Wisconsin Department of Safety and Professional Services Division of Policy Development 4822 Madison Yards Way, 2nd Floor PO Box 8366 Madison WI 53708-8366



Phone: 608-266-2112 Web: http://dsps.wi.gov Email: dsps@wisconsin.gov

Tony Evers, Governor Dawn B. Crim, Secretary

VIRTUAL/TELECONFERENCE MEDICAL EXAMINING BOARD

Virtual, 4822 Madison Yards Way, Madison Contact: Valerie Payne (608) 266-2112 August 18, 2021

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 July 21, 2021 (6-12)
- C. Introductions, Announcements and Recognition
- D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration

- 1) Board, Department and Staff Updates
- 2) Board Members Term Expiration Dates
 - a. Milton Bond, Jr. 7/1/2023
 - b. Clarence Chou -7/1/2023
 - c. Kris Ferguson -7/1/2025
 - d. Diane Gerlach -7/1/2024
 - e. Sumeet Goel -7/1/2023
 - f. Carmen Lerma -7/1/2024
 - g. Michael Parish -7/1/2023
 - h. Rachel Sattler -7/1/2024
 - i. Gregory Schmeling 7/1/2025
 - j. Derrick Siebert 7/1/2025
 - k. Sheldon Wasserman 7/1/2023
 - 1. Lemuel Yerby -7/1/2024
 - m. Emily Yu 7/1/2024
- 3) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 4) Assignment of Screening Panel and Examination Panel Liaisons
- 5) Wis. Stat. § 15.085 (3)(b) Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

F. Presentation and Consideration of the Heroes for Healthcare Proposed Military Medics and Corpsmen Program

G. Legislative and Policy Matters – Discussion and Consideration

1) 2021 Senate Bill 394 and Assembly Bill 396, Relating to Advanced Practice Registered Nurses (13-153)

H. Administrative Rule Matters – Discussion and Consideration (154)

- 1) Adoption Orders
 - a. Med 10, Relating to Unprofessional Conduct (155-157)
 - b. Med 13, Relating to CME Requirements (**158-161**)
- 2) Preliminary Rule Drafts
 - a. AT 2, Relating to Reciprocal Credentials for Service Members, Former Service Members, and Their Spouses (162-164)
 - b. OT 2, Relating to Licensure Requirements (165-167)
- 3) Implemented Scope: Med 1, Relating to Licensure (168-169)
- 4) Cos 2, 3, 5, & 8, Relating to Scope of Practice, Mobile Practice, and Distance Learning Preliminary Rule Draft (170-175)
- 5) Pending or Possible Rulemaking Projects

I. CE Broker – Discussion and Consideration

- J. COVID-19 Discussion and Consideration
- K. Federation of State Medical Boards (FSMB) Matters Discussion and Consideration
- L. Controlled Substances Board Report
- M. Interstate Medical Licensure Compact Commission (IMLCC) Report from Wisconsin's Commissioners Discussion and Consideration
- N. Newsletter Matters Discussion and Consideration
- O. MED-PA Collaboration Committee Report
- P. Screening Panel Report
- Q. Future Agenda Items
- R. Discussion and Consideration of Items Added After Preparation of Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 3) Administrative Matters
 - 4) Election of Officers
 - 5) Appointment of Liaisons and Alternates
 - 6) Delegation of Authorities
 - 7) Education and Examination Matters
 - 8) Credentialing Matters
 - 9) Practice Matters
 - 10) Legislative and Policy Matters
 - 11) Administrative Rule Matters

- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 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, or Public Relation Requests, and Reports

S. 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 448.02(8), 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.).

T. Deliberation on DLSC Matters

- 1) Proposed Stipulations, Final Decisions and Orders
 - a. 20 MED 297 Andrea M. Mattison, PA (176-181)
 - b. 20 MED 297 Neil A. Shepler, MD (**182-187**)
 - c. 20 MED 385 Joseph D. Spennetta, MD (**188-196**)
 - d. 20 MED 482 Waheed Jalazai, MD (**197-202**)
 - e. 21 MED 034 Dennis E. Colby, DO (**203-208**)
- 2) Complaints
 - a. 18 MED 316 D.I.S. (**209-211**)
- 3) Stipulations and Interim Orders
 - a. 21 MED 191 Francis F. Joseph, MD (212-217)
- 4) Administrative Warnings
 - a. 20 MED 317 A.V.B. (218-219)
 - b. 21 MED 007 J.K.B. (220-222)
 - c. 21 MED 251 J.A.R. (223-224)
- 5) Case Closings
 - a. 19 MED 165 B.B. (225-250)
 - b. 19 MED 557 D.R.F. (**251-257**)
 - c. 20 MED 258 S.C.M. (258-268)
 - d. 21 MED 018 R.A.H. (269-273)
 - e. 21 MED 026 A.D.S. (274-287)
 - f. 21 MED 057 D.J.K. (288-293)

- g. 21 MED 100 K.I.C. (**294-302**)
- h. 21 MED 214 J.D.Z. (303-318)
- **6)** Monitoring Matters
 - a. Craig Maskil, MD Results of AODA Assessment and Fitness-for-Practice Evaluation (319-366)

U. Credentialing Matters

- 1) Waiver of 24 Months of Post-Graduate Training
 - a. Andrew Bentall, MD (**367-387**)
- 2) Application Review
 - a. 10:00 A.M. APPEARANCE: David Kim, MD (388-398)
 - b. Shannon Wiggins, DO (399-486)
- V. 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) Complaints
 - 15) Case Closings
 - 16) Board Liaison Training
 - 17) Petitions for Extension of Time
 - 18) Petitions for Assessments and Evaluations
 - 19) Petitions to Vacate Orders
 - 20) Remedial Education Cases
 - 21) Motions
 - 22) Petitions for Re-Hearing
 - 23) Appearances from Requests Received or Renewed
- W. Open Cases
- X. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- Y. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate
- Z. Open Session Items Noticed Above Not Completed in the Initial Open Session
- AA. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE VIRTUAL/TELECONFERENCE

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of **three** (3) (at time of agenda publication) Candidates for Licensure – **Dr. Chou** and **Dr. Yerby**

NEXT MEETING: SEPTEMBER 15, 2021

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 at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. 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 deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

VIRTUAL/TELECONFERENCE MEDICAL EXAMINING BOARD MEETING MINUTES JULY 21, 2021

PRESENT: Milton Bond, Jr., Clarence Chou, M.D.; Kris Ferguson, M.D.; Diane Gerlach,

D.O.; Sumeet Goel, D.O.; Carmen Lerma; Michael Parish, M.D.; Rachel Sattler; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Sheldon Wasserman, M.D.;

Lemuel Yerby, M.D., Emily Yu, M.D.

STAFF: Valerie Payne, Executive Director; Jameson Whitney, Legal Counsel; Jon

Derenne, Legal Counsel; Megan Glaeser, Bureau Assistant; and other Department

staff

CALL TO ORDER

Sheldon Wasserman, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with thirteen (13) members present.

ADOPTION OF AGENDA

Amendment to the Agenda

- Under item "U. Credentialing Matters; 1) Full Board Oral Examination; a. 9:00 A.M. APPEARANCE Jamal Zereik" **AMEND**:
 - Application Review
 - Jamal Zereik

MOTION: Diane Gerlach moved, seconded by Sumeet Goel, to adopt the Agenda as

amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 16, 2021

MOTION: Michael Parish moved, seconded by Clarence Chou, to approve the

Minutes of June 16, 2021 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS			
Credentialing Liaison(s)	Lemuel Yerby, Emily Yu, Michael Parish, Diane Gerlach, Kris Ferguson, Gregory Schmeling, Derrick Siebert Alternate: Clarence Chou		
Education and Examinations Liaison(s)	Sumeet Goel, Clarence Chou		
Continuing Education Liaison(s)	Michael Parish Alternate: Diane Gerlach		

Monitoring Liaison(s)	Kris Ferguson Alternate: Clarence Chou		
Professional Assistance Procedure (PAP) Liaison(s)	Kris Ferguson Alternate: Clarence Chou		
Legislative Liaison	Sumeet Goel, Sheldon Wasserman		
Travel Liaison(s)	Sumeet Goel Alternate: Diane Gerlach		
Newsletter Liaison(s)	Sheldon Wasserman Alternate: Sumeet Goel Michael Parish Alternate: Kris Ferguson		
Prescription Drug Monitoring Program Liaison(s)			
Website Liaison(s)	Sumeet Goel Alternate: Milton Bond, Jr Sumeet Goel Alternate: Lemuel Yerby		
Administrative Rules Liaison(s)			
Appointed to Controlled Substances Board as per Wis. Stats. §15.405(5g) (MED)	Kris Ferguson Alternate: Michael Parish		

OTHER APPOINTMENTS			
Council on Anesthesiologist Assistants	Kris Ferguson		
Interstate Medical Licensure Compact Commission (IMLCC) (2 reps)	Sheldon Wasserman, Clarence Chou		
Licensure Forms Committee	Derrick Siebert, Diane Gerlach, Emily Yu		
MED-PA Collaboration Committee	Sumeet Goel (Chairperson), Lemuel Yerby, Jennifer Jarrett, Eric Elliot, Reid Bowers		

MOTION: Michael Parish moved, seconded by Diane Gerlach, to appoint Kris

Ferguson to the Council on Anesthesiologist Assistants as the Medical

Examining Board representative. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

<u>Cos 2, 3, 5, & 8, Relating to Scope of Practice, Mobile Practice, Distance Learning – Preliminary Rule Draft</u>

MOTION: Milton Bond, Jr. moved, seconded by Michael Parish, to delegate Sumeet Goel and Edit Olasz to a joint committee that may be established with the

Cosmetology Examining Board to discuss potential rule changes concerning scope of practice as discussed at the July 21, 2021 meeting. Motion carried unanimously.

CLOSED SESSION

MOTION:

Diane Gerlach moved, seconded by Michael Parish, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Sheldon Wasserman, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Kris Ferguson-yes; Diane Gerlach-yes; Carmen Lerma-yes; Sumeet Goel-yes; Michael Parish-yes; Rachel Sattler-yes; Gregory Schmeling-yes; Derrick Siebert-yes; Sheldon Wasserman-yes; Lemuel Yerby-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:58 a.m.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Stipulations, Final Decisions and Orders

19 MED 166 - Karen A. Frodl, RCP

MOTION:

Michael Parish moved, seconded by Sumeet Goel, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Karen A. Frodl, RCP, DLSC Case Number 19 MED 166. Motion carried unanimously.

19 MED 177 – Wayne A. Brearley, MD

MOTION:

Diane Gerlach moved, seconded by Carmen Lerma, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Wayne A. Brearley, MD, DLSC Case Number 19 MED 177. Motion carried unanimously.

(Gregory Schmeling recused himself and left the room for deliberation and voting in the matter concerning Wayne A. Brearley, MD, DLSC Case Number 19 MED 177.)

19 MED 546 - Nestor E. Machare-Delgado, MD

MOTION: Lemuel Yerby moved, seconded by Emily Yu, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary

proceedings against Nestor E. Machare-Delgado, MD, DLSC Case Number 19 MED 546. Motion carried unanimously.

20 MED 146 - Amy J. Kaiser, RCP

MOTION:

Diane Gerlach moved, seconded by Milton Bond, Jr., to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Amy J. Kaiser, RCP, DLSC Case Number 20 MED 146. Motion carried unanimously.

21 MED 155 - Thomas E. Kinney, MD

MOTION:

Milton Bond, Jr. moved, seconded by Carmen Lerma, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas E. Kinney, MD, DLSC Case Number 21 MED 155. Motion carried unanimously.

21 MED 191 – Lawrence O. Martin, MD

MOTION:

Michael Parish moved, seconded by Clarence Chou, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Lawrence O. Martin, MD, DLSC Case Number 21 MED 191. Motion carried unanimously.

Complaints

19 MED 303 – M.J.K.

MOTION:

Sumeet Goel moved, seconded by Derrick Siebert, to find probable cause in DLSC Case Number 19 MED 303, to believe that M.J.K. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

(Sheldon Wasserman recused himself and left the room for deliberation and voting in the matter concerning M.J.K., Respondent, DLSC Case Number 19 MED 303.)

20 MED 281 - S.L.P.

MOTION:

Michael Parish moved, seconded by Kris Ferguson, to find probable cause in DLSC Case Number 20 MED 281, to believe that S.L.P. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried unanimously.

(Sheldon Wasserman recused himself and left the room for deliberation and voting in the matter concerning S.L.P., Respondent, DLSC Case Number 20 MED 281.)

Administrative Warnings

19 MED 177 – S.L.V.

MOTION: Clarence Chou moved, seconded by Diane Gerlach, to issue an Administrative Warning in the matter of S.L.V., DLSC Case Number 19

MED 177. Motion carried unanimously.

(Gregory Schmeling recused himself and left the room for deliberation and voting in the matter concerning S.L.V., DLSC Case Number 19 MED 177.)

19 MED 415 – P.S.S.

MOTION: Michael Parish moved, seconded by Milton Bond, Jr., to issue an

Administrative Warning in the matter of P.S.S., DLSC Case Number 19

MED 415. Motion carried unanimously.

20 MED 297 - A.A.M.

MOTION: Sumeet Goel moved, seconded by Diane Gerlach, to decline to issue an

Administrative Warning in the matter of A.A.M., DLSC Case Number 20 MED 297 and to refer the matter back to DLSC for further action. Motion

carried unanimously.

20 MED 297 - N.A.S.

MOTION: Sumeet Goel moved, seconded by Michael Parish, to decline to issue an Administrative Warning in the matter of N.A.S., DLSC Case Number 20

MED 297 and to refer the matter back to DLSC for further action. Motion

carried unanimously.

20 MED 410 - P.S.D.

MOTION: Derrick Siebert moved, seconded by Lemuel Yerby, to issue an

Administrative Warning in the matter of P.S.D., DLSC Case Number 20

MED 410. Motion carried unanimously.

21 MED 153 – N.M.S.

MOTION: Michael Parish moved, seconded by Sumeet Goel, to issue an

Administrative Warning in the matter of N.M.S., DLSC Case Number 21

MED 153. Motion carried unanimously.

Case Closings

MOTION: Gregory Schmeling moved, seconded by Emily Yu, to close the following DLSC Cases for the reasons outlined below:

- 1. 18 MED 160 T.K. Prosecutorial Discretion (P7)
- 2. 18 MED 303 D.T.M. Insufficient Evidence
- 3. 19 MED 480 K.R.J. No Violation
- 4. 19 MED 532 P.J.K. No Violation
- 5. 20 MED 116 G.W.D. No Violation
- 6. 20 MED 129 M.H. No Violation
- 7. 20 MED 277 J.M.E. No Violation
- 8. 20 MED 356 D.M.S. No Violation
- 9. 20 MED 412 J.J.V. Prosecutorial Discretion (P7)
- 10. 20 MED 425 M.J.S. No Violation
- 11. 20 MED 493 U.U. Insufficient Evidence
- 12. 21 MED 041 J.S.O. Prosecutorial Discretion (P1)
- 13. 21 MED 072 L.M.F. No Violation
- 14. 21 MED 136 L.L.T. Prosecutorial Discretion (P5)

Motion carried unanimously.

Monitoring Matters

Juan Preciado-Riestra, MD – Requesting Full Licensure

MOTION: Sumeet Goel moved, seconded by Michael Parish, to grant the request of Juan Preciado-Riestra, MD for full licensure. Motion carried unanimously.

Michael Hazelberg, DO – Results of AODA Assessment and Fitness-for-Practice Evaluation

MOTION: Michael Parish moved, seconded by Sumeet Goel, that pursuant to the 3/17/2021 order and the results of the Fitness-to-Practice evaluation, reinstate the license of Michael Hazelberg, D.O. to full unrestricted status. Motion carried. Opposed: Rachel Sattler

PROPOSED FINAL DECISIONS AND ORDERS

<u>Tatjana Stevanovic, MD – DHA Case Number SPS-20-0006/DLSC Case Number 20 MED</u> 043

MOTION: Sumeet Goel moved, seconded by Clarence Chou, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Tatjana Stevanovic, MD, Respondent – DHA Case Number SPS-20-0006/DLSC Case Number 20 MED 043.

Motion carried unanimously

Motion carried unanimously.

(Jameson Whitney recused himself and left the room for deliberation and voting in the matter concerning Tatjana Stevanovic, MD, Respondent, DHA Case Number SPS-20-0006/DLSC Case Number 20 MED 043. Jon Derenne assumed the role of Legal Counsel for the duration of deliberation and voting.)

CREDENTIALING MATTERS

Application Reviews

Jamal Zereik

MOTION: Diane Gerlach moved, seconded by Milton Bond, Jr., to approve the

Medicine and Surgery application of Jamal Zereik, pending proof of CME requirements and once all requirements are met. The Board delegates the Chairperson to address all questions regarding this matter. Motion carried

unanimously.

Richard Ng

MOTION: Sumeet Goel moved, seconded by Kris Ferguson, to find that the

convictions of Dr. Richard Ng are substantially related to the practice of medicine, to find that he has not shown adequate rehabilitation at this time to be licensed to practice medicine and surgery, and to issue a denial of his

predetermination request. <u>Reason for Denial:</u> substantially related conviction under s. 111.335(4). Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Michael Parish moved, seconded by Milton Bond, Jr., to reconvene to

Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 12:01 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Clarence Chou moved, seconded by Lemuel Yerby, 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.)

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Michael Parish moved, seconded by Diane Gerlach, to delegate

ratification of examination results to DSPS staff and to ratify all licenses

and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Diane Gerlach moved, seconded by Michael Parish, to adjourn the

meeting. Motion carried unanimously.

The meeting adjourned at 12:04 p.m.

State of Wisconsin Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:			2) Date when request submitted:		
Valerie Payne, Executive Director on behalf of Shelc Wasserman, Chair			don		red late if submitted after 12:00 p.m. on the deadline less days before the meeting
3) Name of Board, Com	mittee, Co	ouncil, Sections:			
Medical Examining Boa	rd				
4) Meeting Date:	5) Attachments: 6) How		6) How	should the item be ti	tled on the agenda page?
8/18/2021	⊠ Ye	es	Before	Administrative Rule I	Matters, add:
	☐ No	0	Legisla	tive and Policy Matte	rs – Discussion and Consideration
				21 Senate Bill 394 and actice and Registered	d Assembly Bill 396, Relating to Advanced I Nurses
7) Place Item in:	1	,		the Board being	9) Name of Case Advisor(s), if required:
		scheduled? (If ye Appearance Requirements)			
☐ Closed Session			ucst for in	on-bor o olanj	
		│			
10) Describe the issue a	and action		dressed:		
registered nurses.	Board wil				396 and SB 394, relating to advanced practice
11)		,	Authoriza	tion	
Valerie Payne					8/11/2021
Signature of person ma	king 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.					



State of Misconsin 2021 - 2022 LEGISLATURE

LRB-3325/1 KP/MED/TJD:emw

2021 ASSEMBLY BILL 396

June 14, 2021 - Introduced by Representatives Cabral-Guevara, Magnafici, Brandtjen, Brooks, Callahan, Gundrum, Kitchens, Knodl, Krug, Kuglitsch, Kurtz, Macco, Murphy, Petersen, J. Rodriguez, Rozar, Skowronski, Snyder, Tauchen, Tittl, Tusler, Wichgers, Riemer and Dittrich, cosponsored by Senators Testin, Felzkowski, Marklein, Stroebel and Jacque. Referred to Committee on Health.

AN ACT to repeal 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3., 1 2 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 441.19, 448.035 (1) 3 (a) and 450.01 (1m); to renumber and amend 253.13 (1), 255.06 (1) (d), 441.06 4 5 (7) and 441.11 (2); **to amend** 14.87 (title), 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 6 7 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) 8 (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 9 10 102.13 (1) (d) 1., 2., 3. and 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 11 2., 102.29 (3), 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 12 13 146.89 (1) (r) 1., 146.89 (1) (r) 8., 146.89 (6), 154.01 (1g), 252.07 (8) (a) 2., 252.07 14 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and (10), 252.15 (3m) (d) 11. b. and 13.,

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(5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d), 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51 (1), 343.62 (4) (a) 4., 440.094 (1) (c) 1., 440.094 (2) (a) (intro.), 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01 (7) (a) (intro.), 441.01 (7) (b), 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c) and (e), 441.10 (7), 441.18 (2) (a) (intro.), 441.18 (2) (b), 441.18 (3), subchapter II (title) of chapter 441 [precedes 441.51], 441.51 (title), 448.03 (2) (a), 448.035 (2), (3) and (4), 448.56 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16) (hr) 2., 450.03 (1) (e), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 450.135 (7) (b), 462.04, 655.001 (7t), 655.001 (9), 655.005 (2) (a), 961.01 (19) (a) and 961.395; to repeal and recreate 46.03 (44), 50.08 (2), 70.47 (8) (intro.), 146.82 (3) (a), 146.89 (1) (r) 1., 155.01 (1g) (b), 255.07 (1) (d), 343.16 (5) (a), 441.06 (title), 448.03 (2) (a), 448.035 (2), (3) and (4), 448.956 (1m), 450.11 (1g) (b), 450.11 (1i) (a) 1., 462.04 and 961.01 (19) (a); and **to create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47., 441.001 (1c), 441.001 (1m), 441.001 (3c), 441.001 (3g), 441.001 (3n), 441.001 (3r), 441.001 (3w), 441.001 (5), 441.01 (7) (c), 441.09 and 441.092 of the statutes; relating to: advanced practice registered nurses, extending the time

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limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making 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 in an amount determined 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, 2019, was 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.

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 APRNs with a specialty designation as a certified nurse-midwife to file and keep current with DSPS a plan for involving a hospital or physician in treating certain patients if the APRN practices outside of a hospital.

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 were practicing in a recognized role on January 1, 2019, but who did 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 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.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs, including various terminology changes and technical changes relating to the Nurse Licensure Compact.

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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:

Section 1. 14.87 (title) of the statutes is amended to read:

14.87 (title) Enhanced nurse Nurse licensure compact.

SECTION 2. 29.193 (1m) (a) 2. (intro.) of the statutes is amended to read:

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

Section 3. 29.193 (2) (b) 2. of the statutes is amended to read:

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

Section 4. 29.193 (2) (c) 3. of the statutes is amended to read:

29.193 (2) (c) 3. The department may issue a Class B permit to an applicant who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the applicant and the recommendation of a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a certified licensed

advanced practice <u>registered</u> nurse <u>prescriber</u> selected by the applicant from a list of licensed physicians, licensed physician assistants, licensed chiropractors, licensed podiatrists, and <u>certified licensed</u> advanced practice <u>nurse prescribers registered nurses</u> compiled by the department, the department finds that issuance of a permit complies with the intent of this subsection. The use of this review procedure is discretionary with the department and all costs of the review procedure shall be paid by the applicant.

Section 5. 29.193 (2) (cd) 2. b. of the statutes is amended to read:

29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function in one or both arms and fails to meet the minimum standards of the standard upper extremity pinch test, the standard grip test, or the standard nine-hole peg test, administered under the direction of a licensed physician, a licensed physician assistant, a licensed chiropractor, or a certified licensed advanced practice registered nurse prescriber.

Section 6. 29.193 (2) (cd) 2. c. of the statutes is amended to read:

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

Section 7. 29.193 (2) (e) of the statutes is amended to read:

29.193 (2) (e) *Review of decisions*. An applicant denied a permit under this subsection, except a permit under par. (c) 3., may obtain a review of that decision by a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a <u>certified licensed</u> advanced practice <u>registered</u> nurse

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prescriber designated by the department and with an office located in the department district in which the applicant resides. The department shall pay for the cost of a review under this paragraph unless the denied application on its face fails to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is the only method of review of a decision to deny a permit under this subsection and is not subject to further review under ch. 227.

SECTION 8. 29.193 (3) (a) of the statutes is amended to read:

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

SECTION 9. 45.40 (1g) (a) of the statutes is amended to read:

45.40 (**1g**) (a) "Health care provider" means an advanced practice <u>registered</u> nurse <u>prescriber certified who may issue prescription orders</u> under s. 441.16 <u>441.09</u> (2), an audiologist licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician licensed under s. 448.02, or a podiatrist licensed under s. 448.63.

Section 10. 46.03 (44) of the statutes is amended to read:

46.03 (44) Sexually transmitted disease treatment information. Prepare and keep current an information sheet to be distributed to a patient by a physician, a physician assistant, or certified an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2) providing expedited partner therapy to that patient under s. 441.092 or 448.035. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement

advising a person with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

SECTION 11. 46.03 (44) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

46.03 (44) Sexually transmitted disease treatment information. Prepare and keep current an information sheet to be distributed to a patient by a physician, physician assistant, or an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2) providing expedited partner therapy to that patient under s. 441.092, 448.035, or 448.9725. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

Section 12. 50.01 (1b) of the statutes is repealed.

Section 13. 50.08 (2) of the statutes is amended to read:

50.08 **(2)** A physician, an advanced practice <u>registered</u> nurse <u>prescriber</u> eertified <u>who may issue prescription orders</u> under s. 441.16 <u>441.09</u> (2), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

SECTION 14. 50.08 (2) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

50.08 (2) A physician, an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2), or a physician assistant, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain

disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

SECTION 15. 50.09 (1) (a) (intro.) of the statutes is amended to read:

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

SECTION 16. 50.09 (1) (f) 1. of the statutes is amended to read:

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

Section 17. 50.09 (1) (h) of the statutes is amended to read:

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

Section 18. 50.09 (1) (k) of the statutes is amended to read:

50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician

assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> for a specified and limited period of time and documented in the resident's medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> within 12 hours. Any use of physical restraints shall be noted in the resident's medical records. "Physical restraints" includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

SECTION 19. 50.49 (1) (b) (intro.) of the statutes is amended to read:

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

Section 20. 51.41 (1d) (b) 4. of the statutes is amended to read:

51.41 (1d) (b) 4. A psychiatric mental health advanced practice <u>registered</u> nurse who is suggested by the Milwaukee County board of supervisors. The Milwaukee County board of supervisors shall solicit suggestions from organizations including the Wisconsin Nurses Association for individuals who specialize in a full

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continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services. The Milwaukee County board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric mental health advanced practice <u>registered</u> nurses for this board membership position.

Section 21. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 (8) Hearing. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, osteopath, physician assistant, as defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under ch. 441 that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

SECTION 22. 70.47 (8) (intro.) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's

representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, physician assistant, or advanced practice registered nurse licensed under ch. 441 that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

Section 23. 77.54 (14) (f) 3. of the statutes is repealed.

Section 24. 77.54 (14) (f) 4. of the statutes is amended to read:

77.54 (14) (f) 4. An advanced practice <u>registered</u> nurse <u>who may issue</u> <u>prescription orders under s. 441.09 (2)</u>.

Section 25. 97.59 of the statutes is amended to read:

97.59 Handling foods. No person in charge of any public eating place or other establishment where food products to be consumed by others are handled may knowingly employ any person handling food products who has a disease in a form that is communicable by food handling. If required by the local health officer or any officer of the department for the purposes of an investigation, any person who is employed in the handling of foods or is suspected of having a disease in a form that is communicable by food handling shall submit to an examination by the officer or by a physician, physician assistant, or advanced practice registered nurse prescriber designated by the officer. The expense of the examination, if any, shall be paid by the person examined. Any person knowingly infected with a disease in a form that is communicable by food handling who handles food products to be consumed by others

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and any persons knowingly employing or permitting such a person to handle food products to be consumed by others shall be punished as provided by s. 97.72.

Section 26. 102.13 (1) (a) of the statutes is amended to read:

by an employee, the employee shall, upon the written request of the employee's employer or worker's compensation insurer, submit to reasonable examinations by physicians, chiropractors, psychologists, dentists, physician assistants, advanced practice nurse prescribers registered nurses, or podiatrists provided and paid for by the employer or insurer. No employee who submits to an examination under this paragraph is a patient of the examining physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist for any purpose other than for the purpose of bringing an action under ch. 655, unless the employee specifically requests treatment from that physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist.

SECTION 27. 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to read:

102.13 (1) (b) (intro.) An employer or insurer who requests that an employee submit to reasonable examination under par. (a) or (am) shall tender to the employee, before the examination, all necessary expenses including transportation expenses. The employee is entitled to have a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or podiatrist provided by himself or herself present at the examination and to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced

practice <u>registered</u> nurse prescriber , or vocational expert immediately upon receipt
of those reports by the employer or worker's compensation insurer. The employee is
also entitled to have a translator provided by himself or herself present at the
examination if the employee has difficulty speaking or understanding the English
language. The employer's or insurer's written request for examination shall notify
the employee of all of the following:

- 1. The proposed date, time, and place of the examination and the identity and area of specialization of the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or vocational expert.
- 3. The employee's right to have his or her physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or podiatrist present at the examination.
- 4. The employee's right to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or vocational expert immediately upon receipt of these reports by the employer or worker's compensation insurer.

SECTION 28. 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read: 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or vocational expert who is present at any examination under par. (a) or (am) may be required to testify as to the results of the examination.

2. Any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or podiatrist who attended a worker's

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- compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may be required to testify before the division when the division so directs.
- 3. Notwithstanding any statutory provisions except par. (e), any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or podiatrist attending a worker's compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may furnish to the employee, employer, worker's compensation insurer, department, or division information and reports relative to a compensation claim.
- 4. The testimony of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or podiatrist who is licensed to practice where he or she resides or practices in any state and the testimony of any vocational expert may be received in evidence in compensation proceedings.

SECTION 29. 102.13 (2) (a) of the statutes, as affected by 2021 Wisconsin Act 29, is amended to read:

102.13 (2) (a) An employee who reports an injury alleged to be work-related application files for hearing an waives any physician-patient, orpsychologist-patient, or chiropractor-patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within a reasonable time after written request by the employee, employer,

worker's compensation insurer, department, or division, or its representative, provide that person with any information or written material reasonably related to any injury for which the employee claims compensation. If the request is by a representative of a worker's compensation insurer for a billing statement, the physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within 30 days after receiving the request, provide that person with a complete copy of an itemized billing statement or a billing statement in a standard billing format recognized by the federal government.

Section 30. 102.13 (2) (b) of the statutes is amended to read:

102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, hospital, or health service provider shall furnish a legible, certified duplicate of the written material requested under par. (a) in paper format upon payment of the actual costs of preparing the certified duplicate, not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified duplicate of that material in electronic format upon payment of \$26 per request. Any person who refuses to provide certified duplicates of written material in the person's custody that is requested under par. (a) shall be liable for reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in enforcing the requester's right to the duplicates under par. (a).

Section 31. 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

102.17 (1) (d) 1. The contents of certified medical and surgical reports by physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse prescribers registered nurses, and chiropractors licensed in

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and practicing in this state, and of certified reports by experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by a party for compensation constitute prima facie evidence as to the matter contained in those reports, subject to any rules and limitations the division prescribes. Certified reports of physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse prescribers registered nurses, and chiropractors, wherever licensed and practicing, who have examined or treated the claimant, and of experts, if the practitioner or expert consents to being subjected to cross-examination, also constitute prima facie evidence as to the matter contained in those reports. Certified reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are admissible as evidence of the diagnosis, necessity of the treatment, and cause and extent of the disability. Certified reports by doctors of dentistry, physician assistants, and advanced practice nurse prescribers registered nurses are admissible as evidence of the diagnosis and necessity of treatment but not of the cause and extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist, chiropractor, physician assistant, advanced practice registered nurse prescriber, or expert who knowingly makes a false statement of fact or opinion in a certified report may be fined or imprisoned, or both, under s. 943,395.

2. The record of a hospital or sanatorium in this state that is satisfactory to the division, established by certificate, affidavit, or testimony of the supervising officer of the hospital or sanatorium, any other person having charge of the record, or a physician, podiatrist, surgeon, dentist, psychologist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or chiropractor to be the record of the patient in question, and made in the regular course of examination or treatment of the

patient, constitutes prima facie evidence as to the matter contained in the record, to the extent that the record is otherwise competent and relevant.

Section 32. 102.29 (3) of the statutes is amended to read:

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

Section 33. 102.42 (2) (a) of the statutes is amended to read:

102.42 (2) (a) When the employer has notice of an injury and its relationship to the employment, the employer shall offer to the injured employee his or her choice of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist licensed to practice and practicing in this state for treatment of the injury. By mutual agreement, the employee may have the choice of any qualified practitioner not licensed in this state. In case of emergency, the employer may arrange for treatment without tendering a choice. After the emergency has passed the employee shall be given his or her choice of attending practitioner at the earliest opportunity. The employee has the right to a 2nd choice of attending practitioner on notice to the employer or its insurance carrier. Any further choice shall be by mutual agreement. Partners and clinics are considered to be one practitioner. Treatment by a practitioner on referral from another practitioner is considered to be treatment by one practitioner.

Section 34. 106.30 (1) of the statutes is amended to read:

106.30 (1) DEFINITION. In this section, "nurse" means a registered nurse licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse

SECTION 34

ASSEMBLY BILL 396

 $\mathbf{2}$

licensed or permitted under s. 441.10, or an advanced practice $\frac{\text{registered}}{\text{registered}}$ nurse prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15 $\frac{441.09}{\text{c}}$.

SECTION 35. 118.15 (3) (a) of the statutes is amended to read:

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

SECTION 36. 118.25 (1) (a) of the statutes is amended to read:

118.25 **(1)** (a) "Practitioner" means a person licensed as a physician or as a physician assistant in any state or licensed as an advanced practice registered nurse or certified as an advanced practice registered nurse prescriber in any state. In this paragraph, "physician" has the meaning given in s. 448.01 (5).

Section 37. 118.29 (1) (e) of the statutes is amended to read:

118.29 **(1)** (e) "Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u> <u>with prescribing</u> <u>authority</u>, or podiatrist licensed in any state.

Section 38. 118.2925 (1) (b) of the statutes is repealed.

Section 39. 118.2925 (3) of the statutes is amended to read:

118.2925 (3) Prescriptions for schools. A physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant may prescribe epinephrine auto-injectors in the name of a school that has adopted a plan under sub. (2) (a), to be maintained by the school for use under sub. (4).

SECTION 40. 118.2925 (4) (c) of the statutes is amended to read:

118.2925 (4) (c) Administer an epinephrine auto-injector to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine auto-injector. If the pupil or other person does not have a prescription for an epinephrine auto-injector, or the person who administers the epinephrine auto-injector does not know whether the pupil or other person has a prescription for an epinephrine auto-injector, the person who administers the epinephrine auto-injector shall, as soon as practicable, report the administration by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.

Section 41. 118.2925 (5) of the statutes is amended to read:

118.2925 **(5)** Immunity from civil liability; exemption from practice of MEDICINE. A school and its designated school personnel, and a physician, <u>an</u> advanced practice <u>registered</u> nurse <u>prescriber</u> <u>who may issue prescription orders under s.</u>

441.09 (2), or <u>a</u> physician assistant who provides a prescription or standing protocol

for school epinephrine auto-injectors, are not liable for any injury that results from the administration or self-administration of an epinephrine auto-injector under this section, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, physician assistant, or advanced practice registered nurse prescriber, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

Section 42. 146.343 (1) (c) of the statutes is amended to read:

146.343 (1) (c) "Nurse-midwife" means an individual who is licensed to engage in the practice of nurse-midwifery under s. 441.15 (3) (a) as an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

Section 43. 146.82 (3) (a) of the statutes is amended to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice nurse prescriber's registered nurse's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 44. 146.82 (3) (a) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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146.82 (3) (a) Notwithstanding sub. (1), a physician, a physician assistant, or an advanced practice registered nurse licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice registered nurse's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 45. 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

SECTION 46. 146.89 (1) (r) 1. of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under ch. subch. VIII of 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

Section 47. 146.89 (1) (r) 3. of the statutes is repealed.

SECTION 48. 146.89 (1) (r) 8. of the statutes is amended to read:

146.89 (1) (r) 8. An advanced practice <u>registered</u> nurse who has a certificate to
$\underline{\text{may}}$ issue prescription orders under s. $441.16 \ \underline{441.09}$ (2).
SECTION 49. 146.89 (6) of the statutes is amended to read:
146.89 (6) (a) While serving as a volunteer health care provider under this
section, an advanced practice registered nurse who has a certificate to may issue
prescription orders under s. 441.16 ± 441.09 (2) is considered to meet the requirements
of s. 655.23, if required to comply with s. 655.23.
(b) While serving as a volunteer health care provider under this section, an
advanced practice <u>registered</u> nurse who <u>has a certificate to may</u> issue prescription
orders under s. $441.16 \ \underline{441.09}$ (2) is not required to maintain in effect malpractice
insurance.
SECTION 50. 154.01 (1g) of the statutes is amended to read:
154.01 (1g) "Advanced practice registered nurse" means -a nurse an individua
licensed under ch. 441 who is currently certified by a national certifying body
approved by the board of nursing as a nurse practitioner, certified nurse-midwife
certified registered nurse anesthetist, or clinical nurse specialist s. 441.09.
SECTION 51. 155.01 (1g) (b) of the statutes is repealed and recreated to read:
155.01 (1g) (b) An individual who is licensed as an advanced practice registered
nurse and possesses a nurse practitioner specialty designation under s. 441.09.
SECTION 52. 252.01 (1c) of the statutes is repealed.
SECTION 53. 252.07 (8) (a) 2. of the statutes is amended to read:
252.07 (8) (a) 2. The department or local health officer provides to the court a
written statement from a physician, physician assistant, or advanced practice
registered nurse prescriber that the individual has infectious tuberculosis or suspect
tuberculosis.

Section 54. 252.07 (9) (c) of the statutes is amended to read:

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

Section 55. 252.10 (7) of the statutes is amended to read:

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

Section 56. 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read: 252.11 (2) An officer of the department or a local health officer having knowledge of any reported or reasonably suspected case or contact of a sexually transmitted disease for which no appropriate treatment is being administered, or of an actual contact of a reported case or potential contact of a reasonably suspected case, shall investigate or cause the case or contact to be investigated as necessary. If, following a request of an officer of the department or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician, physician assistant, or advanced practice registered nurse prescriber or treatment, an officer of the department or a local

- health officer may proceed to have the person committed under sub. (5) to an institution or system of care for examination, treatment, or observation.
- (4) If a person infected with a sexually transmitted disease ceases or refuses treatment before reaching what in a physician's, physician assistant's, or advanced practice nurse prescriber's registered nurse's opinion is the noncommunicable stage, the physician, physician assistant, or advanced practice registered nurse prescriber shall notify the department. The department shall without delay take the necessary steps to have the person committed for treatment or observation under sub. (5), or shall notify the local health officer to take these steps.
- (5) Any court of record may commit a person infected with a sexually transmitted disease to any institution or may require the person to undergo a system of care for examination, treatment, or observation if the person ceases or refuses examination, treatment, or observation under the supervision of a physician, physician assistant, or advanced practice registered nurse prescriber. The court shall summon the person to appear on a date at least 48 hours, but not more than 96 hours, after service if an officer of the department or a local health officer petitions the court and states the facts authorizing commitment. If the person fails to appear or fails to accept commitment without reasonable cause, the court may cite the person for contempt. The court may issue a warrant and may direct the sheriff, any constable, or any police officer of the county immediately to arrest the person and bring the person to court if the court finds that a summons will be ineffectual. The court shall hear the matter of commitment summarily. Commitment under this subsection continues until the disease is no longer communicable or until other provisions are made for treatment that satisfy the department. The certificate of the

petitioning officer is prima facie evidence that the disease is no longer communicable or that satisfactory provisions for treatment have been made.

- (7) Reports, examinations and inspections, and all records concerning sexually transmitted diseases are confidential and not open to public inspection, and may not be divulged except as may be necessary for the preservation of the public health, in the course of commitment proceedings under sub. (5), or as provided under s. 938.296 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice registered nurse prescriber has reported a case of sexually transmitted disease to the department under sub. (4), information regarding the presence of the disease and treatment is not privileged when the patient, physician, physician assistant, or advanced practice registered nurse prescriber is called upon to testify to the facts before any court of record.
- (10) The state laboratory of hygiene shall examine specimens for the diagnosis of sexually transmitted diseases for any physician, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or local health officer in the state, and shall report the positive results of the examinations to the local health officer and to the department. All laboratories performing tests for sexually transmitted diseases shall report all positive results to the local health officer and to the department, with the name of the physician, physician assistant, or advanced practice <u>registered</u> nurse prescriber to whom reported.

SECTION 57. 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

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

if a physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u>, based on information provided to the physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u>, determines and certifies in writing that the coroner, medical examiner, or appointed assistant has had a contact that constitutes a significant exposure and if the certification accompanies the request for disclosure.

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

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

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

- (5m) (d) 2. A physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u>, based on information provided to the physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u>, determines and certifies in writing that the contact under subd. 1. constitutes a significant exposure. A health care provider who has a contact under subd. 1. c. may not make the certification under this subdivision for himself or herself.
- (e) 2. If the contact occurs as provided under par. (d) 1. b., the attending physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> of the funeral director, coroner, medical examiner, or appointed assistant.
- 3. If the contact occurs as provided under par. (d) 1. c., the physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> who makes the certification under par. (d) 2.
- (7m) Reporting of Persons significantly exposed. (intro.) If a positive, validated HIV test result is obtained from a test subject, the test subject's physician, physician assistant, or advanced practice registered nurse prescriber who maintains a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure, only after the physician, physician assistant, or advanced practice registered nurse prescriber has done all of the following:
- (b) Notified the HIV test subject that the name of any person known to the physician, physician assistant, or advanced practice <u>registered</u> nurse prescriber to

have had contact with body fluid of the test subject that constitutes a significant
exposure will be reported to the state epidemiologist.
Section 58. 252.16 (3) (c) (intro.) of the statutes is amended to read:
252.16 (3) (c) (intro.) Has submitted to the department a certification from a
physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
registered nurse prescriber of all of the following:
Section 59. 252.17 (3) (c) (intro.) of the statutes is amended to read:
252.17 (3) (c) (intro.) Has submitted to the department a certification from a
physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
registered nurse prescriber of all of the following:
Section 60. 253.07 (4) (d) of the statutes is amended to read:
253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in
communities of licensed registered nurses, licensed practical nurses, certified
nurse-midwives licensed advanced practice registered nurses, or licensed physician
assistants who are members of a racial minority.
Section 61. 253.115 (1) (f) of the statutes is created to read:
253.115 (1) (f) "Nurse-midwife" means an individual who is licensed as an
advanced practice registered nurse and possesses a certified nurse-midwife
specialty designation under s. 441.09.
Section 62. 253.115 (4) of the statutes is amended to read:
253.115 (4) Screening required. Except as provided in sub. (6), the physician
nurse-midwife licensed under s. 441.15, or certified professional midwife licensed
under s. 440.982 who attended the birth shall ensure that the infant is screened for
hearing loss before being discharged from a hospital, or within 30 days of birth if the
infant was not born in a hospital.

Section 63. 253.115 (7) (a) (intro.) of the statutes is amended to read:
253.115 (7) (a) (intro.) The physician, nurse-midwife licensed under s. 441.15,
or certified professional midwife licensed under s. 440.982 who is required to ensure
that the infant is screened for hearing loss under sub. (4) shall do all of the following:
Section 64. 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and
amended to read:
253.13 (1) (b) The attending physician or nurse licensed under s. 441.15
nurse-midwife shall cause every infant born in each hospital or maternity home,
prior to its discharge therefrom, to be subjected to tests for congenital and metabolic
disorders, as specified in rules promulgated by the department. If the infant is born
elsewhere than in a hospital or maternity home, the attending physician, nurse
licensed under s. 441.15 <u>nurse-midwife</u> , or birth attendant who attended the birth
shall cause the infant, within one week of birth, to be subjected to these tests.
Section 65. 253.13 (1) (a) of the statutes is created to read:
253.13 (1) (a) In this subsection, "nurse-midwife" means an individual who is
licensed as an advanced practice registered nurse and possesses a certified
nurse-midwife specialty designation under s. 441.09.
Section 66. 253.15 (1) (em) of the statutes is created to read:
253.15 (1) (em) "Nurse-midwife" means an individual who is licensed as an
advanced practice registered nurse and possesses a certified nurse-midwife
specialty designation under s. 441.09.
SECTION 67. 253.15 (2) of the statutes is amended to read:
253.15 (2) Informational materials. The board shall purchase or prepare or
arrange with a nonprofit organization to prepare printed and audiovisual materials
relating to shaken baby syndrome and impacted babies. The materials shall include

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

SECTION 68. 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.) and amended to read:

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

$\underline{1.\ A}$ registered nurse who is licensed under ch. 441 or who holds a multistate
license, as defined in s. $441.51(2)(h)$, issued in a party state, as defined in s. 441.51
(2) (k), and whose practice of professional nursing under s. 441.001 (4) includes
performance of delegated medical services under the supervision of a physician,
dentist, or podiatrist, or advanced practice registered nurse.
Section 69. 255.06 (1) (f) 2. of the statutes is created to read:
255.06 (1) (f) 2. An advanced practice registered nurse.
Section 70. 255.06 (2) (d) of the statutes is amended to read:
255.06 (2) (d) Specialized training for rural colposcopic examinations and
activities. Provide not more than \$25,000 in each fiscal year as reimbursement for
the provision of specialized training of nurse practitioners women's health nurse
clinicians to perform, in rural areas, colposcopic examinations and follow-up
activities for the treatment of cervical cancer.
Section 71. 255.07 (1) (d) of the statutes is amended to read:
255.07 (1) (d) "Health care practitioner" means a physician, a physician
assistant licensed under s. 448.04 (1) (f), or an advanced practice $\underline{registered}$ nurse
who is certified to $\underline{\text{may}}$ issue prescription orders under s. $441.16 \ \underline{441.09} \ (2)$.
Section 72. 255.07 (1) (d) of the statutes, as affected by 2021 Wisconsin Acts
23 and (this act), is repealed and recreated to read:
255.07 (1) (d) "Health care practitioner" means a physician, a physician
assistant, or an advanced practice registered nurse who may issue prescription
orders under s. 441.09 (2).
SECTION 73. 257.01 (5) (a) and (b) of the statutes are amended to read:
257.01 (5) (a) An individual who is licensed as a physician, a physician
assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed

practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife, advanced practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2019 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448, if the individual's license or certification was never revoked, limited, suspended, or denied renewal.

SECTION 74. 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to read:

341.14 (1a) If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying to the

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department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is owned by a nonveteran disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee shall be made for the issuance or renewal of such plates.

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

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enforcement officers of the fact that the motorcycle is owned by a disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plate.

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

(1q) If any employer who provides an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more

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

Section 75. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or

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duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09, or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1g). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 76. 343.16 (5) (a) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

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pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, advanced practice registered nurse licensed under s. 441.09, or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1g). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

Section 77. 343.51 (1) of the statutes is amended to read:

343.51 (1) Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle parked by, or under the direction of, the person, or a motor vehicle operated by or on behalf of the organization when used to transport such a person, to parking privileges under s. 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined

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by the department, upon submission by the applicant, if the applicant is an individual rather than an organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

Section 78. 343.62 (4) (a) 4. of the statutes is amended to read:

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

Section 79. 440.03 (13) (b) 3. of the statutes is repealed. 1 2 **Section 80.** 440.03 (13) (b) 39m. of the statutes is created to read: 440.03 (13) (b) 39m. Nurse, advanced practice registered. 3 **Section 81.** 440.03 (13) (b) 42. of the statutes is repealed. 4 5 **Section 82.** 440.08 (2) (a) 4m. of the statutes is repealed. 6 **Section 83.** 440.08 (2) (a) 47. of the statutes is created to read: 7 440.08 (2) (a) 47. Nurse, advanced practice registered: March 1 of each even-numbered year. 8 9 **Section 84.** 440.08 (2) (a) 50. of the statutes is repealed. 10 **Section 85.** 440.094 (1) (c) 1. of the statutes, as created by 2021 Wisconsin Act 11 10, is amended to read: 12 440.094 (1) (c) 1. A registered nurse, licensed practical nurse, or nurse midwife 13 licensed under ch. 441, or an advanced practice registered nurse prescriber certified 14 licensed under ch. 441. 15 **Section 86.** 440.094 (2) (a) (intro.) of the statutes, as created by 2021 Wisconsin 16 Act 10, is amended to read: 440.094 (2) (a) (intro.) Notwithstanding ss. 441.06 (4), 441.15 (2), 441.16, 17 441.09 (3) (b), 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 18 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 19 20 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope of the credential that the health care provider 2122 holds and the department shall grant the health care provider a temporary 23 credential to practice under this section if all of the following apply: 24**Section 87.** 440.981 (1) of the statutes is amended to read:

440.981 (1) No person may use the title "licensed midwife," describe or imply that he or she is a licensed midwife, or represent himself or herself as a licensed midwife unless the person is granted a license under this subchapter or is licensed as <u>a nurse-midwife under s. 441.15 an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.</u>

Section 88. 440.982 (1) of the statutes is amended to read:

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

SECTION 89. 440.987 (2) of the statutes is amended to read:

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

Section 90. 441.001 (1c) of the statutes is created to read:

441.001 (1c) Advanced practice registered nursing" means the advanced practice of nursing in one of the 4 recognized roles based on advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, including prescribing pharmacological agents and therapeutics, and management of patient conditions.

SECTION 91. 441.001 (1m) of the statutes is created to read:

441.001 (1m) CLINICAL PHARMACOLOGY OR THERAPEUTICS. "Clinical pharmacology or therapeutics" means the identification of individual and classes of drugs, their indications and contraindications, their efficacy, their side effects, and their interactions, as well as clinical judgment skills and decision-making based on thorough interviewing, history taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation, and nonpharmacological interventions.

Section 92. 441.001 (3c) of the statutes is created to read:

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

Section 93. 441.001 (3g) of the statutes is created to read:

441.001 (3g) Practice of a certified registered nurse anesthetist" means providing anesthesia care, pain management care, and care related to anesthesia and pain management for persons across their lifespan, whose health status may range from healthy through all levels of acuity, including persons with immediate, severe, or life-threatening illness or injury, in diverse settings, including hospitals, ambulatory surgery centers, outpatient clinics, medical offices, and home health care settings.

Section 94. 441.001 (3n) of the statutes is created to read:

441.001 (3n) PRACTICE OF A CLINICAL NURSE SPECIALIST. "Practice of a clinical nurse specialist" means providing advanced nursing care, primarily in health care

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facilities, including the diagnosis and treatment of illness for identified specific 1 $\mathbf{2}$ populations based on a specialty. 3 **Section 95.** 441.001 (3r) of the statutes is created to read: PRACTICE OF A NURSE PRACTITIONER. 4 "Practice of a nurse practitioner" means practice in ambulatory, acute, and long-term care settings as a 5 6 primary and specialty care provider who assesses, diagnoses, treats, and manages 7 acute, episodic, and chronic illnesses. 8 **Section 96.** 441.001 (3w) of the statutes is created to read: 9 441.001 (3w) Prescription order. "Prescription order" has the meaning given 10 in s. 450.01 (21). 11 **Section 97.** 441.001 (5) of the statutes is created to read: 12 441.001 (5) RECOGNIZED ROLE. "Recognized role" means one of the following 13 roles: 14 (a) Certified nurse-midwife. (b) Certified registered nurse anesthetist. 15 16 (c) Clinical nurse specialist. 17 (d) Nurse practitioner. 18 **Section 98.** 441.01 (3) of the statutes is amended to read: 441.01 (3) The board may promulgate rules to establish minimum standards 19 for schools for professional nurses and, schools for licensed practical nurses, and 20 schools for advanced practice registered nurses, including all related clinical units 21 22 and facilities, and make and provide periodic surveys and consultations to such 23 schools. It The board may also establish promulgate rules to prevent unauthorized 24 persons from practicing professional nursing. It shall approve all rules for the

administration of this chapter in accordance with ch. 227.

SECTION 99. 441.01 (4) of the statutes is amended to read:

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

Section 100. 441.01 (7) (a) (intro.) of the statutes is amended to read:

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

SECTION 101. 441.01 (7) (b) of the statutes is amended to read:

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

Section 102. 441.01 (7) (c) of the statutes is created to read:

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

Section 103. 441.06 (title) of the statutes is repealed and recreated to read:

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441.06	(title)	Registered	nurses; civi	l liabilit	y exemption.
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SECTION 104. 441.06 (3) of the statutes is amended to read:

441.06 (3) —A Except as provided in s. 441.09 (1) (c), a registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the nursing workforce survey and fee required under s. 441.01 (7) and the applicable renewal fee determined by the department under s. 440.03 (9) (a).

Section 105. 441.06 (4) of the statutes is amended to read:

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

SECTION 106. 441.06 (7) of the statutes is renumbered 441.09 (7) and amended to read:

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

(a) Reporting in good faith to the department of transportation under s. 146.82(3) a patient's name and other information relevant to a physical or mental condition

of the patient that in the advanced practice nurse prescriber's registered nurse's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

- (b) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice nurse prescriber's registered nurse's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.
- **SECTION 107.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to read:
- 441.07 (1g) (intro.) Subject to the rules promulgated under s. 440.03 (1), the board may deny an initial license or revoke, limit, suspend, or deny the renewal of a license of a registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse; deny an initial certificate or revoke, limit, suspend, or deny the renewal of a certificate to prescribe drugs or devices granted under s. 441.16; or reprimand a registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse; if the board finds that the applicant or licensee committed any of the following:
 - (a) Fraud in the procuring or renewal of the certificate or license.
- (c) Acts which that show the registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs, or mental incompetency.
- (e) A violation of any state or federal law that regulates prescribing or dispensing drugs or devices, if the person has a certificate to prescribe drugs or devices under s. 441.16 may issue prescription orders under s. 441.09 (2).

ACCEMBET BILL 990
Section 108. 441.09 of the statutes is created to read:
441.09 Advanced practice registered nurses; civil liability exemption.
(1) LICENSE. (a) An applicant who satisfies all of the following requirements may
apply to the board for initial licensure by the board as an advanced practice
registered nurse:
1. The applicant satisfies one of the following criteria:
a. The applicant holds a valid license to practice as a registered nurse issued
under s. 441.06 (1), (1c), or (1m).
b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or
(1m) with the application for a license under this paragraph.
c. The applicant is a registered nurse who holds a multistate license, as defined
in s. $441.51\ (2)\ (h)$, issued by a jurisdiction, other than this state, that has adopted
the nurse licensure compact.
2. The applicant provides evidence satisfactory to the board that he or she
satisfies one of the following criteria:
a. The applicant has completed a graduate-level or postgraduate-level
education program that is approved by the board and that prepares the applicant for
the practice of advanced practice registered nursing in one of the 4 recognized roles,
and the applicant holds a current certification by a national certifying body approved
by the board.
b. On January 1, 2019, the applicant was licensed as a registered nurse in this
state and was practicing in a recognized role, and the applicant satisfies additional
criteria established by the board by rule under sub. (6) (c) relating to practice,
education, or certification.

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

- 4. The applicant provides evidence of any malpractice liability insurance coverage required under sub. (5).
 - 5. If the applicant is applying to receive a certified nurse-midwife specialty designation under par. (b) 1., the applicant provides evidence satisfactory to the board that the applicant is currently certified by the American Midwifery Certification Board or its successor.
- 6. The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335.
 - 7. The applicant meets any other criteria established by the board by rule under sub. (6) (c) relating to the education, training, or experience required for each recognized role.
 - (b) 1. a. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced practice registered nurse license to an applicant the board determines meets the requirements under par. (a). The board shall also grant a person who is granted a license under this subd. 1. a. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person's qualifications under par. (a).
 - b. The board shall grant an advanced practice registered nurse license to each individual who, on the day before the effective date of this subd. 1. b. [LRB inserts date], was certified to issue prescription orders under s. 441.16, 2019 stats. The board shall also grant a person who is granted a license under this subd. 1. b. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person's qualifications.
 - c. The board shall grant an advanced practice registered nurse license to each individual who, on the day before the effective date of this subd. 1. c. [LRB inserts

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- date], was licensed as a nurse-midwife under s. 441.15, 2019 stats. The board shall also grant a person who is granted a license under this subd. 1. c. a nurse-midwife specialty designation.
 - 2. Each specialty designation granted under subd. 1. shall appear on the person's advanced practice registered nurse license.
 - 3. The board may not grant an advanced practice registered nurse license to a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless the board also grants the person the license under s. 441.06 (1), (1c), or (1m).
 - 4. The board may place specific limitations on a person licensed as an advanced practice registered nurse as a condition of licensure.
 - 5. If all of the following apply to a person, a notation indicating that the person may not issue prescription orders shall appear on the person's advanced practice registered nurse license:
 - a. The person is granted an advanced practice registered nurse license under subd. 1. a. and satisfies only par. (a) 2. b. but not par. (a) 2. a., or the person is granted an advanced practice registered nurse license under subd. 1. c.
 - b. On January 1, 2019, the person did not hold a certificate under s. 441.16 (2), 2019 Stats.
 - (c) On or before the applicable renewal date specified under s. 440.08 (2) (a), an advanced practice registered nurse shall submit to the board on a form furnished by the board a statement giving his or her name and residence, the nursing workforce survey and fee required under s. 441.01 (7), evidence of having satisfied the continuing education requirements under sub. (4), evidence of any malpractice liability insurance coverage required under sub. (5), current evidence that the person satisfies each of the requirements under par. (a) 1., 2., 5., and 7. that apply with

- respect to the person, and any other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). The board shall grant to a person who satisfies the requirements under this paragraph the renewal of his or her advanced practice registered nurse license and specialty designations granted under par. (b) 1. and shall, if the person holds a license under s. 441.06 (1), (1c), or (1m), also grant the renewal of that license.
- (2) Prescribing authority. (a) Except as provided in par. (b), an advanced practice registered nurse may issue prescription orders, subject to the rules promulgated under sub. (6) (a) and (d), and may provide expedited partner therapy in the manner described in s. 441.092.
- (b) An advanced practice registered nurse may not issue prescription orders if a notation under sub. (1) (b) 5. indicating that the advanced practice registered nurse may not issue prescription orders appears on the advanced practice registered nurse's license.
- (3) PRACTICE; TITLES. (a) 1. The holder of a license issued under this section is an "advanced practice registered nurse," may append to his or her name the title "A.P.R.N.," and is authorized to practice advanced practice registered nursing.
- 2. The holder of a specialty designation for a recognized role granted under sub.

 (1) (b) 1. may append to his or her name the title and an abbreviation corresponding to that recognized role.
- (b) 1. Except as provided in par. (d) and s. 257.03, no person may practice or attempt to practice advanced practice registered nursing, nor use the title "advanced practice registered nurse," the title "A.P.R.N.," or anything else to indicate that he or she is an advanced practice registered nurse unless he or she is licensed under this section.

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- 2. Except as provided in s. 257.03, no person may do any of the following:
- a. Use the title "certified nurse-midwife," the title "C.N.M.," or anything else to indicate that he or she is a certified nurse-midwife unless he or she has been granted a certified nurse-midwife specialty designation under sub. (1) (b) 1.
- b. Use the title "certified registered nurse anesthetist," the title "C.R.N.A.," or anything else to indicate that he or she is a certified registered nurse anesthetist unless he or she has been granted a certified registered nurse anesthetist specialty designation under sub. (1) (b) 1.
- c. Use the title "clinical nurse specialist," the title "C.N.S.," or anything else to indicate that he or she is a clinical nurse specialist unless he or she has been granted a clinical nurse specialist specialty designation under sub. (1) (b) 1.
- d. Use the title "nurse practitioner," the title "N.P.," or anything else to indicate that he or she is a nurse practitioner unless he or she has been granted a nurse practitioner specialty designation under sub. (1) (b) 1.
- (c) An advanced practice registered nurse shall adhere to professional standards when managing situations that are beyond the advanced practice registered nurse's expertise. If a particular patient's needs are beyond the advanced practice registered nurse's expertise, the advanced practice registered nurse shall consult or collaborate with another health care provider or refer the patient to another health care provider, as warranted by the patient's needs.
- (d) An advanced practice registered nurse licensed under this section may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the advanced practice registered nurse's practice, the advanced practice registered nurse is competent to perform the task or issue the order, and the advanced practice registered nurse has reasonable evidence that the

- health care worker is minimally competent to perform the task or issue the order under the circumstances.
- (e) If an advanced practice registered nurse with a certified nurse-midwife specialty designation under sub. (1) (b) 1. practices outside of a hospital setting, the advanced practice registered nurse shall file and keep current with the department 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 that exceed the advanced practice registered nurse's scope of practice.
- (f) Nothing in this section prohibits an employer, hospital, or other entity with a relationship with an advanced practice registered nurse from establishing employment practice requirements on the advanced practice registered nurse as a condition of employment.
- (4) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse's area of practice. The board may promulgate rules regarding the continuing education requirements under this subsection.
- (5) Malpractice liability insurance. Except for a person whose employer has in effect malpractice liability insurance that provides coverage for the person in the amounts specified under s. 655.23 (4), no person may practice advanced practice registered nursing unless he or she at all times has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board. An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license

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under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

- (5m) Nurse anesthetists. (b) Opt-out of federal certified registered nurse anesthetist supervision requirement. 1. The legislature finds that allowing certified registered nurse anesthetists to administer anesthesia without supervision or direction from an operating practitioner, physician, or anesthesiologist increases access to quality anesthesia services throughout the state and is in the best interests of the citizens of the state.
- 2. The state, including the governor, the board, and the medical examining board, shall act to maintain an opt-out of the federal requirement for physician supervision of certified registered nurse anesthetists pursuant to 42 CFR 482.52 (c).
- (6) Rules. The board shall promulgate rules necessary to administer this section, including rules for all of the following:
- (a) Further defining the scope of practice of an advanced practice registered nurse, practice of a certified nurse-midwife, practice of a certified registered nurse anesthetist, practice of a nurse practitioner, and practice of a clinical nurse specialist and defining the scope of practice within which an advanced practice registered nurse may issue prescription orders under sub. (2).
- (b) Determining acceptable national certification for purposes of sub. (1) (a) 2. a.
- (c) Establishing the appropriate education, training, or experience requirements that a registered nurse must satisfy in order to be an advanced practice registered nurse.
- (d) Specifying the classes of drugs, individual drugs, or devices that may not be prescribed by an advanced practice registered nurse under sub. (2).

- (e) Specifying the conditions to be met for registered nurses to do the following:
- 1. Administer a drug prescribed by an advanced practice registered nurse.
 - 2. Administer a drug at the direction of an advanced practice registered nurse.
 - (f) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice registered nurse must at all times have in effect for purposes of sub. (5). The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

Section 109. 441.092 of the statutes is created to read:

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

- (b) "Antimicrobial drug" has the meaning given in s. 448.035 (1) (b).
- (c) "Expedited partner therapy" has the meaning given in s. 448.035 (1) (c).
- (2) Notwithstanding the requirements of s. 448.9785, an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2) may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The advanced practice registered nurse shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the advanced practice registered nurse is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."
- (3) The advanced practice registered nurse shall provide the patient with a copy of the information sheet prepared by the department of health services under

 $\mathbf{2}$

- s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.
- (4) (a) Except as provided in par. (b), an advanced practice registered nurse is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by an advanced practice registered nurse whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 110. 441.10 (7) of the statutes is amended to read:

441.10 (7) No license is required for practical nursing, but, except as provided in s. 257.03, no person without a license may hold himself or herself out as a licensed practical nurse or licensed attendant, use the title or letters "Trained Practical Nurse" or "T.P.N.", "Licensed Practical Nurse" or "L.P.N.", "Licensed Attendant" or "L.A.", "Trained Attendant" or "T.A.", or otherwise seek to indicate that he or she is a licensed practical nurse or licensed attendant. No licensed practical nurse or licensed attendant may use the title, or otherwise seek to act as a registered, licensed, graduate or professional nurse. Anyone violating this subsection shall be subject to the penalties prescribed by s. 441.13. The board shall grant without examination a license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant. This subsection does not apply to any licensed practical nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the enhanced nurse licensure compact under s. 441.51.

1	Section 111. 441.11 (title) of the statutes is repealed.
2	Section 112. 441.11 (1) of the statutes is repealed.
3	Section 113. 441.11 (2) of the statutes is renumbered 441.09 (5m) (a) and
4	amended to read:
5	441.09 (5m) (a) <u>Licensure exemption</u> . The provisions of s. 448.04 (1) (g) $\underline{448.03}$
6	(1) (d) do not apply to a an advanced practice registered nurse licensed under this
7	section who possesses a certified registered nurse anesthetist specialty designation
8	under sub. (1) (b) 1. or to a person who engages in the practice of a nurse anesthetist
9	while performing official duties for the armed services or federal health services of
10	the United States.
11	SECTION 114. 441.11 (3) of the statutes is repealed.
12	SECTION 115. 441.15 of the statutes is repealed.
13	SECTION 116. 441.16 of the statutes is repealed.
14	Section 117. 441.18 (2) (a) (intro.) of the statutes is amended to read:
15	441.18 (2) (a) (intro.) An advanced practice registered nurse certified to who
16	$\underline{\text{may}}$ issue prescription orders under s. $441.16 \ \underline{441.09} \ (2)$ may do any of the following:
17	Section 118. 441.18 (2) (b) of the statutes is amended to read:
18	441.18 (2) (b) An advanced practice <u>registered</u> nurse who prescribes or delivers
19	an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid
20	antagonist is prescribed has or has the capacity to provide the knowledge and
21	training necessary to safely administer the opioid antagonist to an individual
22	undergoing an opioid-related overdose and that the person demonstrates the
23	capacity to ensure that any individual to whom the person further delivers the opioid
24	antagonist has or receives that knowledge and training.
25	SECTION 119. 441.18 (3) of the statutes is amended to read:

441.18 (3) An advanced practice registered nurse who, acting in good faith,			
prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting			
in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall			
be immune from criminal or civil liability and may not be subject to professional			
discipline under s. 441.07 for any outcomes resulting from prescribing, delivering,			
or dispensing the opioid antagonist.			
SECTION 120. 441.19 of the statutes is repealed.			
Section 121. Subchapter II (title) of chapter 441 [precedes 441.51] of the			
statutes is amended to read:			
CHAPTER 441			
SUBCHAPTER II			
ENHANCED NURSE LICENSURE COMPACT			
Section 122. 441.51 (title) of the statutes is amended to read:			
441.51 (title) Enhanced nurse Nurse licensure compact.			
Section 123. 448.03 (2) (a) of the statutes is amended to read:			
448.03 (2) (a) Any person lawfully practicing within the scope of a license,			
permit, registration, certificate or certification granted to practice midwifery under			
subch. XIII of ch. 440, to practice professional or, practical, or advanced practice			
registered nursing or nurse-midwifery under ch. 441, to practice chiropractic under			
ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry			
under ch. 449, to practice acupuncture under ch. 451 or under any other statutory			
provision, or as otherwise provided by statute.			
Section 124. 448.03 (2) (a) of the statutes, as affected by 2021 Wisconsin Acts			
23 and (this act), is repealed and recreated to read:			

448.03 (2) (a) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice midwifery under subch. XIII of ch. 440, to practice professional, practical, or advanced practice registered nursing under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to practice as a physician assistant under subch. VIII, to practice acupuncture under ch. 451 or under any other statutory provision, or as otherwise provided by statute.

Section 125. 448.035 (1) (a) of the statutes is repealed.

Section 126. 448.035 (2), (3) and (4) of the statutes are amended to read:

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

(3) The physician, or physician assistant, or certified advanced practice nurse prescriber shall provide the patient with a copy of the information sheet prepared by

 $\mathbf{2}$

the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

- (4) (a) Except as provided in par. (b), a physician, or physician assistant, or certified advanced practice nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician, or physician assistant, or certified advanced practice nurse prescriber whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 127. 448.035 (2), (3) and (4) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), are repealed and recreated to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

- (3) The physician shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.
- (4) (a) Except as provided in par. (b), a physician is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician whose act or omission involves reckless, wanton, or intentional misconduct.

Section 128. 448.56 (1) and (1m) (b) of the statutes are amended to read:

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

 $\mathbf{2}$

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

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

Section 129. 448.62 (2m) of the statutes is amended to read:

448.62 (2m) An advanced practice <u>registered</u> nurse who is certified to issue prescription orders under s. 441.16 and who is providing nonsurgical patient services as directed, supervised, and inspected by a podiatrist who has the power to direct, decide, and oversee the implementation of the patient services rendered.

SECTION 130. 448.67 (2) of the statutes is amended to read:

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

Section 131. 448.956 (1m) of the statutes is amended to read:

448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
to an individual without a referral, except that a licensee may not provide athletic
training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
setting unless the licensee has obtained a written referral for the individual from a
practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;
under ch. 446; or under s. 441.16 (2) 441.09 or from a practitioner who holds a
compact privilege under subch. IX of ch. 448.
SECTION 132. 448.956 (1m) of the statutes, as affected by 2021 Wisconsin Acts
23 and (this act), is repealed and recreated to read:
448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
to an individual without a referral, except that a licensee may not provide athletic
training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
setting unless the licensee has obtained a written referral for the individual from a
practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;
under ch. 446; or under s. 441.09 or from a practitioner who holds a compact privilege
under subch. X of ch. 448.
SECTION 133. 450.01 (1m) of the statutes is repealed.
Section 134. 450.01 (16) (h) 2. of the statutes is amended to read:
450.01 (16) (h) 2. The patient's advanced practice <u>registered</u> nurse prescriber ,
if the advanced practice registered nurse prescriber has entered into a written
agreement to collaborate with a physician may issue prescription orders under s.
441.09(2).
Section 135. 450.01 (16) (hr) 2. of the statutes is amended to read:

450.01 (16) (hr) 2. An advanced practice registered nurse prescriber who may

issue prescription orders under s. 441.09 (2).

 $\mathbf{2}$

Section 136. 450.03 (1) (e) of the statutes is amended to read:

450.03 (1) (e) Any person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to provide home medical oxygen under s. 450.076, to practice professional or, practical, or advanced practice registered nursing or nurse-midwifery under ch. 441, to practice dentistry or dental hygiene under ch. 447, to practice medicine and surgery under ch. 448, to practice optometry under ch. 449 or to practice veterinary medicine under ch. 89, or as otherwise provided by statute.

SECTION 137. 450.11 (1g) (b) of the statutes is amended to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 441.092 or 448.035, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

SECTION 138. 450.11 (1g) (b) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 441.092, 448.035, or 448.9725, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

Section 139. 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice registered nurse prescriber under s. 441.18 (2) (a) 1., or of a physician or physician assistant under s. 448.037 (2) (a) 1., that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice registered nurse prescriber under s. 441.18 (2) (a) 2., or of a physician or physician assistant under s. 448.037 (2) (a) 2., that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation

 $\mathbf{2}$

in accordance with rules promulgated by the board for the delivery of a prescription
to the person to whom the opioid antagonist is delivered.

SECTION 140. 450.11 (1i) (a) 1. of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

Section 141. 450.11 (1i) (b) 2. b. of the statutes is amended to read:

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

SECTION 142. 450.11 (7) (b) of the statutes is amended to read:

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

SECTION 143. 450.11 (8) (e) of the statutes is amended to read:

450).11 (8) (e)	The board	of nursing,	insofar	as this s	ection ap	oplies to	advanced
practice	nurse pres	scribers <u>reg</u>	istered nu	rses.				

SECTION 144. 450.13 (5) (b) of the statutes is amended to read:

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

SECTION 145. 450.135 (7) (b) of the statutes is amended to read:

450.135 (7) (b) The patient's advanced practice <u>registered</u> nurse <u>prescriber</u>, if the advanced practice <u>registered</u> nurse <u>prescriber has entered into a written</u> agreement to collaborate with a physician <u>may issue prescription orders under s.</u> 441.09 (2).

Section 146. 462.04 of the statutes is amended to read:

462.04 Prescription or order required. A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse eertified licensed under s. 441.16 (2) 441.09, a physician assistant licensed under s. 448.04 (1) (f), or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. IX of ch. 448.

SECTION 147. 462.04 of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

 $\mathbf{2}$

X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse licensed under s. 441.09, a physician assistant licensed under s. 448.974, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. IX of ch. 448.

SECTION 148. 655.001 (7t) of the statutes is amended to read:

655.001 (7t) "Health care practitioner" means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist.

SECTION 149. 655.001 (9) of the statutes is amended to read:

655.001 (9) "Nurse anesthetist" means a nurse an individual who is licensed under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), and who is certified as a nurse anesthetist by the American association of nurse anesthetists as an advanced practice registered nurse and possesses a certified registered nurse anesthetist specialty designation under s. 441.09.

Section 150. 655.005 (2) (a) of the statutes is amended to read:

655.005 (2) (a) An employee of a health care provider if the employee is a physician or a nurse anesthetist or is a health care practitioner who is providing health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist.

SECTION 151. 961.01 (19) (a) of the statutes is amended to read:

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

SECTION 152. 961.01 (19) (a) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

Section 153. 961.395 of the statutes is amended to read:

- 961.395 Limitation on advanced practice <u>registered</u> nurses. (1) An advanced practice <u>registered</u> nurse who <u>is certified</u> <u>may issue prescription orders</u> under s. 441.16 <u>441.09 (2)</u> may prescribe controlled substances only as permitted by the rules promulgated under s. 441.16 (3) <u>441.09 (6) (d)</u>.
- (2) An advanced practice <u>registered</u> nurse <u>certified under s. 441.16 who may</u> <u>issue prescription orders under s. 441.09 (2)</u> shall include with each prescription order the <u>advanced practice nurse prescriber certification license</u> number issued to him or her by the board of nursing.

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(3) An advanced practice <u>registered</u> nurse <u>certified under s. 441.16 who may</u> <u>issue prescription orders under s. 441.09 (2)</u> may dispense a controlled substance only by prescribing or administering the controlled substance or as otherwise permitted by the rules promulgated under s. 441.16 (3) 441.09 (6) (d).

SECTION 154. Nonstatutory provisions.

- (1) Using the procedure under s. 227.24, the board of nursing may promulgate rules under ch. 441 that are necessary to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), a rule promulgated under this subsection is effective for 2 years after its promulgation, or until permanent rules take effect, whichever is sooner, and the effective period of a rule promulgated under this subsection may not be further extended under s. 227.24 (2).
 - (2) (a) In this subsection, the definitions under s. 441.001 apply.
- (b) Notwithstanding s. 441.09 (3), an individual who, on January 1, 2019, was licensed as a registered nurse in this state and was practicing in a recognized role may continue to practice advanced practice registered nursing and the corresponding recognized role in which he or she was practicing and may continue to use the titles corresponding to the recognized roles in which he or she was practicing during the period before which the board takes final action on the person's application under s. 441.09. This paragraph does not apply after March 1, 2023.

SECTION 155. Effective dates. This act takes effect on March 1, 2022, except as follows:

(1) Sec	TION 154	(1) of	this act	takes	effect on	the	day	after	publication
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(END)
(by Section 147), and 961.01 (19) (a) (by Section 152) takes effect on April 1, 2022.
SECTION 132), 450.11 (1g) (b) (by SECTION 138) and (1i) (a) 1. (by SECTION 140), 462.04
(a) (by Section 124), 448.035 (2), (3), and (4) (by Section 127), 448.956 (1m) (by
SECTION 46), 255.07 (1) (d) (by SECTION 72), 343.16 (5) (a) (by SECTION 76), 448.03 (2)
70.47 (8) (intro.) (by Section 22), 146.82 (3) (a) (by Section 44), 146.89 (1) (r) 1. (by
(2) The treatment of ss. 46.03 (44) (by Section 11), 50.08 (2) (by Section 14),



State of Misconsin 2021 - 2022 LEGISLATURE

LRB-3578/1 KP/MED/TJD:emw

2021 SENATE BILL 394

June 10, 2021 – Introduced by Senators Testin, Felzkowski, Marklein, Stroebel and Jacque, cosponsored by Representatives Cabral-Guevara, Magnafici, Brandtjen, Brooks, Callahan, Gundrum, Kitchens, Knodl, Krug, Kuglitsch, Kurtz, Macco, Murphy, Petersen, J. Rodriguez, Rozar, Snyder, Tauchen, Tittl, Tusler, Wichgers, Riemer, Skowronski and Dittrich. Referred to Committee on Health.

AN ACT to repeal 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3., 1 2 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 441.19, 448.035 (1) 3 (a) and 450.01 (1m); to renumber and amend 253.13 (1), 255.06 (1) (d), 441.06 4 5 (7) and 441.11 (2); **to amend** 14.87 (title), 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 6 7 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) 8 (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 9 10 102.13 (1) (d) 1., 2., 3. and 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 11 2., 102.29 (3), 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 12 13 146.89 (1) (r) 1., 146.89 (1) (r) 8., 146.89 (6), 154.01 (1g), 252.07 (8) (a) 2., 252.07 14 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and (10), 252.15 (3m) (d) 11. b. and 13.,

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(5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d), 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51 (1), 343.62 (4) (a) 4., 440.094 (1) (c) 1., 440.094 (2) (a) (intro.), 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01 (7) (a) (intro.), 441.01 (7) (b), 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c) and (e), 441.10 (7), 441.18 (2) (a) (intro.), 441.18 (2) (b), 441.18 (3), subchapter II (title) of chapter 441 [precedes 441.51], 441.51 (title), 448.03 (2) (a), 448.035 (2), (3) and (4), 448.56 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16) (hr) 2., 450.03 (1) (e), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 450.135 (7) (b), 462.04, 655.001 (7t), 655.001 (9), 655.005 (2) (a), 961.01 (19) (a) and 961.395; to repeal and recreate 46.03 (44), 50.08 (2), 70.47 (8) (intro.), 146.82 (3) (a), 146.89 (1) (r) 1., 155.01 (1g) (b), 255.07 (1) (d), 343.16 (5) (a), 441.06 (title), 448.03 (2) (a), 448.035 (2), (3) and (4), 448.956 (1m), 450.11 (1g) (b), 450.11 (1i) (a) 1., 462.04 and 961.01 (19) (a); and **to create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47., 441.001 (1c), 441.001 (1m), 441.001 (3c), 441.001 (3g), 441.001 (3n), 441.001 (3r), 441.001 (3w), 441.001 (5), 441.01 (7) (c), 441.09 and 441.092 of the statutes; relating to: advanced practice registered nurses, extending the time

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limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making 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 in an amount determined 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, 2019, was 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.

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 APRNs with a specialty designation as a certified nurse-midwife to file and keep current with DSPS a plan for involving a hospital or physician in treating certain patients if the APRN practices outside of a hospital.

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 were practicing in a recognized role on January 1, 2019, but who did 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 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.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs, including various terminology changes and technical changes relating to the Nurse Licensure Compact.

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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:

Section 1. 14.87 (title) of the statutes is amended to read:

14.87 (title) Enhanced nurse Nurse licensure compact.

SECTION 2. 29.193 (1m) (a) 2. (intro.) of the statutes is amended to read:

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

Section 3. 29.193 (2) (b) 2. of the statutes is amended to read:

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

Section 4. 29.193 (2) (c) 3. of the statutes is amended to read:

29.193 (2) (c) 3. The department may issue a Class B permit to an applicant who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the applicant and the recommendation of a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a certified licensed

advanced practice <u>registered</u> nurse <u>prescriber</u> selected by the applicant from a list of licensed physicians, licensed physician assistants, licensed chiropractors, licensed podiatrists, and <u>certified licensed</u> advanced practice <u>nurse prescribers registered nurses</u> compiled by the department, the department finds that issuance of a permit complies with the intent of this subsection. The use of this review procedure is discretionary with the department and all costs of the review procedure shall be paid by the applicant.

Section 5. 29.193 (2) (cd) 2. b. of the statutes is amended to read:

29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function in one or both arms and fails to meet the minimum standards of the standard upper extremity pinch test, the standard grip test, or the standard nine-hole peg test, administered under the direction of a licensed physician, a licensed physician assistant, a licensed chiropractor, or a certified licensed advanced practice registered nurse prescriber.

Section 6. 29.193 (2) (cd) 2. c. of the statutes is amended to read:

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

Section 7. 29.193 (2) (e) of the statutes is amended to read:

29.193 (2) (e) *Review of decisions*. An applicant denied a permit under this subsection, except a permit under par. (c) 3., may obtain a review of that decision by a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a <u>certified licensed</u> advanced practice <u>registered</u> nurse

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prescriber designated by the department and with an office located in the department district in which the applicant resides. The department shall pay for the cost of a review under this paragraph unless the denied application on its face fails to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is the only method of review of a decision to deny a permit under this subsection and is not subject to further review under ch. 227.

Section 8. 29.193 (3) (a) of the statutes is amended to read:

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

Section 9. 45.40 (1g) (a) of the statutes is amended to read:

45.40 (**1g**) (a) "Health care provider" means an advanced practice <u>registered</u> nurse <u>prescriber certified who may issue prescription orders</u> under s. 441.16 <u>441.09</u> (2), an audiologist licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician licensed under s. 448.02, or a podiatrist licensed under s. 448.63.

Section 10. 46.03 (44) of the statutes is amended to read:

46.03 (44) Sexually transmitted disease treatment information. Prepare and keep current an information sheet to be distributed to a patient by a physician, a physician assistant, or certified an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2) providing expedited partner therapy to that patient under s. 441.092 or 448.035. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement

advising a person with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

SECTION 11. 46.03 (44) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

46.03 (44) Sexually transmitted disease treatment information. Prepare and keep current an information sheet to be distributed to a patient by a physician, physician assistant, or an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2) providing expedited partner therapy to that patient under s. 441.092, 448.035, or 448.9725. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

Section 12. 50.01 (1b) of the statutes is repealed.

Section 13. 50.08 (2) of the statutes is amended to read:

50.08 **(2)** A physician, an advanced practice <u>registered</u> nurse <u>prescriber</u> eertified <u>who may issue prescription orders</u> under s. 441.16 <u>441.09</u> (2), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

SECTION 14. 50.08 (2) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

50.08 (2) A physician, an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2), or a physician assistant, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain

disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

Section 15. 50.09 (1) (a) (intro.) of the statutes is amended to read:

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

SECTION 16. 50.09 (1) (f) 1. of the statutes is amended to read:

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

Section 17. 50.09 (1) (h) of the statutes is amended to read:

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

Section 18. 50.09 (1) (k) of the statutes is amended to read:

50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician

assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> for a specified and limited period of time and documented in the resident's medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> within 12 hours. Any use of physical restraints shall be noted in the resident's medical records. "Physical restraints" includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

SECTION 19. 50.49 (1) (b) (intro.) of the statutes is amended to read:

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

Section 20. 51.41 (1d) (b) 4. of the statutes is amended to read:

51.41 (1d) (b) 4. A psychiatric mental health advanced practice <u>registered</u> nurse who is suggested by the Milwaukee County board of supervisors. The Milwaukee County board of supervisors shall solicit suggestions from organizations including the Wisconsin Nurses Association for individuals who specialize in a full

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continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services. The Milwaukee County board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric mental health advanced practice <u>registered</u> nurses for this board membership position.

Section 21. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 (8) Hearing. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, osteopath, physician assistant, as defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under ch. 441 that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

SECTION 22. 70.47 (8) (intro.) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's

representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, physician assistant, or advanced practice registered nurse licensed under ch. 441 that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

- **Section 23.** 77.54 (14) (f) 3. of the statutes is repealed.
- **Section 24.** 77.54 (14) (f) 4. of the statutes is amended to read:
- 12 77.54 (14) (f) 4. An advanced practice <u>registered</u> nurse <u>who may issue</u>
 13 prescription orders under s. 441.09 (2).
- **Section 25.** 97.59 of the statutes is amended to read:

97.59 Handling foods. No person in charge of any public eating place or other establishment where food products to be consumed by others are handled may knowingly employ any person handling food products who has a disease in a form that is communicable by food handling. If required by the local health officer or any officer of the department for the purposes of an investigation, any person who is employed in the handling of foods or is suspected of having a disease in a form that is communicable by food handling shall submit to an examination by the officer or by a physician, physician assistant, or advanced practice registered nurse prescriber designated by the officer. The expense of the examination, if any, shall be paid by the person examined. Any person knowingly infected with a disease in a form that is communicable by food handling who handles food products to be consumed by others

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and any persons knowingly employing or permitting such a person to handle food products to be consumed by others shall be punished as provided by s. 97.72.

Section 26. 102.13 (1) (a) of the statutes is amended to read:

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

SECTION 27. 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to read:

102.13 (1) (b) (intro.) An employer or insurer who requests that an employee submit to reasonable examination under par. (a) or (am) shall tender to the employee, before the examination, all necessary expenses including transportation expenses. The employee is entitled to have a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist provided by himself or herself present at the examination and to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced

- practice <u>registered</u> nurse <u>prescriber</u>, or vocational expert immediately upon receipt of those reports by the employer or worker's compensation insurer. The employee is also entitled to have a translator provided by himself or herself present at the examination if the employee has difficulty speaking or understanding the English language. The employer's or insurer's written request for examination shall notify the employee of all of the following:
- 1. The proposed date, time, and place of the examination and the identity and area of specialization of the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or vocational expert.
- 3. The employee's right to have his or her physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or podiatrist present at the examination.
- 4. The employee's right to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or vocational expert immediately upon receipt of these reports by the employer or worker's compensation insurer.
- **SECTION 28.** 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read: 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or vocational expert who is present at any examination under par. (a) or (am) may be required to testify as to the results of the examination.
- 2. Any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse prescriber, or podiatrist who attended a worker's

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- compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may be required to testify before the division when the division so directs.
- 3. Notwithstanding any statutory provisions except par. (e), any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or podiatrist attending a worker's compensation claimant for any condition or complaint reasonably related to the condition for which the claimant claims compensation may furnish to the employee, employer, worker's compensation insurer, department, or division information and reports relative to a compensation claim.
- 4. The testimony of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or podiatrist who is licensed to practice where he or she resides or practices in any state and the testimony of any vocational expert may be received in evidence in compensation proceedings.

Section 29. 102.13 (2) (a) of the statutes, as affected by 2021 Wisconsin Act 29, is amended to read:

102.13 (2) (a) An employee who reports an injury alleged to be work-related application files for hearing an waives any physician-patient, orpsychologist-patient, or chiropractor-patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within a reasonable time after written request by the employee, employer,

worker's compensation insurer, department, or division, or its representative, provide that person with any information or written material reasonably related to any injury for which the employee claims compensation. If the request is by a representative of a worker's compensation insurer for a billing statement, the physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within 30 days after receiving the request, provide that person with a complete copy of an itemized billing statement or a billing statement in a standard billing format recognized by the federal government.

Section 30. 102.13 (2) (b) of the statutes is amended to read:

102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, hospital, or health service provider shall furnish a legible, certified duplicate of the written material requested under par. (a) in paper format upon payment of the actual costs of preparing the certified duplicate, not to exceed the greater of 45 cents per page or \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified duplicate of that material in electronic format upon payment of \$26 per request. Any person who refuses to provide certified duplicates of written material in the person's custody that is requested under par. (a) shall be liable for reasonable and necessary costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in enforcing the requester's right to the duplicates under par. (a).

Section 31. 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

102.17 (1) (d) 1. The contents of certified medical and surgical reports by physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse prescribers registered nurses, and chiropractors licensed in

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and practicing in this state, and of certified reports by experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by a party for compensation constitute prima facie evidence as to the matter contained in those reports, subject to any rules and limitations the division prescribes. Certified reports of physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse prescribers registered nurses, and chiropractors, wherever licensed and practicing, who have examined or treated the claimant, and of experts, if the practitioner or expert consents to being subjected to cross-examination, also constitute prima facie evidence as to the matter contained in those reports. Certified reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are admissible as evidence of the diagnosis, necessity of the treatment, and cause and extent of the disability. Certified reports by doctors of dentistry, physician assistants, and advanced practice nurse prescribers registered nurses are admissible as evidence of the diagnosis and necessity of treatment but not of the cause and extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist, chiropractor, physician assistant, advanced practice registered nurse prescriber, or expert who knowingly makes a false statement of fact or opinion in a certified report may be fined or imprisoned, or both, under s. 943,395.

2. The record of a hospital or sanatorium in this state that is satisfactory to the division, established by certificate, affidavit, or testimony of the supervising officer of the hospital or sanatorium, any other person having charge of the record, or a physician, podiatrist, surgeon, dentist, psychologist, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or chiropractor to be the record of the patient in question, and made in the regular course of examination or treatment of the

patient, constitutes prima facie evidence as to the matter contained in the record, to the extent that the record is otherwise competent and relevant.

Section 32. 102.29 (3) of the statutes is amended to read:

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

Section 33. 102.42 (2) (a) of the statutes is amended to read:

102.42 (2) (a) When the employer has notice of an injury and its relationship to the employment, the employer shall offer to the injured employee his or her choice of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist licensed to practice and practicing in this state for treatment of the injury. By mutual agreement, the employee may have the choice of any qualified practitioner not licensed in this state. In case of emergency, the employer may arrange for treatment without tendering a choice. After the emergency has passed the employee shall be given his or her choice of attending practitioner at the earliest opportunity. The employee has the right to a 2nd choice of attending practitioner on notice to the employer or its insurance carrier. Any further choice shall be by mutual agreement. Partners and clinics are considered to be one practitioner. Treatment by a practitioner on referral from another practitioner is considered to be treatment by one practitioner.

Section 34. 106.30 (1) of the statutes is amended to read:

106.30 (1) DEFINITION. In this section, "nurse" means a registered nurse licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse

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KP/MED/TJD:emw SECTION 34

licensed or permitted under s. 441.10, or an advanced practice registered nurse prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15 <u>441.09</u>.

Section 35. 118.15 (3) (a) of the statutes is amended to read:

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

Section 36. 118.25 (1) (a) of the statutes is amended to read:

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

Section 37. 118.29 (1) (e) of the statutes is amended to read:

118.29 (1) (e) "Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice registered nurse prescriber with prescribing authority, or podiatrist licensed in any state.

Section 38. 118.2925 (1) (b) of the statutes is repealed.

Section 39. 118.2925 (3) of the statutes is amended to read:

118.2925 (3) Prescriptions for schools. A physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant may prescribe epinephrine auto-injectors in the name of a school that has adopted a plan under sub. (2) (a), to be maintained by the school for use under sub. (4).

SECTION 40. 118.2925 (4) (c) of the statutes is amended to read:

118.2925 (4) (c) Administer an epinephrine auto-injector to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine auto-injector. If the pupil or other person does not have a prescription for an epinephrine auto-injector, or the person who administers the epinephrine auto-injector does not know whether the pupil or other person has a prescription for an epinephrine auto-injector, the person who administers the epinephrine auto-injector shall, as soon as practicable, report the administration by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.

Section 41. 118.2925 (5) of the statutes is amended to read:

118.2925 **(5)** Immunity from civil liability; exemption from practice of MEDICINE. A school and its designated school personnel, and a physician, <u>an</u> advanced practice <u>registered</u> nurse <u>prescriber</u> <u>who may issue prescription orders under s.</u>

441.09 (2), or <u>a</u> physician assistant who provides a prescription or standing protocol

for school epinephrine auto-injectors, are not liable for any injury that results from the administration or self-administration of an epinephrine auto-injector under this section, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, physician assistant, or advanced practice registered nurse prescriber, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

Section 42. 146.343 (1) (c) of the statutes is amended to read:

146.343 (1) (c) "Nurse-midwife" means an individual who is licensed to engage in the practice of nurse-midwifery under s. 441.15 (3) (a) as an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

SECTION 43. 146.82 (3) (a) of the statutes is amended to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as defined in s. 448.01 (6), or advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice nurse prescriber's registered nurse's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 44. 146.82 (3) (a) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, a physician assistant, or an advanced practice registered nurse licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice registered nurse's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 45. 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

SECTION 46. 146.89 (1) (r) 1. of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under ch. subch. VIII of 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

SECTION 47. 146.89 (1) (r) 3. of the statutes is repealed.

SECTION 48. 146.89 (1) (r) 8. of the statutes is amended to read:

1	146.89 (1) (r) 8. An advanced practice <u>registered</u> nurse wno nas a certificate to
2	$\underline{\text{may}}$ issue prescription orders under s. $441.16 \ \underline{441.09}$ (2).
3	SECTION 49. 146.89 (6) of the statutes is amended to read:
4	146.89 (6) (a) While serving as a volunteer health care provider under this
5	section, an advanced practice registered nurse who has a certificate to may issue
6	prescription orders under s. $441.16 \underline{441.09}$ (2) is considered to meet the requirements
7	of s. 655.23, if required to comply with s. 655.23.
8	(b) While serving as a volunteer health care provider under this section, ar
9	advanced practice <u>registered</u> nurse who has a certificate to <u>may</u> issue prescription
10	orders under s. $441.16 \ \underline{441.09}$ (2) is not required to maintain in effect malpractice
11	insurance.
12	Section 50. 154.01 (1g) of the statutes is amended to read:
13	154.01 (1g) "Advanced practice registered nurse" means <u>a nurse an individua</u>
14	licensed under ch. 441 who is currently certified by a national certifying body
15	approved by the board of nursing as a nurse practitioner, certified nurse-midwife
16	certified registered nurse anesthetist, or clinical nurse specialist $\underline{\text{s. }441.09}$.
17	Section 51. 155.01 (1g) (b) of the statutes is repealed and recreated to read:
18	155.01 (1g) (b) An individual who is licensed as an advanced practice registered
19	nurse and possesses a nurse practitioner specialty designation under s. 441.09.
20	Section 52. 252.01 (1c) of the statutes is repealed.
21	Section 53. 252.07 (8) (a) 2. of the statutes is amended to read:
22	252.07 (8) (a) 2. The department or local health officer provides to the court a
23	written statement from a physician, physician assistant, or advanced practice
24	registered nurse prescriber that the individual has infectious tuberculosis or suspect
25	tuberculosis.

Section 54. 252.07 (9) (c) of the statutes is amended to read:

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

Section 55. 252.10 (7) of the statutes is amended to read:

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

Section 56. 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read: 252.11 (2) An officer of the department or a local health officer having knowledge of any reported or reasonably suspected case or contact of a sexually transmitted disease for which no appropriate treatment is being administered, or of an actual contact of a reported case or potential contact of a reasonably suspected case, shall investigate or cause the case or contact to be investigated as necessary. If, following a request of an officer of the department or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician, physician assistant, or advanced practice registered nurse prescriber or treatment, an officer of the department or a local

- health officer may proceed to have the person committed under sub. (5) to an institution or system of care for examination, treatment, or observation.
- (4) If a person infected with a sexually transmitted disease ceases or refuses treatment before reaching what in a physician's, physician assistant's, or advanced practice nurse prescriber's registered nurse's opinion is the noncommunicable stage, the physician, physician assistant, or advanced practice registered nurse prescriber shall notify the department. The department shall without delay take the necessary steps to have the person committed for treatment or observation under sub. (5), or shall notify the local health officer to take these steps.
- (5) Any court of record may commit a person infected with a sexually transmitted disease to any institution or may require the person to undergo a system of care for examination, treatment, or observation if the person ceases or refuses examination, treatment, or observation under the supervision of a physician, physician assistant, or advanced practice registered nurse prescriber. The court shall summon the person to appear on a date at least 48 hours, but not more than 96 hours, after service if an officer of the department or a local health officer petitions the court and states the facts authorizing commitment. If the person fails to appear or fails to accept commitment without reasonable cause, the court may cite the person for contempt. The court may issue a warrant and may direct the sheriff, any constable, or any police officer of the county immediately to arrest the person and bring the person to court if the court finds that a summons will be ineffectual. The court shall hear the matter of commitment summarily. Commitment under this subsection continues until the disease is no longer communicable or until other provisions are made for treatment that satisfy the department. The certificate of the

petitioning officer is prima facie evidence that the disease is no longer communicable or that satisfactory provisions for treatment have been made.

- (7) Reports, examinations and inspections, and all records concerning sexually transmitted diseases are confidential and not open to public inspection, and may not be divulged except as may be necessary for the preservation of the public health, in the course of commitment proceedings under sub. (5), or as provided under s. 938.296 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice registered nurse prescriber has reported a case of sexually transmitted disease to the department under sub. (4), information regarding the presence of the disease and treatment is not privileged when the patient, physician, physician assistant, or advanced practice registered nurse prescriber is called upon to testify to the facts before any court of record.
- (10) The state laboratory of hygiene shall examine specimens for the diagnosis of sexually transmitted diseases for any physician, physician assistant, advanced practice <u>registered</u> nurse <u>prescriber</u>, or local health officer in the state, and shall report the positive results of the examinations to the local health officer and to the department. All laboratories performing tests for sexually transmitted diseases shall report all positive results to the local health officer and to the department, with the name of the physician, physician assistant, or advanced practice <u>registered</u> nurse prescriber to whom reported.

SECTION 57. 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

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

if a physician, physician assistant, or advanced practice <u>registered</u> nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice <u>registered</u> nurse prescriber, determines and certifies in writing that the coroner, medical examiner, or appointed assistant has had a contact that constitutes a significant exposure and if the certification accompanies the request for disclosure.

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

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

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

- (5m) (d) 2. A physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u>, based on information provided to the physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u>, determines and certifies in writing that the contact under subd. 1. constitutes a significant exposure. A health care provider who has a contact under subd. 1. c. may not make the certification under this subdivision for himself or herself.
- (e) 2. If the contact occurs as provided under par. (d) 1. b., the attending physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> of the funeral director, coroner, medical examiner, or appointed assistant.
- 3. If the contact occurs as provided under par. (d) 1. c., the physician, physician assistant, or advanced practice <u>registered</u> nurse <u>prescriber</u> who makes the certification under par. (d) 2.
- (7m) Reporting of Persons significantly exposed. (intro.) If a positive, validated HIV test result is obtained from a test subject, the test subject's physician, physician assistant, or advanced practice registered nurse prescriber who maintains a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure, only after the physician, physician assistant, or advanced practice registered nurse prescriber has done all of the following:
- (b) Notified the HIV test subject that the name of any person known to the physician, physician assistant, or advanced practice <u>registered</u> nurse prescriber to

Section 57

SENATE BILL 394

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 58. 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 59. 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 60. 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 61. 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 62. 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.

SECTION 63. 253.115 (7) (a) (intro.) of the statutes is amended to read:
253.115 (7) (a) (intro.) The physician, nurse-midwife licensed under s. 441.15,
or certified professional midwife licensed under s. 440.982 who is required to ensure
that the infant is screened for hearing loss under sub. (4) shall do all of the following:
Section 64. 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and
amended to read:
253.13 (1) (b) The attending physician or nurse licensed under s. 441.15
nurse-midwife shall cause every infant born in each hospital or maternity home,
prior to its discharge therefrom, to be subjected to tests for congenital and metabolic
disorders, as specified in rules promulgated by the department. If the infant is born
elsewhere than in a hospital or maternity home, the attending physician, nurse
licensed under s. 441.15 <u>nurse-midwife</u> , or birth attendant who attended the birth
shall cause the infant, within one week of birth, to be subjected to these tests.
Section 65. 253.13 (1) (a) of the statutes is created to read:
253.13 (1) (a) In this subsection, "nurse-midwife" means an individual who is
licensed as an advanced practice registered nurse and possesses a certified
nurse-midwife specialty designation under s. 441.09.
Section 66. 253.15 (1) (em) of the statutes is created to read:
253.15 (1) (em) "Nurse-midwife" means an individual who is licensed as an
advanced practice registered nurse and possesses a certified nurse-midwife
specialty designation under s. 441.09.
Section 67. 253.15 (2) of the statutes is amended to read:
253.15 (2) Informational materials. The board shall purchase or prepare or
arrange with a nonprofit organization to prepare printed and audiovisual materials
relating to shaken baby syndrome and impacted babies. The materials shall include

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

Section 68. 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.) and amended to read:

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

$\underline{1.\ A}$ registered nurse who is licensed under ch. 441 or who holds a multistate
license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51
(2) (k), and whose practice of professional nursing under s. 441.001 (4) includes
performance of delegated medical services under the supervision of a physician,
dentist, or podiatrist, or advanced practice registered nurse.
Section 69. 255.06 (1) (f) 2. of the statutes is created to read:
255.06 (1) (f) 2. An advanced practice registered nurse.
Section 70. 255.06 (2) (d) of the statutes is amended to read:
255.06 (2) (d) Specialized training for rural colposcopic examinations and
activities. Provide not more than \$25,000 in each fiscal year as reimbursement for
the provision of specialized training of nurse practitioners women's health nurse
clinicians to perform, in rural areas, colposcopic examinations and follow-up
activities for the treatment of cervical cancer.
Section 71. 255.07 (1) (d) of the statutes is amended to read:
255.07 (1) (d) "Health care practitioner" means a physician, a physician
assistant licensed under s. 448.04 (1) (f), or an advanced practice $\underline{registered}$ nurse
who is certified to may issue prescription orders under s. 441.16 441.09 (2).
Section 72. 255.07 (1) (d) of the statutes, as affected by 2021 Wisconsin Acts
23 and (this act), is repealed and recreated to read:
255.07 (1) (d) "Health care practitioner" means a physician, a physician
assistant, or an advanced practice registered nurse who may issue prescription
orders under s. 441.09 (2).
SECTION 73. 257.01 (5) (a) and (b) of the statutes are amended to read:
257.01 (5) (a) An individual who is licensed as a physician, a physician
assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed

practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife, advanced practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2019 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448, if the individual's license or certification was never revoked, limited, suspended, or denied renewal.

SECTION 74. 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to read:

341.14 (1a) If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying to the

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department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is owned by a nonveteran disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee shall be made for the issuance or renewal of such plates.

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

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enforcement officers of the fact that the motorcycle is owned by a disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plate.

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

(1q) If any employer who provides an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more

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

Section 75. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or

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duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09, or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1g). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 76. 343.16 (5) (a) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

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pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, advanced practice registered nurse licensed under s. 441.09, or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1g). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

Section 77. 343.51 (1) of the statutes is amended to read:

343.51 (1) Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle parked by, or under the direction of, the person, or a motor vehicle operated by or on behalf of the organization when used to transport such a person, to parking privileges under s. 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined

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by the department, upon submission by the applicant, if the applicant is an individual rather than an organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

Section 78. 343.62 (4) (a) 4. of the statutes is amended to read:

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

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Section 79. 440.03 (13) (b) 3. of the statutes is repealed. 1 2 **Section 80.** 440.03 (13) (b) 39m. of the statutes is created to read: 440.03 (13) (b) 39m. Nurse, advanced practice registered. 3 **Section 81.** 440.03 (13) (b) 42. of the statutes is repealed. 4 5 **Section 82.** 440.08 (2) (a) 4m. of the statutes is repealed. 6 **Section 83.** 440.08 (2) (a) 47. of the statutes is created to read: 7 440.08 (2) (a) 47. Nurse, advanced practice registered: March 1 of each even-numbered year. 8 9 **Section 84.** 440.08 (2) (a) 50. of the statutes is repealed. 10 **Section 85.** 440.094 (1) (c) 1. of the statutes, as created by 2021 Wisconsin Act 11 10, is amended to read: 12 440.094 (1) (c) 1. A registered nurse, licensed practical nurse, or nurse midwife 13 licensed under ch. 441, or an advanced practice registered nurse prescriber certified 14 licensed under ch. 441. 15 **Section 86.** 440.094 (2) (a) (intro.) of the statutes, as created by 2021 Wisconsin 16 Act 10, is amended to read: 440.094 (2) (a) (intro.) Notwithstanding ss. 441.06 (4), 441.15 (2), 441.16, 17 441.09 (3) (b), 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 18 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 19 20 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope of the credential that the health care provider 2122 holds and the department shall grant the health care provider a temporary 23 credential to practice under this section if all of the following apply:

Section 87. 440.981 (1) of the statutes is amended to read:

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

SECTION 88. 440.982 (1) of the statutes is amended to read:

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

SECTION 89. 440.987 (2) of the statutes is amended to read:

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

Section 90. 441.001 (1c) of the statutes is created to read:

441.001 (1c) Advanced practice registered nursing" means the advanced practice of nursing in one of the 4 recognized roles based on advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, including prescribing pharmacological agents and therapeutics, and management of patient conditions.

Section 91. 441.001 (1m) of the statutes is created to read:

441.001 (1m) Clinical pharmacology or therapeutics" means the identification of individual and classes of drugs, their indications and contraindications, their efficacy, their side effects, and their interactions, as well as clinical judgment skills and decision–making based on thorough interviewing, history taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation, and nonpharmacological interventions.

Section 92. 441.001 (3c) of the statutes is created to read:

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

Section 93. 441.001 (3g) of the statutes is created to read:

441.001 (3g) Practice of a certified registered nurse anesthetist" means providing anesthesia care, pain management care, and care related to anesthesia and pain management for persons across their lifespan, whose health status may range from healthy through all levels of acuity, including persons with immediate, severe, or life-threatening illness or injury, in diverse settings, including hospitals, ambulatory surgery centers, outpatient clinics, medical offices, and home health care settings.

Section 94. 441.001 (3n) of the statutes is created to read:

441.001 (3n) PRACTICE OF A CLINICAL NURSE SPECIALIST. "Practice of a clinical nurse specialist" means providing advanced nursing care, primarily in health care

Section 94

SENATE BILL 394

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- facilities, including the diagnosis and treatment of illness for identified specific populations based on a specialty.
- 3 **Section 95.** 441.001 (3r) of the statutes is created to read:
- 4 441.001 (**3r**) Practice of a nurse practitioner. "Practice of a nurse practitioner" means practice in ambulatory, acute, and long-term care settings as a primary and specialty care provider who assesses, diagnoses, treats, and manages acute, episodic, and chronic illnesses.
- **Section 96.** 441.001 (3w) of the statutes is created to read:
- 9 441.001 (**3w**) Prescription order" has the meaning given in s. 450.01 (21).
- **Section 97.** 441.001 (5) of the statutes is created to read:
- 12 441.001 (5) RECOGNIZED ROLE. "Recognized role" means one of the following roles:
 - (a) Certified nurse-midwife.
- 15 (b) Certified registered nurse anesthetist.
- 16 (c) Clinical nurse specialist.
- 17 (d) Nurse practitioner.
- 18 **Section 98.** 441.01 (3) of the statutes is amended to read:
 - 441.01 (3) The board may <u>promulgate rules to</u> establish minimum standards for schools for professional nurses and, schools for licensed practical nurses, <u>and schools for advanced practice registered nurses</u>, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It <u>The board</u> may also establish <u>promulgate</u> 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.

SECTION 99. 441.01 (4)	4) (of the	statutes	is	amended	to read:
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441.01 (4) The board shall direct that those schools that qualify be placed on a list of schools the board has approved for professional nurses or, of schools the board has approved for licensed practical nurses, or of schools the board has approved for advanced practice registered nurses on application and proof of qualifications; and the board shall make a study of nursing education and initiate promulgate rules and policies to improve it.

Section 100. 441.01 (7) (a) (intro.) of the statutes is amended to read:

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

SECTION 101. 441.01 (7) (b) of the statutes is amended to read:

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

Section 102. 441.01 (7) (c) of the statutes is created to read:

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

Section 103. 441.06 (title) of the statutes is repealed and recreated to read:

441.06	(title)	Registered	nurses; civil	liability	exemption.
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SECTION 104. 441.06 (3) of the statutes is amended to read:

441.06 (3) —A Except as provided in s. 441.09 (1) (c), a registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the nursing workforce survey and fee required under s. 441.01 (7) and the applicable renewal fee determined by the department under s. 440.03 (9) (a).

Section 105. 441.06 (4) of the statutes is amended to read:

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

SECTION 106. 441.06 (7) of the statutes is renumbered 441.09 (7) and amended to read:

441.09 (7) <u>Civil Liability.</u> No person <u>certified licensed</u> as an advanced practice <u>registered</u> nurse <u>prescriber</u> under <u>s. 441.16 (2) this section</u> is liable for civil damages for any of the following:

(a) Reporting in good faith to the department of transportation under s. 146.82(3) a patient's name and other information relevant to a physical or mental condition

of the patient that in the advanced practice nurse prescriber's registered nurse's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

- (b) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice nurse prescriber's registered nurse's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.
- **SECTION 107.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to read:
- 441.07 (1g) (intro.) Subject to the rules promulgated under s. 440.03 (1), the board may deny an initial license or revoke, limit, suspend, or deny the renewal of a license of a registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse; deny an initial certificate or revoke, limit, suspend, or deny the renewal of a certificate to prescribe drugs or devices granted under s. 441.16; or reprimand a registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse; if the board finds that the applicant or licensee committed any of the following:
 - (a) Fraud in the procuring or renewal of the certificate or license.
- (c) Acts which that show the registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs, or mental incompetency.
- (e) A violation of any state or federal law that regulates prescribing or dispensing drugs or devices, if the person has a certificate to prescribe drugs or devices under s. 441.16 may issue prescription orders under s. 441.09 (2).

1	Section 108. 441.09 of the statutes is created to read:
2	441.09 Advanced practice registered nurses; civil liability exemption.
3	(1) LICENSE. (a) An applicant who satisfies all of the following requirements may
4	apply to the board for initial licensure by the board as an advanced practice
5	registered nurse:
6	1. The applicant satisfies one of the following criteria:
7	a. The applicant holds a valid license to practice as a registered nurse issued
8	under s. 441.06 (1), (1c), or (1m).
9	b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or
10	(1m) with the application for a license under this paragraph.
11	c. The applicant is a registered nurse who holds a multistate license, as defined
12	in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted
13	the nurse licensure compact.
14	2. The applicant provides evidence satisfactory to the board that he or she
15	satisfies one of the following criteria:
16	a. The applicant has completed a graduate-level or postgraduate-level
17	education program that is approved by the board and that prepares the applicant for
18	the practice of advanced practice registered nursing in one of the 4 recognized roles,
19	and the applicant holds a current certification by a national certifying body approved
20	by the board.
21	b. On January 1, 2019, the applicant was licensed as a registered nurse in this
22	state and was practicing in a recognized role, and the applicant satisfies additional
23	criteria established by the board by rule under sub. (6) (c) relating to practice,
24	education, or certification.
25	3. The applicant pays the fee specified under s. 440.05 (1).

- 4. The applicant provides evidence of any malpractice liability insurance coverage required under sub. (5).
- 5. If the applicant is applying to receive a certified nurse-midwife specialty designation under par. (b) 1., the applicant provides evidence satisfactory to the board that the applicant is currently certified by the American Midwifery Certification Board or its successor.
- 7 6. The applicant does not have an arrest or conviction record, subject to ss. 8 111.321, 111.322, and 111.335.
 - 7. The applicant meets any other criteria established by the board by rule under sub. (6) (c) relating to the education, training, or experience required for each recognized role.
 - (b) 1. a. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced practice registered nurse license to an applicant the board determines meets the requirements under par. (a). The board shall also grant a person who is granted a license under this subd. 1. a. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person's qualifications under par. (a).
 - b. The board shall grant an advanced practice registered nurse license to each individual who, on the day before the effective date of this subd. 1. b. [LRB inserts date], was certified to issue prescription orders under s. 441.16, 2019 stats. The board shall also grant a person who is granted a license under this subd. 1. b. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person's qualifications.
 - c. The board shall grant an advanced practice registered nurse license to each individual who, on the day before the effective date of this subd. 1. c. [LRB inserts

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- date], was licensed as a nurse-midwife under s. 441.15, 2019 stats. The board shall also grant a person who is granted a license under this subd. 1. c. a nurse-midwife specialty designation.
- 2. Each specialty designation granted under subd. 1. shall appear on the person's advanced practice registered nurse license.
- 3. The board may not grant an advanced practice registered nurse license to a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless the board also grants the person the license under s. 441.06 (1), (1c), or (1m).
- 4. The board may place specific limitations on a person licensed as an advanced practice registered nurse as a condition of licensure.
- 5. If all of the following apply to a person, a notation indicating that the person may not issue prescription orders shall appear on the person's advanced practice registered nurse license:
- a. The person is granted an advanced practice registered nurse license under subd. 1. a. and satisfies only par. (a) 2. b. but not par. (a) 2. a., or the person is granted an advanced practice registered nurse license under subd. 1. c.
- b. On January 1, 2019, the person did not hold a certificate under s. 441.16 (2), 2019 Stats.
- (c) On or before the applicable renewal date specified under s. 440.08 (2) (a), an advanced practice registered nurse shall submit to the board on a form furnished by the board a statement giving his or her name and residence, the nursing workforce survey and fee required under s. 441.01 (7), evidence of having satisfied the continuing education requirements under sub. (4), evidence of any malpractice liability insurance coverage required under sub. (5), current evidence that the person satisfies each of the requirements under par. (a) 1., 2., 5., and 7. that apply with

- respect to the person, and any other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). The board shall grant to a person who satisfies the requirements under this paragraph the renewal of his or her advanced practice registered nurse license and specialty designations granted under par. (b) 1. and shall, if the person holds a license under s. 441.06 (1), (1c), or (1m), also grant the renewal of that license.
- (2) Prescribing authority. (a) Except as provided in par. (b), an advanced practice registered nurse may issue prescription orders, subject to the rules promulgated under sub. (6) (a) and (d), and may provide expedited partner therapy in the manner described in s. 441.092.
- (b) An advanced practice registered nurse may not issue prescription orders if a notation under sub. (1) (b) 5. indicating that the advanced practice registered nurse may not issue prescription orders appears on the advanced practice registered nurse's license.
- (3) PRACTICE; TITLES. (a) 1. The holder of a license issued under this section is an "advanced practice registered nurse," may append to his or her name the title "A.P.R.N.," and is authorized to practice advanced practice registered nursing.
- 2. The holder of a specialty designation for a recognized role granted under sub.

 (1) (b) 1. may append to his or her name the title and an abbreviation corresponding to that recognized role.
- (b) 1. Except as provided in par. (d) and s. 257.03, no person may practice or attempt to practice advanced practice registered nursing, nor use the title "advanced practice registered nurse," the title "A.P.R.N.," or anything else to indicate that he or she is an advanced practice registered nurse unless he or she is licensed under this section.

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- 2. Except as provided in s. 257.03, no person may do any of the following:
- a. Use the title "certified nurse-midwife," the title "C.N.M.," or anything else to indicate that he or she is a certified nurse-midwife unless he or she has been granted a certified nurse-midwife specialty designation under sub. (1) (b) 1.
- b. Use the title "certified registered nurse anesthetist," the title "C.R.N.A.," or anything else to indicate that he or she is a certified registered nurse anesthetist unless he or she has been granted a certified registered nurse anesthetist specialty designation under sub. (1) (b) 1.
- c. Use the title "clinical nurse specialist," the title "C.N.S.," or anything else to indicate that he or she is a clinical nurse specialist unless he or she has been granted a clinical nurse specialist specialty designation under sub. (1) (b) 1.
- d. Use the title "nurse practitioner," the title "N.P.," or anything else to indicate that he or she is a nurse practitioner unless he or she has been granted a nurse practitioner specialty designation under sub. (1) (b) 1.
- (c) An advanced practice registered nurse shall adhere to professional standards when managing situations that are beyond the advanced practice registered nurse's expertise. If a particular patient's needs are beyond the advanced practice registered nurse's expertise, the advanced practice registered nurse shall consult or collaborate with another health care provider or refer the patient to another health care provider, as warranted by the patient's needs.
- (d) An advanced practice registered nurse licensed under this section may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the advanced practice registered nurse's practice, the advanced practice registered nurse is competent to perform the task or issue the order, and the advanced practice registered nurse has reasonable evidence that the

- health care worker is minimally competent to perform the task or issue the order under the circumstances.
- (e) If an advanced practice registered nurse with a certified nurse-midwife specialty designation under sub. (1) (b) 1. practices outside of a hospital setting, the advanced practice registered nurse shall file and keep current with the department 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 that exceed the advanced practice registered nurse's scope of practice.
- (f) Nothing in this section prohibits an employer, hospital, or other entity with a relationship with an advanced practice registered nurse from establishing employment practice requirements on the advanced practice registered nurse as a condition of employment.
- (4) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse's area of practice. The board may promulgate rules regarding the continuing education requirements under this subsection.
- (5) Malpractice liability insurance. Except for a person whose employer has in effect malpractice liability insurance that provides coverage for the person in the amounts specified under s. 655.23 (4), no person may practice advanced practice registered nursing unless he or she at all times has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board. An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license

 $\mathbf{2}$

under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

- (5m) Nurse anesthetists. (b) Opt-out of federal certified registered nurse anesthetist supervision requirement. 1. The legislature finds that allowing certified registered nurse anesthetists to administer anesthesia without supervision or direction from an operating practitioner, physician, or anesthesiologist increases access to quality anesthesia services throughout the state and is in the best interests of the citizens of the state.
- 2. The state, including the governor, the board, and the medical examining board, shall act to maintain an opt-out of the federal requirement for physician supervision of certified registered nurse anesthetists pursuant to 42 CFR 482.52 (c).
- (6) RULES. The board shall promulgate rules necessary to administer this section, including rules for all of the following:
- (a) Further defining the scope of practice of an advanced practice registered nurse, practice of a certified nurse-midwife, practice of a certified registered nurse anesthetist, practice of a nurse practitioner, and practice of a clinical nurse specialist and defining the scope of practice within which an advanced practice registered nurse may issue prescription orders under sub. (2).
- (b) Determining acceptable national certification for purposes of sub. (1) (a) 2. a.
- (c) Establishing the appropriate education, training, or experience requirements that a registered nurse must satisfy in order to be an advanced practice registered nurse.
- (d) Specifying the classes of drugs, individual drugs, or devices that may not be prescribed by an advanced practice registered nurse under sub. (2).

- (e) Specifying the conditions to be met for registered nurses to do the following:
- 1. Administer a drug prescribed by an advanced practice registered nurse.
 - 2. Administer a drug at the direction of an advanced practice registered nurse.
 - (f) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice registered nurse must at all times have in effect for purposes of sub. (5). The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

Section 109. 441.092 of the statutes is created to read:

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

- (b) "Antimicrobial drug" has the meaning given in s. 448.035 (1) (b).
- (c) "Expedited partner therapy" has the meaning given in s. 448.035 (1) (c).
- (2) Notwithstanding the requirements of s. 448.9785, an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2) may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The advanced practice registered nurse shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the advanced practice registered nurse is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."
- (3) The advanced practice registered nurse shall provide the patient with a copy of the information sheet prepared by the department of health services under

 $\mathbf{2}$

- s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.
- (4) (a) Except as provided in par. (b), an advanced practice registered nurse is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by an advanced practice registered nurse whose act or omission involves reckless, wanton, or intentional misconduct.

Section 110. 441.10 (7) of the statutes is amended to read:

441.10 (7) No license is required for practical nursing, but, except as provided in s. 257.03, no person without a license may hold himself or herself out as a licensed practical nurse or licensed attendant, use the title or letters "Trained Practical Nurse" or "T.P.N.", "Licensed Practical Nurse" or "L.P.N.", "Licensed Attendant" or "L.A.", "Trained Attendant" or "T.A.", or otherwise seek to indicate that he or she is a licensed practical nurse or licensed attendant. No licensed practical nurse or licensed attendant may use the title, or otherwise seek to act as a registered, licensed, graduate or professional nurse. Anyone violating this subsection shall be subject to the penalties prescribed by s. 441.13. The board shall grant without examination a license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant. This subsection does not apply to any licensed practical nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the enhanced nurse licensure compact under s. 441.51.

1	SECTION 111. 441.11 (title) of the statutes is repealed.
2	Section 112. 441.11 (1) of the statutes is repealed.
3	Section 113. 441.11 (2) of the statutes is renumbered 441.09 (5m) (a) and
4	amended to read:
5	441.09 (5m) (a) <i>Licensure exemption</i> . The provisions of s. 448.04 (1) (g) 448.05
6	(1) (d) do not apply to a an advanced practice registered nurse licensed under this
7	section who possesses a certified registered nurse anesthetist specialty designation
8	under sub. (1) (b) 1. or to a person who engages in the practice of a nurse anesthetist
9	while performing official duties for the armed services or federal health services or
10	the United States.
11	Section 114. 441.11 (3) of the statutes is repealed.
12	Section 115. 441.15 of the statutes is repealed.
13	Section 116. 441.16 of the statutes is repealed.
14	Section 117. 441.18 (2) (a) (intro.) of the statutes is amended to read:
15	441.18 (2) (a) (intro.) An advanced practice registered nurse certified to who
16	$\underline{\text{may}}$ issue prescription orders under s. $441.16 \underline{441.09} (2)$ may do any of the following
17	Section 118. 441.18 (2) (b) of the statutes is amended to read:
18	441.18 (2) (b) An advanced practice <u>registered</u> nurse who prescribes or delivers
19	an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid
20	antagonist is prescribed has or has the capacity to provide the knowledge and
21	training necessary to safely administer the opioid antagonist to an individua
22	undergoing an opioid-related overdose and that the person demonstrates the
23	capacity to ensure that any individual to whom the person further delivers the opioid
24	antagonist has or receives that knowledge and training.
25	Section 119. 441.18 (3) of the statutes is amended to read:

	th,
prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acti	ing
in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, sh	all
be immune from criminal or civil liability and may not be subject to profession	nal
discipline under s. 441.07 for any outcomes resulting from prescribing, delivering	ng,
or dispensing the opioid antagonist.	
SECTION 120. 441.19 of the statutes is repealed.	
SECTION 121. Subchapter II (title) of chapter 441 [precedes 441.51] of t	the
statutes is amended to read:	
CHAPTER 441	
SUBCHAPTER II	
ENHANCED NURSE LICENSURE COMPACT	
SECTION 122. 441.51 (title) of the statutes is amended to read:	
441.51 (title) Enhanced nurse Nurse licensure compact.	
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SECTION 123. 448.03 (2) (a) of the statutes is amended to read:	
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SECTION 123. 448.03 (2) (a) of the statutes is amended to read: 448.03 (2) (a) Any person lawfully practicing within the scope of a licent permit, registration, certificate or certification granted to practice midwifery und subch. XIII of ch. 440, to practice professional or, practical, or advanced practice registered nursing or nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry or dental hygiene under ch. 447, to practice optometric dentistry	der <u>ice</u> der try
SECTION 123. 448.03 (2) (a) of the statutes is amended to read: 448.03 (2) (a) Any person lawfully practicing within the scope of a licent permit, registration, certificate or certification granted to practice midwifery undsubch. XIII of ch. 440, to practice professional or, practical, or advanced practice registered nursing or nurse-midwifery under ch. 441, to practice chiropractic undch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optomed under ch. 449, to practice acupuncture under ch. 451 or under any other statuted.	der i <u>ice</u> der try

448.03 (2) (a) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice midwifery under subch. XIII of ch. 440, to practice professional, practical, or advanced practice registered nursing under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to practice as a physician assistant under subch. VIII, to practice acupuncture under ch. 451 or under any other statutory provision, or as otherwise provided by statute.

SECTION 125. 448.035 (1) (a) of the statutes is repealed.

Section 126. 448.035 (2), (3) and (4) of the statutes are amended to read:

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

(3) The physician, or physician assistant, or certified advanced practice nurse prescriber shall provide the patient with a copy of the information sheet prepared by

 $\mathbf{2}$

the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

- (4) (a) Except as provided in par. (b), a physician, or physician assistant, or certified advanced practice nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician, or physician assistant, or certified advanced practice nurse prescriber whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 127. 448.035 (2), (3) and (4) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), are repealed and recreated to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

- (3) The physician shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.
- (4) (a) Except as provided in par. (b), a physician is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.
- (b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician whose act or omission involves reckless, wanton, or intentional misconduct.

Section 128. 448.56 (1) and (1m) (b) of the statutes are amended to read:

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

 $\mathbf{2}$

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

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

Section 129. 448.62 (2m) of the statutes is amended to read:

448.62 **(2m)** An advanced practice <u>registered</u> nurse who is certified to issue prescription orders under s. 441.16 and who is providing nonsurgical patient services as directed, supervised, and inspected by a podiatrist who has the power to direct, decide, and oversee the implementation of the patient services rendered.

SECTION 130. 448.67 (2) of the statutes is amended to read:

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

Section 131. 448.956 (1m) of the statutes is amended to read:

448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
to an individual without a referral, except that a licensee may not provide athletic
training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
setting unless the licensee has obtained a written referral for the individual from a
practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;
under ch. 446; or under s. 441.16 (2) 441.09 or from a practitioner who holds a
compact privilege under subch. IX of ch. 448.
SECTION 132 448 956 (1m) of the statutes as affected by 2021 Wisconsin Acts

SECTION 132. 448.956 (1m) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

SECTION 133. 450.01 (1m) of the statutes is repealed.

Section 134. 450.01 (16) (h) 2. of the statutes is amended to read:

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

Section 135. 450.01 (16) (hr) 2. of the statutes is amended to read:

450.01 (16) (hr) 2. An advanced practice <u>registered</u> nurse <u>prescriber who may</u> issue prescription orders under s. 441.09 (2).

 $\mathbf{2}$

Section 136. 450.03 (1) (e) of the statutes is amended to read:

450.03 (1) (e) Any person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to provide home medical oxygen under s. 450.076, to practice professional or, practical, or advanced practice registered nursing or nurse-midwifery under ch. 441, to practice dentistry or dental hygiene under ch. 447, to practice medicine and surgery under ch. 448, to practice optometry under ch. 449 or to practice veterinary medicine under ch. 89, or as otherwise provided by statute.

SECTION 137. 450.11 (1g) (b) of the statutes is amended to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 441.092 or 448.035, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

SECTION 138. 450.11 (1g) (b) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 441.092, 448.035, or 448.9725, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

Section 139. 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice registered nurse prescriber under s. 441.18 (2) (a) 1., or of a physician or physician assistant under s. 448.037 (2) (a) 1., that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice registered nurse prescriber under s. 441.18 (2) (a) 2., or of a physician or physician assistant under s. 448.037 (2) (a) 2., that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation

 $\mathbf{2}$

in accordance with rules promulgated by the board for the delivery of a prescription
to the person to whom the opioid antagonist is delivered.

SECTION 140. 450.11 (1i) (a) 1. of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

Section 141. 450.11 (1i) (b) 2. b. of the statutes is amended to read:

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

Section 142. 450.11 (7) (b) of the statutes is amended to read:

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

SECTION 143. 450.11 (8) (e) of the statutes is amended to read:

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

SECTION 144. 450.13 (5) (b) of the statutes is amended to read:

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

SECTION 145. 450.135 (7) (b) of the statutes is amended to read:

450.135 (7) (b) The patient's advanced practice <u>registered</u> nurse <u>prescriber</u>, if the advanced practice <u>registered</u> nurse <u>prescriber has entered into a written</u> agreement to collaborate with a physician <u>may issue prescription orders under s.</u> 441.09 (2).

Section 146. 462.04 of the statutes is amended to read:

462.04 Prescription or order required. A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse certified licensed under s. 441.16 (2) 441.09, a physician assistant licensed under s. 448.04 (1) (f), or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. IX of ch. 448.

SECTION 147. 462.04 of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

 $\mathbf{2}$

X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse licensed under s. 441.09, a physician assistant licensed under s. 448.974, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. IX of ch. 448.

SECTION 148. 655.001 (7t) of the statutes is amended to read:

655.001 **(7t)** "Health care practitioner" means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist.

SECTION 149. 655.001 (9) of the statutes is amended to read:

655.001 (9) "Nurse anesthetist" means a nurse an individual who is licensed under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), and who is certified as a nurse anesthetist by the American association of nurse anesthetists as an advanced practice registered nurse and possesses a certified registered nurse anesthetist specialty designation under s. 441.09.

Section 150. 655.005 (2) (a) of the statutes is amended to read:

655.005 (2) (a) An employee of a health care provider if the employee is a physician or a nurse anesthetist or is a health care practitioner who is providing health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist.

Section 151. 961.01 (19) (a) of the statutes is amended to read:

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

SECTION 152. 961.01 (19) (a) of the statutes, as affected by 2021 Wisconsin Acts 23 and (this act), is repealed and recreated to read:

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

Section 153. 961.395 of the statutes is amended to read:

- 961.395 Limitation on advanced practice <u>registered</u> nurses. (1) An advanced practice <u>registered</u> nurse who <u>is certified</u> <u>may issue prescription orders</u> under s. 441.16 <u>441.09 (2)</u> may prescribe controlled substances only as permitted by the rules promulgated under s. 441.16 (3) <u>441.09 (6) (d)</u>.
- (2) An advanced practice <u>registered</u> nurse <u>certified under s. 441.16 who may</u> <u>issue prescription orders under s. 441.09 (2)</u> shall include with each prescription order the <u>advanced practice nurse prescriber certification license</u> number issued to him or her by the board of nursing.

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(3) An advanced practice <u>registered</u> nurse <u>certified under s. 441.16 who may</u> <u>issue prescription orders under s. 441.09 (2)</u> may dispense a controlled substance only by prescribing or administering the controlled substance or as otherwise permitted by the rules promulgated under s. 441.16 (3) 441.09 (6) (d).

SECTION 154. Nonstatutory provisions.

- (1) Using the procedure under s. 227.24, the board of nursing may promulgate rules under ch. 441 that are necessary to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), a rule promulgated under this subsection is effective for 2 years after its promulgation, or until permanent rules take effect, whichever is sooner, and the effective period of a rule promulgated under this subsection may not be further extended under s. 227.24 (2).
 - (2) (a) In this subsection, the definitions under s. 441.001 apply.
- (b) Notwithstanding s. 441.09 (3), an individual who, on January 1, 2019, was licensed as a registered nurse in this state and was practicing in a recognized role may continue to practice advanced practice registered nursing and the corresponding recognized role in which he or she was practicing and may continue to use the titles corresponding to the recognized roles in which he or she was practicing during the period before which the board takes final action on the person's application under s. 441.09. This paragraph does not apply after March 1, 2023.

SECTION 155. Effective dates. This act takes effect on March 1, 2022, except as follows:

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(1) Section 154 (1) of this act takes effect on the day after public	cation
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(END)
(by Section 147), and 961.01 (19) (a) (by Section 152) takes effect on April 1, 2022.
$Section \ 132), \ 450.11 \ (1g) \ (b) \ (by \ Section \ 138) \ and \ (1i) \ (a) \ 1. \ (by \ Section \ 140), \ 462.04 \ (a) \ (a) \ (b) $
(a) (by Section 124), 448.035 (2), (3), and (4) (by Section 127), 448.956 (1m) (by
SECTION 46), 255.07 (1) (d) (by SECTION 72), 343.16 (5) (a) (by SECTION 76), 448.03 (2)
70.47~(8)~(intro.)~(by~Section~22),~146.82~(3)~(a)~(by~Section~44),~146.89~(1)~(r)~1.~(by~Section~22),~146.82~(3)~(a)~(by~Section~24),~146.89~(1)~(r)~1.~(
(2) The treatment of ss. 46.03 (44) (by Section 11), 50.08 (2) (by Section 14),

State of Wisconsin Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:			
			8/10/21		
Jameson Whitney, Board Counsel				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, Com	mittee, Co	uncil, Sections:			
Medical Examining B	oard				
4) Meeting Date:		tachments: 6) How should the item be titled on the agenda page?			
8/18/21	⊠ Ye		A 1		Plant and a state of the state of
	│ □ No)			Discussion and Consideration
				•	nduct – adoption order
				, CME Requirements	•
				•	s – preliminary rule draft
				•	nts – preliminary rule draft
				Licensure- implemen	-
7) Place Item in:		8) Is an appearan scheduled?	ce before	the Board being	9) Name of Case Advisor(s), if required:
✓ Open Session✓ Closed Session			Board Ar	ppearance Request)	
Closed Session		⊠ No	Doura Ap	ppearance request,	
10) Describe the issue a	ınd action		dressed:		
	w, take ne	cessary action, an	d give dra	afting instructions re	garding the referenced administrative rule
projects.					
11) Signature of person mal	kina thic r		Authoriza	tion	Date 8/10/21
Jameson Whitney	kiliy ulis i	equesi			Date 0/10/21
Supervisor (if required) Date					
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date					
Directions for including supporting documents:					
 This form should be attached to any documents submitted to the agenda. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 					
3. If necessary, provide	original (iocuments needing	y board C	man person signature	e to the Bureau Assistant prior to the start of a

STATE OF WISCONSIN MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING : ORDER OF THE

PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD

MEDICAL EXAMINING BOARD : ADOPTING RULES

: (CLEARINGHOUSE RULE 21-030)

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ORDER

An order of the Medical Examining Board to amend Med 10.03 (3) (h), relating to unprofessional conduct.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.015 (4) (am) 1., Stats.

Statutory authority:

Section 15.08 (5) (b), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board "shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . ."

Related statute or rule:

Section SPS 4.09 sets forth provisions related to credential holder charges and convictions.

Plain language analysis:

The proposed rule revises the Board's rules related to professional conduct. Specifically, s. Med 10.03 (3) (h) is revised to clarify a licensee is required to comply with the reporting requirement under s. SPS 4.09 (2).

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

None.

Comparison with rules in adjacent states:

Illinois: The Illinois Statutes authorize the Illinois Department of Financial Regulation to take disciplinary or non-disciplinary action against a physician's license. Grounds for action include failure to report to the Department any adverse final action taken against a physician by any law enforcement agency or any court, for acts or conduct similar to acts or conduct that would constitute grounds for action against the physician's license [225 ILCS 60/22 (A) (34)].

Iowa:

Rules of the Iowa Board of Medicine provide the Board with authority to impose disciplinary sanctions for certain acts and offenses (653 IAC 23.1). The rules do not specifically provide that a physician may be subject to a disciplinary sanction for failure to report a conviction.

Michigan:

The Michigan Public Health Code requires a licensee or registrant to notify the Michigan Department of Licensing and Regulatory Affairs of any criminal conviction within 30 days after the date of the conviction. Failure of a licensee or registrant to notify the Department under this subsection shall result in administrative action against the license or registration [MCL 333.16222 (3)].

Minnesota:

The Minnesota Statutes require a physician to self-report to the Minnesota Board of Medical Practice within 30 days of any judgment or other determination of a court of competent jurisdiction that adjudges or includes a finding that a physician is guilty of a felony or a violation of a federal or state narcotics law or controlled substances act (2020 Minnesota Statutes, Section 147.111).

Summary of factual data and analytical methodologies:

The proposed rules were developed by obtaining input and feedback from the Medical Examining Board.

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

The proposed rules were posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

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

Agency contact person:

Kassandra Walbrun, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4463; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Kassandra Walbrun, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held at 8:00 a.m. on April 21, 2021, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 10.03 (3) (h) is amended to read:

Med 10.03 (3) (h) Failing, within 48 hours of the entry of judgment of conviction of any crime, to provide notice to the department of safety and professional services as required under s. SPS 4.09 (2), or failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

lay of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.				
	(END OF TEXT OF RULE)			
Dated	Agency			
	Chairperson			
	Medical Examining Board			

STATE OF WISCONSIN MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : ORDER OF THE

PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD

MEDICAL EXAMINING BOARD : ADOPTING RULES

: (CLEARINGHOUSE RULE 21-017)

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ORDER

An order of the Medical Examining Board to amend Med 13.02 (1g) and (1r) and 13.03 (3) (b) 2. and to create Med 13.02 (1v) and 13.03 (3) (b) 2m., relating to continuing medical education for physicians.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.13, Stats.

Statutory authority:

Sections 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board "shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . ."

Section 448.40 (1), Stats., provides the Medical Examining Board "may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

Related statute or rule:

Section 440.035 (2m), Stats., allows the Medical Examining Board to issue guidelines regarding best practices in prescribing controlled substances. Section 440.08 (2) (a) 58. and 58m., Stats., provide the credential renewal date for physicians is November 1 of each odd numbered year.

Plain language analysis:

Current rules require a physician who holds a U.S. Drug Enforcement Administration number to complete 2 of the 30 required hours of continuing medical education from a Board-approved educational course or program related to opioid prescribing. As this requirement applies only to the renewal date occurring on November 1, 2021, the proposed rules establish a requirement for the completion of continuing education hours related to responsible prescribing of opioids and other controlled substances for the renewal date occurring on November 1, 2023.

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

None.

Comparison with rules in adjacent states:

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation establish continuing medical education requirements for physicians licensed in Illinois [68 Ill. Adm. Code 1285.110]. The rules do not require continuing education related to prescribing opioids or other controlled substances.

Iowa:

Rules of the Iowa Board of Medicine establish continuing education requirements for physicians licensed in Iowa [653 IAC 11]. The rules require a licensee who has prescribed opioids to a patient during the previous license period to complete at least 2 hours of category 1 credit regarding the United States Centers for Disease Control and Prevention (CDC) guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, every 5 years [653 IAC 11.4(1) d. (1)].

Michigan:

Rules of the Michigan Department of Licensing and Regulatory Affairs establish continuing medical education requirements for physicians licensed in Michigan [Mich Admin Code, R 338.2441 to R 338.2443]. The rules require a minimum of 3 hours of continuing education to be earned in pain and symptom management, including any of the following areas:

- Public health burden of pain.
- Ethics and health policy related to pain.
- Michigan pain and controlled substance laws.
- Pain definitions.
- Basic sciences related to pain including pharmacology.
- Clinical sciences related to pain.
- Specific pain conditions.
- Clinical physician communication related to pain.
- Management of pain, including evaluation and treatment and nonpharmacological and pharmacological management.
- Ensuring quality pain care.
- Michigan programs and resources relevant to pain.

Minnesota:

Rules of the Minnesota Board of Medical Practice establish continuing education requirements for physicians licensed in Minnesota [Minnesota Rules, chapter 5605]. The rules do not require continuing education related to prescribing opioids or other controlled substances.

Summary of factual data and analytical methodologies:

The proposed rules were developed by obtaining input and feedback from the Medical Examining Board.

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

The proposed rules were posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

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

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held at 8:00 a.m. on March 17, 2021, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 13.02 (1x) is created to read:

Med 13.02 (1x) (a) Except as provided under par. (b), for the renewal date occurring on November 1, 2023, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to prescribing opioids and other controlled substances that is approved under s. Med 13.03 (3) at the time of the physician's attendance, and whose subject matter meets the requirements of s. Med 13.03 (3) (b) 2s.

- **(b)** This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. drug enforcement administration number to prescribe controlled substances.
- SECTION 2. Med 13.03 (2) (b) (Note) and (3) (a) (intro.) are amended to read:
- Med 13.03 (2) (b) (Note) Forms to apply for continuing medical education credit are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708 from the department of safety and professional services' website at http://dsps.wi.gov, by phone at (608) 266-2112, or by email at dsps@wisconsin.gov.
- (3) (a) (intro.) Only educational courses and programs approved by the board may be used to satisfy the requirement under s. Med 13.02 (1g) (a), and (1r) (a), (1v) (a), and (1x) (a). To apply for approval of a continuing education course or program, a provider shall submit to the board an application on forms provided by the department. The application shall include all of the following concerning the course or program:
- SECTION 3. Med 13.03 (3) (b) 2s. is created to read:
- Med 13.03 (3) (b) 2s. The subject matter of a course under s. Med 13.02 (1x) (a) shall pertain to responsible prescribing of opioids and other controlled substances, with an emphasis on informed consent of all patients on opioid therapy and other controlled substances.

	VE DATE. The rules adopted in this owing publication in the Wisconsin (2) (intro.), Stats.	
	(END OF TEXT OF RUI	LE)
Dated	Agency	
		Chairperson
	Med	lical Examining Board

STATE OF WISCONSIN ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

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IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE PROCEEDINGS BEFORE THE : ATHLETIC TRAINERS AFFILIATED ATHLETIC TRAINERS AFFILIATED : CREDENTIALING BOARD CREDENTIALING BOARD : ADOPTING RULES

: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Athletic Trainers Affiliated Credentialing Board to amend AT 2.01 and 2.02 (intro.); and create AT 2.03, relating to reciprocal credentials for service members, former service members, and their spouses.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 440.09, Stats.

Statutory authority:

Sections 15.085 (5) (b) and 440.09 (5), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board "[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . ."

Section 440.09 (5), Stats., provides that "[t]he department or credentialing board, as appropriate, may promulgate rules necessary to implement this section."

Related statute or rule:

Section 440.09, Stats., specifies the requirements for issuing reciprocal credentials to service members, former service members, and the spouses of service members and former service members.

Plain language analysis:

The proposed rule creates a provision to implement s. 440.09, Stats., as amended by 2019 Wisconsin Act 143. Section 440.09, Stats., specifies the requirements for issuing reciprocal credentials to service members, former service members, and the spouses of service members and former service members.

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

None.

Comparison with rules in adjacent states:

Illinois:

The Illinois Statutes provide for the expedited licensure of service members and their spouses (20 ILCS 5/5-715). "Service member" includes a person whose active duty service concluded within the 2 years preceding application for licensure. A license issued to a service member or the spouse of a service member may be renewed.

Iowa:

Rules of the Professional Licensure Division of the Iowa Department of Public Health provide for the expedited reciprocal licensure of a veteran or a spouse of an active duty service member (645 IAC 645.20.3). A reciprocal license issued to a veteran or a spouse of an active duty service member may be renewed.

Michigan:

The Michigan Statutes provide for temporary licensure of the spouse of an active duty service member (MCL 339.213). A temporary license is valid for 6 months and may be renewed for one additional 6-month term if it is determined the licensee continues to meet the requirements for temporary licensure and needs additional time to fulfill the requirements for initial licensure.

Minnesota:

The Minnesota Statutes provide for temporary licensure of an individual who is an active duty military member, the spouse of an active duty military member, or a veteran who has left service in the 2 years preceding the date of license application (2020 Minnesota Statutes, Section 197.4552). A temporary license allows a qualified individual to perform regulated professional services for a limited length of time as determined by the applicable licensing board. During the temporary license period, the individual must complete the full application procedure as required by applicable law.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of s. 440.09, Stats., as amended by 2019 Wisconsin Act 143, and obtaining input and feedback from the Athletic Trainers Affiliated Credentialing Board.

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 government 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 Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. AT 2.01 is amended to read:

AT 2.01 Applications. An applicant for a license shall file an application and must pay the fee specified in s. 440.05 (1), Stats. An applicant for a license who does not comply with a request for information related to the application within one year from the date of the request shall file a new application and pay the fee specified in s. 440.05 (1), Stats.

SECTION 2. AT 2.02 (intro.) is amended to read:

AT 2.02 (intro.) In addition to satisfying the requirement of s. 448.953, Stats., Except as provided under s. AT 2.03, an application for licensure shall satisfy the requirements of s. 448.953, Stats., and include all of the following:

SECTION 3. AT 2.03 is created to read:

AT 2.03 Reciprocal credentials for service members, former service members, and their spouses. A reciprocal athletic trainer license shall be granted to a service member, former service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. 440.09 (2), Stats. Subject to s. 440.09 (2m), Stats., the board may request verification necessary to make a determination under this section.

Note: Applications for reciprocal licensure may be obtained from the department of safety and professional services at (608) 266-2112 or from the department's website at http://dsps.wi.gov.

SECTION 4. 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)

STATE OF WISCONSIN OCCUPATIONAL THERAPISTS AFFILIATED CRENDENTIALING BOARD

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE PROCEEDINGS BEFORE THE : OCCUPATIONAL THERAPISTS : AFFILIATED CREDENTIALING

AFFILIATED CREDENTIALING : BOARD

BOARD : ADOPTING RULES : (CLEARINGHOUSE RULE

PROPOSED ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to amend OT 2.02 (1) (b), relating to licensure requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.963, Stats.

Statutory authority:

Sections 15.085 (5) (b) and 227.11 (2) (a), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides that an affiliated credentialing board, such as the Occupational Therapists Affiliated Credentialing Board, "[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 227.11 (2) (a), Stats., sets forth the parameters of an agency's rule-making authority, stating an agency "may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . .but a rule is not valid if the rule exceeds the bounds of correct interpretation."

Related statute or rule:

Section 448.963, Stats., sets forth the licensure requirements for occupational therapists and occupational therapy assistants.

Plain language analysis:

Section OT 2.02 (1) (b) requires an applicant to provide evidence that the applicant is certified as an occupational therapist or occupational therapy assistant by the National Board for Certification in Occupational Therapy (NBCOT). This requirement conflicts with the licensure provisions of s. 448.963, Stats., which require initial certification from NBCOT but do not require the certification be current. The proposed rules update s. OT 2.02 (1) (b) to reflect the requirements for licensure under s. 448.963, Stats.

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

None.

Comparison with rules in adjacent states:

Illinois: Rules of the Illinois Department of Financial and Professional Regulation set forth the licensure requirements for occupational therapists and occupational therapy assistants (68 Ill. Admin. Code 1315.110). The requirements do not include certification by the National Board for Certification in Occupational Therapy (NBCOT).

Iowa: Rules of the Iowa Board of Physical and Occupational Therapy set forth the licensure requirements for occupational therapists and occupational therapy assistants (645 IAC 206). The requirements do not include certification by the National Board for Certification in Occupational Therapy (NBCOT).

Michigan: Rules of the Michigan Board of Occupational Therapists set forth the licensure requirements for occupational therapists (Mich Admin Code, R 338.1223) and occupational therapy assistants (Mich Admin Code, R 338.1233). The requirements do not include certification by the National Board for Certification in Occupational Therapy (NBCOT).

Minnesota: The Minnesota Statutes provide the licensure qualifications for occupational therapists (Minnesota Statutes 2020, section 148.6408) and occupational therapy assistants (Minnesota Statutes 2020, section 148.6410). The qualifications do not include certification by the National Board for Certification in Occupational Therapy (NBCOT).

Summary of factual data and analytical methodologies:

The proposed rules were developed by comparing the provisions of s. OT 2.02 with the requirements for licensure under s. 448.963, Stats.

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 government 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 Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

SECTION 1. OT 2.02 (1) (b) is amended to read:

OT 2.02 (1) (b) Evidence that the applicant is certified of initial certification as an occupational therapist or occupational therapy assistant by from the national board for certification in occupational therapy National Board for Certification in Occupational Therapy; and that the applicant has completed an occupational therapist educational program, or an occupational therapy assistant educational program.

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

(END OF TEXT OF RULE)

STATEMENT OF SCOPE

Medical Examining Board

Rule No.:	Med 1
Relating to:	Licenses to Practice Medicine and Surgery
Rule Type:	Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The Medical Examining Board will conduct a comprehensive evaluation and update of ch. Med 1 to ensure the rules are consistent with current professional, academic, examination, and licensing practices, and applicable Wisconsin statutes. Updates to other chapters of the Board's rules may also be necessary to reflect updates to ch. Med 1.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Chapter Med 1 currently contains the rules of the Medical Examining Board governing application and examination for a license to practice medicine and surgery under s. 448.04 (1) (a), Stats. The Board has identified the need for a comprehensive evaluation and update of these rules to ensure they are consistent with current professional, academic, examination, and licensing practices, and applicable Wisconsin statutes.

The alternative of not conducting this evaluation and update would be to leave the rules unchanged, which may be less beneficial for individuals applying for a license to practice medicine and surgery under s. 448.04 (1) (a), Stats.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

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

Section 448.05 (2) (a) 3., Stats., requires an applicant for any class of license to practice medicine and surgery to supply evidence satisfactory to the board "[t]hat the applicant satisfies any other requirement established by the board by rule for issuing the license."

Section 448.40 (1), Stats., provides that "[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

70 hours

Rev. 3/6/2012

6. List with description of all entities that may be affected by the proposed rule:

Applicants for a license to practice medicine and surgery under s. 448.04 (1) (a), Stats.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Jameson Whitney, Board Legal Counsel, DSPSAdminRules@wisconsin.gov, (608) 266-8098.

State of Wisconsin Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:			2) Date when request submitted:		
Kevyn Radcliffe, Administrtive Rules			June 4, 2021		
Coordinator				red late if submitted after 12:00 p.m. on the deadline ess days before the meeting	
3) Name of Board, Committee, Council, Sections:					
Medical Examining Boar	rd				
4) Meeting Date:	5) Attachments:	6) How s	low should the item be titled on the agenda page?		
June 16, 2021		Adminis	Administrative Rules Matters – Discussion and Consideration		
	□ No	1.	 Cos 2, 3, 5, & 8 related to scope of practice, mobile practice, a distance learning – Preliminary Rule Draft 		
		2.	2. Pending Rule Matters		
7) Place Item in:	8) Is an appearan			9) Name of Case Advisor(s), if required:	
Open Session	scheduled? (If ye Appearance Requ				
☐ Closed Session	⊠ Yes		,		
	□ No				
10) Describe the issue a	nd action that should be add	dressed:			
The Cosmetology Examining Board is considering a Preliminary Draft rule, Cos 2, 3, 5, & 8 related to scope of practice, mobile practice, and distance learning, that would include microblading, dermaplaning, and microdermabrasion under the practice of aesthetics, without any additional conditions or training. Microdermabrasion is currently considered a medical procedure that must be supervised, with exceptions laid out in Cos 2.025 (2r). The proposed rule removes microdermabrasion as a delegated medical procedure and provides that the scope of practice for aesthetics includes dermaplaning, microblading, and microdermabrasion. The Medical Examining Board has specifically exempted tattoo and body piercing, when done for the purposes of personal adornment, from the practice of medicine and surgery in Med 15.02. The Medical Examining Board may wish to consider a future rule project to specifically exempt dermaplaning, microblading, and microdermabrasion from the practice of medicine and surgery by adding the three procedures to Med 15. Cos 2, 3, 5, & 8 is being presented to the Medical Examining Board for discussion and feedback. No action is required.					
11)		Authorizat	uon		
Keryn Radclíf			June 4, 2021		
Signature of person make	ang 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.					

STATE OF WISCONSIN COSMETOLOGY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE PROCEEDINGS BEFORE THE : COSMETOLOGY EXAMINING BOARD : BOARD ADOPTING RULES

: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Cosmetology Examining Board to repeal Cos 2.025 (2) (b) and (2r); to renumber Cos 1.01 (11g) and (11n); to renumber and amend Cos 1.01 (2m); to amend Cos 1.01 (6e), 2.03 (8), 2.05 (2); to repeal and recreate Cos 5.01; and to create Cos 1.01 (2g), (4m), (11n), and 2.015.

Analysis prepared by the Department of Safety and Professional Services.

<u>ANALYSIS</u>

Statutes interpreted: Sections 454.02, 454.04, and 440.62 (5) (b) 1., Stats.

Statutory authority: Sections 15.08 (5) (b), 227.11 (2) (a), and 440.62 (5) (b) 1., Stats.

Explanation of board authority:

Section 15.08 (5) (b), Stats., provides that an examining board, "shall 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., states that an 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, but a rule is not valid if the rule exceeds the bounds of correct interpretation." This section allows an agency to promulgate administrative rules which interpret the statutes it enforces or administers if the proposed rule does not exceed proper interpretation of the statute.

Section 440.62 (5) (b) 1., Stats., states that "[t]he cosmetology examining board shall promulgate rules prescribing the subjects required to be included in courses of instruction at schools of cosmetology and specialty schools and establishing minimum standards for courses of instruction and instructional materials and equipment at schools of cosmetology and specialty schools."

Section 454.01 (2), Stats., defines "aesthetics" as ... caring for or beautifying the skin of the human body, including but not limited to cleaning, applying cosmetics, oils, lotions, clay, creams, antiseptics, powders or tonics to or massaging, stimulating, wrapping or exercising the skin of the human body.

Related statute or rule:

Microdermabrasion is currently considered a delegated medical procedure that must be supervised, with exceptions laid out in Cos 2.025 (2r).

Plain language analysis:

Microdermabrasion is currently considered a medical procedure that must be supervised, with exceptions laid out in Cos 2.025 (2r). The proposed rule removes microdermabrasion as a delegated medical procedure and provides that the scope of practice for aesthetics includes dermaplaning, microblading, and microdermabrasion. The proposed rule also clarifies that courses may be offered to students remotely as deemed appropriate by the school. Schools may use simulated patrons for practical training upon prior written approval from the Board. The proposed rule makes other changes to definitions consistent with industry practice.

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

There are no existing or proposed federal requirements.

Comparison with rules in adjacent states:

Illinois:

Cosmetologists are prohibited from using any technique, product, or practice intended to affect the living layers of the skin. Estheticians are prohibited from using techniques, products, and practices intended to affect the living layers of the skin.

Iowa:

Iowa code prohibits cosmetologists/estheticians from administering any procedure in which the human tissue is cut, shaped, vaporized, or otherwise structurally altered. The code specifically prohibits dermaplaning.

Michigan:

Under Michigan law, the practice of microdermabrasion is limited to the direct supervision and control of a licensed physician. Microblading is considered a body art procedure that must be performed at a licensed body art facility.

Minnesota:

Minnesota allows cosmetologists to perform dermaplaning and microdermabrasion unsupervised if they have additional training and an advanced practice esthetician license. Minnesota requires a tattoo license to perform microblading, and does not allow cosmetologists/estheticians/advanced practice estheticians to perform it unless under supervision of a physician.

Summary of factual data and analytical methodologies:

The Cosmology Examining Board reviewed their rules to ensure statutory compliance and that the rules are consistent with current practices.

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

The rule will be posted for 14 days on the department's website to solicit economic impact comments from stakeholders.

Fiscal Estimate and Economic Impact Analysis:

The fiscal estimate and economic impact analysis will be attached upon completion.

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 Daniel.Hereth @wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Kevyn Radcliffe, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-266-0797; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Kevyn Radcliffe, 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 at a time and place to be announced in the Administrative Register to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Cos 1.01 (2g) is created to read:

Cos 1.01 (2g) "Chemical process" means the use of chemical reactions to change the texture, style, or length of hair, skin, or nails.

Section 2. Cos 1.01 (2m) is renumbered to Cos 1.01 (2r) and amended to read:

Cos 1.01 (2r) "Chemical waving" means a system of permanent waving employing catalyzed or executed by chemicals rather than heat.

SECTION 3. Cos 1.01 (4m) is created to read:

Cos 1.01 (4m) "Dermaplaning" means the removal of skin layers by use of a razor-edged instrument.

SECTION 4. Cos 1.01 (6e) is amended to read:

Cos 1.01 (6e) "Disinfection" means application of a disinfectant following thorough cleaning of the utensil or surface.

SECTION 5. Cos 1.01 (11g) and (11n) are renumbered Cos. 1.01 (11c) and (11g).

SECTION 6. Cos 1.01 (11n) is created to read:

Cos 1.01 (11n) "Microblading" means the insertion of semipermanent pigment under the skin in order to change its appearance.

SECTION 7.Cos 2.015 is created to read:

Cos 2.015 Scope of Practice The scope of practice of aesthetics under s. 454.01, Stats., includes dermaplaning, microblading, and microdermabrasion.

SECTION 8. Cos 2.025 (2) (b) and (2r) are repealed.

SECTION 9. Cos 2.03 (8) is amended to read:

Cos 2.03 (8) Licensees may not provide the following services unless both the licensee and the establishment are properly licensed by the department of health services safety and professional services:

SECTION 10. Cos 2.05 (2) is amended to read:

Cos 2.05 (2) An establishment shall either post a list of cost of services in a conspicuous place or display a sign which states: "All establishment patrons have the right to be informed of the cost of services before the services are provided prior to being serviced."

SECTION 11. Cos 5.01 is repealed and recreated to read:

- Cos 5.01 General course requirements. (1) Schools which provide instruction to students for cosmetology practitioner, or specialty schools which provide instruction to students for aesthetician, electrologist, or manicurist licenses, shall develop curricula for instruction which are based on the applicable syllabus approved by the board in this chapter.
- (2) A school or specialty school shall offer at a minimum the practical and theory hours listed for subjects in the appropriate syllabus included in this section chapter.
- (3) Courses may be offered to students remotely as deemed appropriate by the school.
- (4) Simulated patrons, such as mannequins, may be used for practical training as deemed appropriate by the board. Schools utilizing simulated patrons must obtain prior written approval from the board.

SECTION 12. 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)