife, practice of a certified registered nurse
11 anesthetist, practice of a nurse practitioner, and practice of a clinical nurse specialist
12 and defining the scope of practice within which an advanced practice registered
13 nurse may issue prescription orders under sub. (2).

14 2. Determining acceptable national certification for purposes of sub. (1) (a) 2.

15 a.

16 3. Establishing the appropriate education, training, or experience
17 requirements that a registered nurse must satisfy in order to be an advanced practice
18 registered nurse and to obtain each specialty designation corresponding to the
19 recognized roles.

20 4. Specifying the classes of drugs, individual drugs, or devices that may not be
21 prescribed by an advanced practice registered nurse under sub. (2).

22 5. Specifying the conditions to be met for registered nurses to do the following:

23 a. Administer a drug prescribed by an advanced practice registered nurse.

24 b. Administer a drug at the direction of an advanced practice registered nurse.

ASSEMBLY BILL 154**SECTION 103**

1 6. Establishing the minimum amount of malpractice liability insurance
2 coverage that an advanced practice registered nurse must at all times have in effect
3 for purposes of sub. (5). The board shall promulgate rules under this subdivision in
4 consultation with the commissioner of insurance.

5 7. Establishing standards of professional conduct for advanced practice
6 registered nurses generally and for practicing in each recognized role.

7 (am) The board may promulgate rules to implement sub. (3m) (b).

8 (b) The board may not promulgate rules that expand the scope of practice of an
9 advanced practice registered nurse beyond the practices within advanced practice
10 registered nursing.

11 **SECTION 104.** 441.092 of the statutes is created to read:

12 **441.092 Expedited partner therapy. (1)** In this section:

13 (b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

14 (c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

15 **(2)** Notwithstanding the requirements of s. 448.9785, an advanced practice
16 registered nurse who may issue prescription orders under s. 441.09 (2) may provide
17 expedited partner therapy if a patient is diagnosed as infected with a chlamydial
18 infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with
19 a sexual partner during which the chlamydial infection, gonorrhea, or
20 trichomoniasis may have been transmitted to or from the sexual partner. The
21 advanced practice registered nurse shall attempt to obtain the name of the patient’s
22 sexual partner. A prescription order for an antimicrobial drug prepared under this
23 subsection shall include the name and address of the patient’s sexual partner, if
24 known. If the advanced practice registered nurse is unable to obtain the name of the

ASSEMBLY BILL 154

1 patient's sexual partner, the prescription order shall include, in ordinary, bold-faced
2 capital letters, the words, "expedited partner therapy" or the letters "EPT."

3 (3) The advanced practice registered nurse shall provide the patient with a
4 copy of the information sheet prepared by the department of health services under
5 s. 46.03 (44) and shall request that the patient give the information sheet to the
6 person with whom the patient had sexual contact.

7 (4) (a) Except as provided in par. (b), an advanced practice registered nurse is
8 immune from civil liability for injury to or the death of a person who takes any
9 antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished
10 under this section and if expedited partner therapy is provided as specified under
11 this section.

12 (b) The immunity under par. (a) does not extend to the donation, distribution,
13 furnishing, or dispensing of an antimicrobial drug by an advanced practice
14 registered nurse whose act or omission involves reckless, wanton, or intentional
15 misconduct.

16 **SECTION 105.** 441.10 (7) of the statutes is amended to read:

17 441.10 (7) No license is required for practical nursing, but, except as provided
18 in s. 257.03, no person without a license may hold himself or herself out as a licensed
19 practical nurse or licensed attendant, use the title or letters "Trained Practical
20 Nurse" or "T.P.N.," "Licensed Practical Nurse" or "L.P.N.," "Licensed Attendant" or
21 "L.A.," "Trained Attendant" or "T.A.," or otherwise seek to indicate that he or she is
22 a licensed practical nurse or licensed attendant. No licensed practical nurse or
23 licensed attendant may use the title, or otherwise seek to act as a registered, licensed,
24 graduate or professional nurse. Anyone violating this subsection shall be subject to
25 the penalties prescribed by s. 441.13. ~~The board shall grant without examination a~~

ASSEMBLY BILL 154**SECTION 105**

1 ~~license as a licensed practical nurse to any person who was on July 1, 1949, a licensed~~
2 ~~attendant.~~ This subsection does not apply to any licensed practical nurse who holds
3 a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than
4 this state, that has adopted the nurse licensure compact ~~under s. 441.51.~~

5 **SECTION 106.** 441.11 (title) of the statutes is repealed.

6 **SECTION 107.** 441.11 (1) of the statutes is repealed.

7 **SECTION 108.** 441.11 (2) of the statutes is renumbered 441.09 (5m) and
8 amended to read:

9 441.09 (5m) LICENSURE EXEMPTION. The provisions of s. 448.04 (1) (g) 448.03
10 (1) (d) do not apply to ~~a~~ an advanced practice registered nurse licensed under this
11 section who possesses a certified registered nurse anesthetist specialty designation
12 under sub. (1) (b) 1. or to a person who engages in the practice of a nurse anesthetist
13 while performing official duties for the armed services or federal health services of
14 the United States.

15 **SECTION 109.** 441.11 (3) of the statutes is repealed.

16 **SECTION 110.** 441.15 of the statutes is repealed.

17 **SECTION 111.** 441.16 of the statutes is repealed.

18 **SECTION 112.** 441.18 (2) (a) (intro.) of the statutes is amended to read:

19 441.18 (2) (a) (intro.) An advanced practice registered nurse ~~certified to~~ who
20 may issue prescription orders under s. ~~441.16~~ 441.09 (2) may do any of the following:

21 **SECTION 113.** 441.18 (2) (b) of the statutes is amended to read:

22 441.18 (2) (b) An advanced practice registered nurse who prescribes or delivers
23 an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid
24 antagonist is prescribed has or has the capacity to provide the knowledge and
25 training necessary to safely administer the opioid antagonist to an individual

ASSEMBLY BILL 154

1 undergoing an opioid-related overdose and that the person demonstrates the
2 capacity to ensure that any individual to whom the person further delivers the opioid
3 antagonist has or receives that knowledge and training.

4 **SECTION 114.** 441.18 (3) of the statutes is amended to read:

5 441.18 (3) An advanced practice registered nurse who, acting in good faith,
6 prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting
7 in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall
8 be immune from criminal or civil liability and may not be subject to professional
9 discipline under s. 441.07 for any outcomes resulting from prescribing, delivering,
10 or dispensing the opioid antagonist.

11 **SECTION 115.** 441.19 of the statutes is repealed.

12 **SECTION 116.** 448.03 (2) (a) of the statutes is amended to read:

13 448.03 (2) (a) Any person lawfully practicing within the scope of a license,
14 permit, registration, certificate, or certification granted to practice midwifery under
15 subch. XIII of ch. 440, to practice professional ~~or, practical, or advanced practice~~
16 registered nursing ~~or nurse-midwifery~~ under ch. 441, to practice chiropractic under
17 ch. 446, to practice dentistry or dental hygiene or as an expanded function dental
18 auxiliary under ch. 447, to practice optometry under ch. 449, to practice as a
19 physician assistant under subch. IX, to practice acupuncture under ch. 451 or under
20 any other statutory provision, to practice naturopathic medicine under ch. 466, or as
21 otherwise provided by statute.

22 **SECTION 117.** 448.035 (1) (a) of the statutes is repealed.

23 **SECTION 118.** 448.035 (2) to (4) of the statutes are amended to read:

24 448.035 (2) Notwithstanding the requirements of s. 448.30, a physician ~~or~~
25 ~~certified advanced practice nurse prescriber~~ may provide expedited partner therapy

ASSEMBLY BILL 154**SECTION 118**

1 if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or
2 trichomoniasis and the patient has had sexual contact with a sexual partner during
3 which the chlamydial infection, gonorrhea, or trichomoniasis may have been
4 transmitted to or from the sexual partner. The physician ~~or certified advanced~~
5 ~~practice nurse prescriber~~ shall attempt to obtain the name of the patient's sexual
6 partner. A prescription order for an antimicrobial drug prepared under this
7 subsection shall include the name and address of the patient's sexual partner, if
8 known. If the physician ~~or certified advanced practice nurse prescriber~~ is unable to
9 obtain the name of the patient's sexual partner, the prescription order shall include,
10 in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the
11 letters "EPT."

12 (3) The physician ~~or certified advanced practice nurse prescriber~~ shall provide
13 the patient with a copy of the information sheet prepared by the department of health
14 services under s. 46.03 (44) and shall request that the patient give the information
15 sheet to the person with whom the patient had sexual contact.

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

21 (b) The immunity under par. (a) does not extend to the donation, distribution,
22 furnishing, or dispensing of an antimicrobial drug by a physician ~~or certified~~
23 ~~advanced practice nurse prescriber~~ whose act or omission involves reckless, wanton,
24 or intentional misconduct.

25 **SECTION 119.** 448.56 (1) and (1m) (b) of the statutes are amended to read:

ASSEMBLY BILL 154

1 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
2 448.52, a person may practice physical therapy only upon the written referral of a
3 physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist,
4 or advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~.
5 Written referral is not required if a physical therapist provides services in schools to
6 children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated
7 by the department of public instruction; provides services as part of a home health
8 care agency; provides services to a patient in a nursing home pursuant to the
9 patient's plan of care; provides services related to athletic activities, conditioning, or
10 injury prevention; or provides services to an individual for a previously diagnosed
11 medical condition after informing the individual's physician, naturopathic doctor,
12 physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered
13 nurse ~~prescriber certified under s. 441.16 (2)~~ who made the diagnosis. The
14 examining board may promulgate rules establishing additional services that are
15 excepted from the written referral requirements of this subsection.

16 **(1m)** (b) The examining board shall promulgate rules establishing the
17 requirements that a physical therapist must satisfy if a physician, naturopathic
18 doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice
19 registered nurse ~~prescriber~~ makes a written referral under sub. (1). The purpose of
20 the rules shall be to ensure continuity of care between the physical therapist and the
21 health care practitioner.

22 **SECTION 120.** 448.62 (2m) of the statutes is amended to read:

23 448.62 **(2m)** An advanced practice registered nurse ~~who is certified to issue~~
24 ~~prescription orders under s. 441.16 and~~ who is providing nonsurgical patient services

ASSEMBLY BILL 154**SECTION 120**

1 as directed, supervised, and inspected by a podiatrist who has the power to direct,
2 decide, and oversee the implementation of the patient services rendered.

3 **SECTION 121.** 448.67 (2) of the statutes is amended to read:

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

14 **SECTION 122.** 448.956 (1m) of the statutes, as affected by 2021 Wisconsin Act
15 251, is amended to read:

16 448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
17 to an individual without a referral, except that a licensee may not provide athletic
18 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
19 setting unless the licensee has obtained a written referral for the individual from a
20 practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;
21 under ch. 446; or under s. ~~441.16 (2)~~ 441.09 or from a practitioner who holds a
22 compact privilege under subch. XI or XII of ch. 448.

23 **SECTION 123.** 450.01 (1m) of the statutes is repealed.

24 **SECTION 124.** 450.01 (16) (h) 2. of the statutes is amended to read:

ASSEMBLY BILL 154

1 450.01 (16) (h) 2. The patient's advanced practice registered nurse ~~prescriber,~~
2 if the advanced practice registered nurse ~~prescriber has entered into a written~~
3 ~~agreement to collaborate with a physician~~ may issue prescription orders under s.
4 441.09 (2).

5 **SECTION 125.** 450.01 (16) (hr) 2. of the statutes is amended to read:

6 450.01 (16) (hr) 2. An advanced practice registered nurse ~~prescriber~~ who may
7 issue prescription orders under s. 441.09 (2).

8 **SECTION 126.** 450.03 (1) (e) of the statutes is amended to read:

9 450.03 (1) (e) Any person lawfully practicing within the scope of a license,
10 permit, registration, certificate, or certification granted to practice as a pharmacy
11 technician under s. 450.068, to provide home medical oxygen under s. 450.076, to
12 practice professional ~~or~~, practical, or advanced practice registered nursing ~~or~~
13 ~~nurse-midwifery~~ under ch. 441, to practice dentistry or dental hygiene or as an
14 expanded function dental auxiliary under ch. 447, to practice medicine and surgery
15 under ch. 448, to practice optometry under ch. 449, to practice naturopathic medicine
16 under ch. 466, or to practice veterinary medicine under ch. 89, or as otherwise
17 provided by statute.

18 **SECTION 127.** 450.11 (1g) (b) of the statutes is amended to read:

19 450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner
20 providing expedited partner therapy, as specified in s. 441.092, 448.035, or 448.9725,
21 that complies with the requirements of sub. (1), dispense an antimicrobial drug as
22 a course of therapy for treatment of chlamydial infections, gonorrhea, or
23 trichomoniasis to the practitioner's patient or a person with whom the patient has
24 had sexual contact for use by the person with whom the patient has had sexual
25 contact. The pharmacist shall provide a consultation in accordance with rules

ASSEMBLY BILL 154**SECTION 127**

1 promulgated by the board for the dispensing of a prescription to the person to whom
2 the antimicrobial drug is dispensed. A pharmacist providing a consultation under
3 this paragraph shall ask whether the person for whom the antimicrobial drug has
4 been prescribed is allergic to the antimicrobial drug and advise that the person for
5 whom the antimicrobial drug has been prescribed must discontinue use of the
6 antimicrobial drug if the person is allergic to or develops signs of an allergic reaction
7 to the antimicrobial drug.

8 **SECTION 128.** 450.11 (1i) (a) 1. of the statutes is amended to read:

9 450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the
10 prescription order of an advanced practice registered nurse ~~prescriber~~ under s.
11 441.18 (2) (a) 1., of a physician under s. 448.037 (2) (a) 1., or of a physician assistant
12 under s. 448.9727 (2) (a) 1. that complies with the requirements of sub. (1), deliver
13 an opioid antagonist to a person specified in the prescription order and may, upon
14 and in accordance with the standing order of an advanced practice registered nurse
15 ~~prescriber~~ under s. 441.18 (2) (a) 2., of a physician under s. 448.037 (2) (a) 2., or of
16 a physician assistant under s. 448.9727 (2) (a) 2. that complies with the requirements
17 of sub. (1), deliver an opioid antagonist to an individual in accordance with the order.
18 The pharmacist shall provide a consultation in accordance with rules promulgated
19 by the board for the delivery of a prescription to the person to whom the opioid
20 antagonist is delivered.

21 **SECTION 129.** 450.11 (1i) (b) 2. b. of the statutes is amended to read:

22 450.11 (1i) (b) 2. b. An advanced practice registered nurse ~~prescriber~~ may only
23 deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in
24 accordance with his or her other legal authority to dispense prescription drugs.

25 **SECTION 130.** 450.11 (7) (b) of the statutes is amended to read:

ASSEMBLY BILL 154

1 450.11 (7) (b) Information communicated to a physician, physician assistant,
2 or advanced practice registered nurse ~~prescriber~~ in an effort to procure unlawfully
3 a prescription drug or the administration of a prescription drug is not a privileged
4 communication.

5 **SECTION 131.** 450.11 (8) (e) of the statutes is amended to read:

6 450.11 (8) (e) The board of nursing, insofar as this section applies to advanced
7 practice nurse ~~prescribers~~ registered nurses.

8 **SECTION 132.** 450.13 (5) (b) of the statutes is amended to read:

9 450.13 (5) (b) The patient's advanced practice registered nurse ~~prescriber~~, if the
10 advanced practice registered nurse ~~prescriber~~ ~~has entered into a written agreement~~
11 ~~to collaborate with a physician~~ may issue prescription orders under s. 441.09 (2).

12 **SECTION 133.** 450.135 (7) (b) of the statutes is amended to read:

13 450.135 (7) (b) The patient's advanced practice registered nurse ~~prescriber~~, if
14 the advanced practice registered nurse ~~prescriber~~ ~~has entered into a written~~
15 ~~agreement to collaborate with a physician~~ may issue prescription orders under s.
16 441.09 (2).

17 **SECTION 134.** 462.04 of the statutes, as affected by 2021 Wisconsin Act 251, is
18 amended to read:

19 **462.04 Prescription or order required.** A person who holds a license or
20 limited X-ray machine operator permit under this chapter may not use diagnostic
21 X-ray equipment on humans for diagnostic purposes unless authorized to do so by
22 prescription or order of a physician licensed under s. 448.04 (1) (a), a naturopathic
23 doctor licensed under s. 466.04 (1), a dentist licensed under s. 447.04 (1), a podiatrist
24 licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced
25 practice registered nurse ~~certified~~ licensed under s. ~~441.16 (2)~~ 441.09, a physician

ASSEMBLY BILL 154**SECTION 134**

1 assistant licensed under s. 448.974, or, subject to s. 448.56 (7) (a), a physical therapist
2 who is licensed under s. 448.53 or who holds a compact privilege under subch. XI of
3 ch. 448.

4 **SECTION 135.** 655.001 (1) of the statutes is renumbered 655.001 (1r).

5 **SECTION 136.** 655.001 (1g) of the statutes is created to read:

6 655.001 (1g) “Advanced practice registered nurse” means an individual who
7 is licensed under s. 441.09, who has qualified to practice independently in his or her
8 recognized role under s. 441.09 (3m) (b), and who practices advanced practice
9 registered nursing, as defined under s. 441.001 (1c), outside of a collaborative
10 relationship with a physician or dentist, as described under s. 441.09 (3m) (a) 1., or
11 other employment relationship. “Advanced practice registered nurse” does not
12 include an individual who only engages in the practice of a certified nurse-midwife,
13 as defined under s. 441.001 (3c).

14 **SECTION 137.** 655.001 (7t) of the statutes is amended to read:

15 655.001 (7t) “Health care practitioner” means a health care professional, as
16 defined in s. 180.1901 (1m), who is an employee of a health care provider described
17 in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care
18 services that are not in collaboration with a physician under s. 441.15 (2) (b) or under
19 the direction and supervision of a physician or ~~nurse-anesthetist~~ advanced practice
20 registered nurse.

21 **SECTION 138.** 655.001 (9) of the statutes is repealed.

22 **SECTION 139.** 655.002 (1) (a) of the statutes is amended to read:

23 655.002 (1) (a) A physician or ~~a nurse-anesthetist~~ an advanced practice
24 registered nurse for whom this state is a principal place of practice and who practices
25 his or her profession in this state more than 240 hours in a fiscal year.

ASSEMBLY BILL 154

1 **SECTION 140.** 655.002 (1) (b) of the statutes is amended to read:

2 655.002 (1) (b) A physician or ~~a nurse-anesthetist~~ an advanced practice
3 registered nurse for whom Michigan is a principal place of practice, if all of the
4 following apply:

5 1. The physician or ~~nurse-anesthetist~~ advanced practice registered nurse is a
6 resident of this state.

7 2. The physician or ~~nurse-anesthetist~~ advanced practice registered nurse
8 practices his or her profession in this state or in Michigan or a combination of both
9 more than 240 hours in a fiscal year.

10 3. The physician or ~~nurse-anesthetist~~ advanced practice registered nurse
11 performs more procedures in a Michigan hospital than in any other hospital. In this
12 subdivision, "Michigan hospital" means a hospital located in Michigan that is an
13 affiliate of a corporation organized under the laws of this state that maintains its
14 principal office and a hospital in this state.

15 **SECTION 141.** 655.002 (1) (c) of the statutes is amended to read:

16 655.002 (1) (c) A physician or ~~nurse-anesthetist~~ an advanced practice
17 registered nurse who is exempt under s. 655.003 (1) or (3), but who practices his or
18 her profession outside the scope of the exemption and who fulfills the requirements
19 under par. (a) in relation to that practice outside the scope of the exemption. For a
20 physician or ~~a nurse-anesthetist~~ an advanced practice registered nurse who is
21 subject to this chapter under this paragraph, this chapter applies only to claims
22 arising out of practice that is outside the scope of the exemption under s. 655.003 (1)
23 or (3).

24 **SECTION 142.** 655.002 (1) (d) of the statutes is amended to read:

ASSEMBLY BILL 154**SECTION 142**

1 655.002 (1) (d) A partnership comprised of physicians or ~~nurse anesthetists~~
2 advanced practice registered nurses and organized and operated in this state for the
3 primary purpose of providing the medical services of physicians or ~~nurse~~
4 ~~anesthetists~~ advanced practice registered nurses.

5 **SECTION 143.** 655.002 (1) (e) of the statutes is amended to read:

6 655.002 (1) (e) A corporation organized and operated in this state for the
7 primary purpose of providing the medical services of physicians or ~~nurse~~
8 ~~anesthetists~~ advanced practice registered nurses.

9 **SECTION 144.** 655.002 (1) (em) of the statutes is amended to read:

10 655.002 (1) (em) Any organization or enterprise not specified under par. (d) or
11 (e) that is organized and operated in this state for the primary purpose of providing
12 the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered
13 nurses.

14 **SECTION 145.** 655.002 (2) (a) of the statutes is amended to read:

15 655.002 (2) (a) A physician or ~~nurse anesthetist~~ advanced practice registered
16 nurse for whom this state is a principal place of practice but who practices his or her
17 profession fewer than 241 hours in a fiscal year, for a fiscal year, or a portion of a fiscal
18 year, during which he or she practices his or her profession.

19 **SECTION 146.** 655.002 (2) (b) of the statutes is amended to read:

20 655.002 (2) (b) Except as provided in sub. (1) (b), a physician or ~~nurse~~
21 ~~anesthetist~~ advanced practice registered nurse for whom this state is not a principal
22 place of practice, for a fiscal year, or a portion of a fiscal year, during which he or she
23 practices his or her profession in this state. For a health care provider who elects to
24 be subject to this chapter under this paragraph, this chapter applies only to claims

ASSEMBLY BILL 154

1 arising out of practice that is in this state and that is outside the scope of an
2 exemption under s. 655.003 (1) or (3).

3 **SECTION 147.** 655.003 (1) of the statutes is amended to read:

4 655.003 (1) A physician or ~~a nurse anesthetist~~ an advanced practice registered
5 nurse who is a state, county or municipal employee, or federal employee or contractor
6 covered under the federal tort claims act, as amended, and who is acting within the
7 scope of his or her employment or contractual duties.

8 **SECTION 148.** 655.003 (3) of the statutes is amended to read:

9 655.003 (3) Except for a physician or ~~nurse anesthetist~~ advanced practice
10 registered nurse who meets the criteria under s. 146.89 (5) (a), a physician or ~~a nurse~~
11 ~~anesthetist~~ an advanced practice registered nurse who provides professional
12 services under the conditions described in s. 146.89, with respect to those
13 professional services provided by the physician or ~~nurse anesthetist~~ advanced
14 practice registered nurse for which he or she is covered by s. 165.25 and considered
15 an agent of the department, as provided in s. 165.25 (6) (b).

16 **SECTION 149.** 655.005 (2) (a) of the statutes is amended to read:

17 655.005 (2) (a) An employee of a health care provider if the employee is a
18 physician or ~~a nurse anesthetist~~ an advanced practice registered nurse or is a health
19 care practitioner who is providing health care services that are not ~~in collaboration~~
20 ~~with a physician under s. 441.15 (2) (b)~~ or under the direction and supervision of a
21 physician or ~~nurse anesthetist~~ advanced practice registered nurse.

22 **SECTION 150.** 655.005 (2) (b) of the statutes is amended to read:

23 655.005 (2) (b) A service corporation organized under s. 180.1903 by health care
24 professionals, as defined under s. 180.1901 (1m), if the board of governors determines
25 that it is not the primary purpose of the service corporation to provide the medical

ASSEMBLY BILL 154**SECTION 150**

1 services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses.
2 The board of governors may not determine under this paragraph that it is not the
3 primary purpose of a service corporation to provide the medical services of physicians
4 or ~~nurse anesthetists~~ advanced practice registered nurses unless more than 50
5 percent of the shareholders of the service corporation are neither physicians nor
6 ~~nurse anesthetists~~ advanced practice registered nurses.

7 **SECTION 151.** 655.23 (5m) of the statutes is amended to read:

8 655.23 (5m) The limits set forth in sub. (4) shall apply to any joint liability of
9 a physician or ~~nurse anesthetist~~ advanced practice registered nurse and his or her
10 corporation, partnership, or other organization or enterprise under s. 655.002 (1) (d),
11 (e), or (em).

12 **SECTION 152.** 655.27 (3) (a) 4. of the statutes is amended to read:

13 655.27 (3) (a) 4. For a health care provider described in s. 655.002 (1) (d), (e),
14 (em), or (f), risk factors and past and prospective loss and expense experience
15 attributable to employees of that health care provider other than employees licensed
16 as a physician or ~~nurse anesthetist~~ advanced practice registered nurse.

17 **SECTION 153.** 655.27 (3) (b) 2m. of the statutes is amended to read:

18 655.27 (3) (b) 2m. In addition to the fees and payment classifications described
19 under subds. 1. and 2., the commissioner, after approval by the board of governors,
20 may establish a separate payment classification for physicians satisfying s. 655.002
21 (1) (b) and a separate fee for ~~nurse anesthetists~~ advanced practice registered nurses
22 satisfying s. 655.002 (1) (b) which take into account the loss experience of health care
23 providers for whom Michigan is a principal place of practice.

24 **SECTION 154.** 655.275 (2) of the statutes is amended to read:

ASSEMBLY BILL 154

1 655.275 (2) APPOINTMENT. The board of governors shall appoint the members
2 of the council. Section 15.09, except s. 15.09 (4) and (8), does not apply to the council.
3 The board of governors shall designate the chairperson, who shall be a physician, the
4 vice chairperson, and the secretary of the council and the terms to be served by
5 council members. The council shall consist of 5 or 7 persons, not more than 3 of whom
6 are physicians who are licensed and in good standing to practice medicine in this
7 state and one of whom is ~~a nurse anesthetist~~ an advanced practice registered nurse
8 who is licensed and in good standing to practice nursing in this state. The
9 chairperson or another peer review council member designated by the chairperson
10 shall serve as an ex officio nonvoting member of the medical examining board and
11 may attend meetings of the medical examining board, as appropriate.

12 **SECTION 155.** 655.275 (5) (b) 2. of the statutes is amended to read:

13 655.275 (5) (b) 2. If a claim was paid for damages arising out of the rendering
14 of care by ~~a nurse anesthetist~~ an advanced practice registered nurse, with at least
15 one ~~nurse anesthetist~~ advanced practice registered nurse.

16 **SECTION 156.** 961.01 (19) (a) of the statutes is amended to read:

17 961.01 (19) (a) A physician, advanced practice registered nurse, dentist,
18 veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.975
19 (1) (b), a physician assistant, or other person licensed, registered, certified or
20 otherwise permitted to distribute, dispense, conduct research with respect to,
21 administer or use in teaching or chemical analysis a controlled substance in the
22 course of professional practice or research in this state.

23 **SECTION 157.** 961.395 of the statutes is amended to read:

24 **961.395 Limitation on advanced practice registered nurses.** (1) An
25 advanced practice registered nurse who is ~~certified~~ may issue prescription orders

ASSEMBLY BILL 154**SECTION 157**

1 under s. ~~441.16~~ 441.09 (2) may prescribe controlled substances only as permitted by
2 the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (a) 4.

3 (2) An advanced practice registered nurse ~~certified under s. 441.16~~ who may
4 issue prescription orders under s. 441.09 (2) shall include with each prescription
5 order the advanced practice nurse prescriber certification license number issued to
6 him or her by the board of nursing.

7 (3) An advanced practice registered nurse ~~certified under s. 441.16~~ who may
8 issue prescription orders under s. 441.09 (2) may dispense a controlled substance
9 only by prescribing or administering the controlled substance or as otherwise
10 permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (a) 4.

11 **SECTION 158. Nonstatutory provisions.**

12 (1) Using the procedure under s. 227.24, the board of nursing may promulgate
13 rules under ch. 441 that are necessary to implement the changes in this act.
14 Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide
15 evidence that promulgating a rule under this subsection as an emergency rule is
16 necessary for the preservation of the public peace, health, safety, or welfare and is
17 not required to provide a finding of emergency for a rule promulgated under this
18 subsection. A rule under this subsection may take effect no later than the date
19 specified in SECTION 159 (intro.) of this act. Notwithstanding s. 227.24 (1) (c) and (2),
20 a rule promulgated under this subsection is effective for 2 years after its
21 promulgation, or until permanent rules take effect, whichever is sooner, and the
22 effective period of a rule promulgated under this subsection may not be further
23 extended under s. 227.24 (2).

24 (2) (a) In this subsection, the definitions under s. 441.001 apply.

ASSEMBLY BILL 154

1 (b) Notwithstanding s. 441.09 (3), an individual who, on January 1, 2024, is
2 licensed as a registered nurse in this state and is practicing in a recognized role may
3 continue to practice advanced practice registered nursing and the corresponding
4 recognized role in which he or she is practicing and may continue to use the titles
5 corresponding to the recognized roles in which he or she is practicing during the
6 period before which the board takes final action on the person's application under s.
7 441.09. This paragraph does not apply after the first day of the 13th month
8 beginning after the effective date of this paragraph.

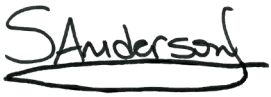
9 **SECTION 159. Effective dates.** This act takes effect on the first day of the 13th
10 month beginning after publication, except as follows:

11 (1) SECTION 158 (1) of this act takes effect on the day after publication.

12 (END)

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator		2) Date when request submitted: 01/29/2024 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: February 8, 2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Preliminary Rule Draft: N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Chapter N 6 revised after January meeting. 2. Preliminary Rule Draft: N 6, relating to delegated acts. 3. Nursing rule projects chart.			
11) Authorization			
		01/29/2024	
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.			

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.

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.

N 6.02 Definitions. As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. [441.16](#), Stats.

(1m) "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.

- (5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse or acts delegated by a registered nurse.
- (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.

~~(10m) "Provider" means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.~~

~~Note: There was an inadvertent error in CR 15-099. "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. 441.16, Stats. The error will be corrected in future rulemaking.~~

(10m) "Provider" means any licensed professional who is legally authorized to delegate acts within the scope of their practice.

(11) "R.N." means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

(12) "L.P.N." means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

(13) "Unlicensed Assistive Personnel (UAP)" means any unlicensed person who is at least 18 years old to whom nursing tasks or activities may be delegated and has received the appropriate education and documented training required to perform the delegated acts.

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, or UAPs.

(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 acts. In the performance of delegated acts an R.N. shall do all of the following:

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

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

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of provider.

(3) Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

(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.

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

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 provider:

(a) Accept only patient care ~~assignments~~ delegated acts 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 a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

(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. provider and provide basic health care instruction.

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 do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these ~~assignments~~ delegated acts.

(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 do all of the following:

(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.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

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.

STATE OF WISCONSIN
BOARD OF NURSING

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

PROPOSED ORDER

An order of the Board of Nursing to repeal N 6.02 (10m) (Note); to amend N 6.02 (5), 6.03 (1) (c), 6.04 (1) (a), (2) (b); to create N 6.02 (13); and to repeal and recreate N 6.02 (10m), relating to delegated acts.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Subchapter I of ch. 441, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 441.01 (3), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute...”

Section 441.01 (3), Stats., provides “[t]he board may (...) 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.”

Related statute or rule:

Subchapter I of ch. 441, Stats.

Plain language analysis:

Section N 6 contains the standards of practice for registered nurses and licensed practical nurses, which includes delegated acts. The Board of Nursing has reviewed and updated ch. N 6 with the following changes:

- Extension of the definition of “delegated acts”.

- More general definition of “provider” to broaden the range of professionals who are authorized to delegate acts.
- Addition of a definition of “unlicensed assistive personnel (UAP)”.
- Inclusion of UAPs as staff who could be performing interventions under the directing or supervision of registered nurses.
- Replacement of the term “assignments” to “delegated acts” under standards of practice for licensed practical nurses.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

The Illinois Nurse Practice Act in their Compiled Statutes do not mention a definition of “delegated act”, “delegation”, or “unlicensed assistive personnel”. However, a definition of “delegation” can be found in the Illinois Administrative Code Section 1300.20, and it states that “‘delegation’ means transferring to a specific individual the authority to perform a specific nursing intervention, in a specific situation”. The section indicates that a registered nurse can delegate medication administration to other licensed nurses or to unlicensed personnel in community-based or in-home care settings as long as certain parameters established in the section have been met. The section also specifies the actions that are prohibited to delegate, such as delegating medication administration to unlicensed personnel in any institutional or long-term facility.

Iowa:

Neither Iowa’s Statutes nor Administrative Code contain a definition of “delegated acts” or “delegation”. The Administrative Code contains a definition of “unlicensed assistive personnel” as “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” [655 IAC 6.1(152)].

Iowa’s Administrative Code specifies the parameters that a registered nurse must comply with when delegating tasks to another registered nurse or licensed practical nurse. The Code also specifies that a registered nurse can delegate tasks to unlicensed assistive personnel (UAP) under certain circumstances, which include ensuring that the UAP has appropriate education and training and has demonstrated competency to perform the delegated tasks, that the task does not exceed the UAP scope of employment and that the tasks pose minimal risk to the patient [655 IAC 6.2(7)].

Michigan:

Michigan does not have a specific Nurse Practice Act in its Statutes. Instead, Michigan has an act that regulates the practice of nursing along with other health professions, which is part of the Michigan Public Health Code contained within the Statutes. In this act, there is a definition of “delegation” as “authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope

of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession” [333 MCL Section 16104]

Delegation parameters are detailed in the Michigan’s Administrative Code and state that a registered nurse may delegate tasks only within the registered nurse’s scope of practice and that the registered nurse holds ultimate responsibility for the delegated acts performed by the delegatee within the scope of the delegation. It also states that the registered nurse has to determine the qualifications, knowledge, and skills of the delegatee before the delegation, and that the registered nurse is responsible for supervising and evaluating the performance of the delegatee. [MI Admin. Code R 338.10104]

Minnesota:

The Minnesota Statutes contains the Nurse Practice Act that provides a definition of “delegation” as a “transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation” [MN Stats. 148.171 Subd. 7a.] and also provides a definition of “unlicensed assistive personnel” as “any unlicensed person to whom nursing tasks or activities may be delegated or assigned, as approved by the board” [MN Stats. 148.171 Subd. 24.] The Nurse Practice Act in Minnesota does not mention parameters for delegation outside of the basic practice standards of professional nurses, though the Statutes mention that “delegating or accepting delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care” is considered unprofessional conduct. [MN Stats. 148.261 (8)]

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of chapter N 6 and nursing practice standards from the adjacent states (Illinois, Iowa, Michigan, and Minnesota). The Board provided input and feedback to determine any changes or updates needed in addition to reviewing comments from subject matter experts from the Department of Health Services, Department of Public Instruction, and Wisconsin Nurses Association.

Fiscal estimate and economic impact analysis:

The fiscal estimate and economic impact analysis are attached.

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

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.

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 Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing to be held on a date TBD to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. N 6.02 (5) is amended to read:

(5) “Delegated act” means acts delegated to a registered nurse or licensed practical nurse or acts delegated by a registered nurse.

SECTION 2. N 6.02 (10m) is repealed and recreated to read:

(10m) “Provider” means any licensed professional who is legally authorized to delegate acts within the scope of their practice.

SECTION 3. N 6.02 (10m) (Note) is repealed.

SECTION 4. N 6.02 (13) is created to read:

(13) “Unlicensed Assistive Personnel (UAP)” means any unlicensed person who is at least 18 years old to whom nursing tasks or activities may be delegated and has received the appropriate education and documented training required to perform the delegated acts.

SECTION 5. N 6.03 (1) (c) is amended to read:

(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~~ **less** skilled assistants, or UAPs.

SECTION 6. N 6.04 (1) (a) is amended to read:

(a) Accept only patient care assignments delegated acts which the L.P.N. is competent to perform.

SECTION 7. N 6.04 (2) (b) is amended to read:

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his

or her nursing education, training or experience which prepares the L.P.N. to competently perform these ~~assignments~~ delegated acts.

SECTION 8. 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.

(END OF TEXT OF RULE)

DRAFT

**Board of Nursing
Rule Projects (Updated 01/29/2024)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel (permanent rule)	The Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	No action taken by Legislature. Adoption Order under legal review.	After Board's approval, Adoption Order can be published in the Administrative Register.
	049-22	12/20/2024	N/A	SPS 11	Military Medical Personnel (permanent rule)	Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program.	No action taken by Legislature. Adoption Order under legal review.	After Secretary's approval, Adoption Order can be published in the Administrative Register.

Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Drafting rule	EIA comment period

Board of Nursing

Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	
			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	
			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brenda Taylor, Board Services Supervisor		2) Date when request submitted: 2/1/2023 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 2/8/2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: The Board should discuss topics for the next newsletter and consider the topic list as outlined below. January 2024 Issue: in proofing <ul style="list-style-type: none"> • Chair’s Corner – Robert Weinman • New member Intro articles with photos /Headshots [Kane, Malak, Sabourin] <i>received</i> [McNally] requested • Board Orders since 7/21/2023 (to Dec 31) May 2024 issue [May Nurses Month] <ul style="list-style-type: none"> • Chairs Corner • Possible article on burnout • Article Deadline: 3/20/2024 • Reminder Deadline: 3/13/2024 • Orders update 3/22/2024 Articles/Ideas: <ul style="list-style-type: none"> • Rotating Articles on Professional Nursing Roles • New Member introductions with headshots (<i>As needed for new appointments, subject to oath receipts</i>) • Rotating Articles on Nurse Administrative Code • Possible N6 Status update • Consider reports by Robert Weinman and Brad Wojciechowski for newsletter articles on retention and recruitment, pipeline and the impact of Exam Room AI and AI in practice. (<i>mentioned at October meeting</i>) • Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman • Reminder to Update Contact Information – DSPS Staff • Archive: https://dps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter.aspx 			
11) <i>Brenda Taylor</i>		Authorization 12/15/2023	
Signature of person making this request		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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. 			