



**VIRTUAL/TELECONFERENCE
LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Christine Poleski (608) 266-2112
September 18, 2020**

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

AGENDA

9:00 A.M.

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Approval of Agenda (1-2)**
- B. Legislative and Policy Matters – Discussion and Consideration**
- C. Administrative Rules Matters – Discussion and Consideration (3)**
 - 1. Proposals for N 1 to 8, Emergency and Permanent Rules, Relating to Requirements in Emergency Situations **(4-5)**
 - 2. Scope Statement Development: N 2, Relating to Temporary Permits **(6-12)**
 - 3. Proposals for N 4, Permanent Rule, Relating to Licensure of Nurse-Midwives, If Time Permits **(13-23)**
 - 4. Scope Statement Development: N 8, Relating to APNP Collaboration with Other Health Care Providers **(24-27)**
 - 5. Other Possible Items Under N 8
 - 6. Pending and Possible Rulemaking Projects
- D. Public Comments**

ADJOURNMENT

NEXT MEETING: OCTOBER 16, 2020

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. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer at 608-266-2112, or the Meeting Staff at 608-266-5439.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 9/8/20 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing Legislation and Rules Committee			
4) Meeting Date: 9/18/20	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Proposals for N 1 to 8, Emergency and Permanent Rules, Relating to Requirements in Emergency Situations 2. Scope Statement Development: N 2, Relating to Temporary Permits 3. Proposals for N 4, Permanent Rule, Relating to Licensure of Nurse-Midwives, If Time Permits 4. Scope Statement Development: N 8, Relating to APNP Collaboration with Other Health Care Providers 5. Other Possible Items Under N 8 6. Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: <div style="height: 100px;"></div>			
11) <i>Dale Kleven</i>		Authorization <i>September 8, 2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

The following draft changes are based on recommendations made by the Legislation and Rules Committee at its August 21, 2020 meeting.

N 1.08 (5m) SIMULATION.

(a) Simulation used to meet clinical requirements shall adhere to all of the following:

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.
2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.
3. The simulation provides an opportunity for each student to participate while in the role of the nurse.

(b) Simulation Except as provided under par. (c), simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

(c) The board may temporarily allow simulation to be utilized for up to 100% of the time designated for meeting clinical learning requirements, if requested by a school of nursing due to emergency circumstances recognized by the board. The board shall consider each request under this paragraph individually on its merits, and the board may grant additional utilization of simulation for a period of time deemed necessary by the board to address the emergency circumstances.

N 2.31 Application. A nurse who has graduated from a board-approved school or comparable school or granted a certificate of completion by a board-approved school may be granted a temporary permit. An applicant shall submit a completed application and pay the applicable fee. The application shall include any of the following:

- (1) Verification from a board-approved school via the electronic application process that the applicant has graduated or received a certificate of completion.
- (2) A certification of graduation or completion from a board-approved school.
- (3) An official transcript of nursing education submitted by the school of professional nursing or practical nursing directly to the department. The board may waive the requirement under this subsection, if requested by an applicant due to emergency circumstances recognized by the board. The board shall consider each request under this subsection individually on its merits, and the board may grant a waiver as deemed appropriate.

Note: A temporary permit does not grant multistate licensure privileges.

N 2.33 Supervision.

- (1) Except as provided ~~in sub. under subs. (2) and (3)~~, the holder of a temporary permit shall practice only under the direct supervision of a registered nurse.
- (2) A holder of a temporary permit who is currently licensed as a registered nurse or practical nurse in another jurisdiction may practice without the direct supervision of a registered nurse.
- (3) The board may grant a temporary waiver of the requirement under sub. (1) if requested by an applicant for or holder of a temporary permit and the employer of the applicant or permit holder due to emergency circumstances recognized by the board. The board shall consider each request under this subsection individually on its merits, and the board may grant a temporary waiver for a period of time deemed necessary by the board to address the emergency circumstances.

N 2.34 Duration. (1) The temporary permit is valid for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Practice Except as provided under sub. (2), practice under temporary permits, including renewals under s. N 2.35, may not exceed 6 months total duration.

(2) The holder of a temporary permit renewed under s. N 2.35 (2) may practice for the duration of the renewal period established by the board.

N 2.35 Renewal.

- (1) A temporary permit for a registered nurse or practical nurse may be renewed once by completing an application and paying applicable fees.

- (2) Subsequent renewals may be granted in hardship cases or emergency circumstances recognized by the board, including illness, family illness or death, accident, natural disaster or delay of verification from another state. The board shall consider each application for renewal under this subsection individually on its merits, and the board may grant a renewal as for a renewal period deemed appropriate necessary by the board to address the hardship or emergency circumstances.

N 2.40 (3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and the late renewal fee.
(b) Pay a nursing workforce survey fee.
(c) Complete the nursing workforce survey to the satisfaction of the board.
(d) ~~Meet~~ Except as provided under par. (e), meet one of the following requirements:

1. Documentation of employment requiring a nursing license within the last five years.
2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

Note: The licensee may request the Board grant a limited license for the sole purpose of completing a nurse refresher course.

- (e) If requested by an applicant due to emergency circumstances recognized by the board, the board may waive the requirements under par. (d) based on evidence satisfactory to the board that granting renewal of the license would adequately protect public health, safety, and welfare.

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

- (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.
- (2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician or dentist, through the use of modern communication techniques.
- (3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.
- (4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating care management and improved collaboration.
- (5) The board shall promote communication and collaboration among advanced practice nurse prescribers, physicians, dentists and other health care professionals.
- (6) The advanced practice nurse prescriber may order treatment, therapeutics, and testing, appropriate to his or her area of competence as established by his or her education, training, or experience, to provide care management.
- (7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's training, education, and experience. The advanced practice nurse prescriber shall document this relationship.
- (8) The board may grant a temporary waiver of the requirements under subs. (2) and (7) if the board determines a natural disaster or other disaster or emergency exists or has occurred that necessitates granting a waiver, and that granting a waiver is necessary to protect the public health, safety, and welfare. A waiver granted under this subsection shall be for a stated term not to exceed 90 days, except that the board may extend the waiver if it determines that an extension is necessary to protect the public health, safety, or welfare.

N 2, Relating to Temporary Permits

A scope statement has been drafted based on a request from the Board at its June 11, 2020 meeting. The applicable motions from that meeting are as follows:

MOTION: Pamela White moved, seconded by Elizabeth Smith Houskamp, to delegate Peter Kallio and Luann Skarlupka to work with Department Staff to analyze the Wisconsin Hospital Association's rulemaking proposal dated June 10, 2020 and make a recommendation to the Board. Motion carried unanimously.

MOTION: Rosemary Dolatowski moved, seconded by Lisa Pisney, to request DSPS staff draft a Scope Statement regarding the Wisconsin Hospital Association's rulemaking proposal relating to temporary permits and telehealth, and to designate Peter Kallio and Luann Skarlupka to advise DSPS staff. Motion carried unanimously.

MOTION: Pamela White moved, seconded by Jennifer Eklof, to authorize the Chairperson to approve the Scope Statement regarding the Wisconsin Hospital Association's rulemaking proposal relating to temporary permits and telehealth, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

The scope statement was presented to the Committee at its July 30, 2020 meeting, and to the Board at its August 13, 2020 meeting. The Board did not take formal action on the scope statement at that time.



ADVOCATE. ADVANCE. LEAD.

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June 10, 2020

Peter J. Kallio, RN CRNA
Chair, Wisconsin Board of Nursing
Pamela K. White, DNP RN
Vice Chair, Wisconsin Board of Nursing
Department of Safety and Professional Services
PO Box 8366
Madison, WI 53708-8366

Dear Chair Kallio, Vice Chair White, and Members of the Wisconsin Board of Nursing:

The Wisconsin Hospital Association (WHA) and our members thank the Board of Nursing for their foresight in publishing a Statement of Scope to review Chapters N1 through N8 for requirements that may be needed in Emergency Situations.

The scope statement describes the objective of “establishing waivers and alternate requirements that the Board may utilize to respond to emergency situations”, including “temporary licensure for graduate nurses and graduate practical nurses”.

WHA has been in contact with our members regarding the postponement of NCLEX exams at Wisconsin testing sites during the COVID-19 outbreak. In fact, members are reporting their new hire graduate nurses are unable to schedule their NCLEX exam prior to September. This means some graduate nurses will exhaust the timeframe currently available under N 2.34 if NCLEX exam slots do not become available.

WHA has also heard concerns from our members regarding the need to quickly enable nurses and other health care providers to practice across borders, whether due to localized emergency surge need or enable telemedicine, in response to COVID.

Both of these issues had been addressed through rule suspensions addressed in Emergency Order 16. However, these issues have reemerged because Emergency Order 16 has now expired. WHA requests that the board consider utilizing the emergency and permanent rulemaking process to readdress these two issues. We have attached draft rulemaking language for the Board to consider.

As always, WHA looks forward to continuing to work with the Board on our mutual objectives.

Sincerely,

Ann Zenk
/s/
Vice President Workforce and Clinical Practice
Wisconsin Hospital Association

Matthew Stanford
/s/
General Counsel
Wisconsin Hospital Association

Cc: Valerie Payne
Executive Director Board of Nursing

Dan Hereth
Assistant Deputy Secretary
Wisconsin Department of Safety and Professional Services

SUGGESTED EMERGENCY AND PERMANENT RULEMAKING:

Special Temporary Licensure Due to Limited NCLEX Testing Due to Disaster or Emergency

Proposal in plain language

Continue the rule suspension provided in Emergency Order 16 authorizing the Board of Nursing to issue temporary licenses until NCLEX testing is again regularly available.

This would enable new graduates to practice until NCLEX testing is again regularly available.

Statutory Authority

441.08 Temporary permit. A nurse who has graduated from a school approved by the board or that the board has authorized to admit students pending approval but who is not licensed in this state may be granted a temporary permit upon payment of the fee specified in s. [440.05 \(6\)](#) by the board to practice for compensation until the nurse can qualify for licensure. The temporary permit may be renewed once. Further renewals may be granted in hardship cases. The board may promulgate rules limiting the use and duration of temporary permits and providing for revocation of temporary permits.

DRAFT Proposed Administrative Rule Amendment (changes in [red](#))

N 2.30 Definitions. In this subchapter:

- (1) "G.N." means graduate nurse.
- (2) "G.P.N." means graduate practical nurse.

N 2.31 Application. A nurse who has graduated from a board-approved school or comparable school or granted a certificate of completion by a board-approved school may be granted a temporary permit. An applicant shall submit a completed application and pay the applicable fee. The application shall include any of the following:

- (1) Verification from a board-approved school via the electronic application process that the applicant has graduated or received a certificate of completion.
- (2) A certification of graduation or completion from a board-approved school.
- (3) An official transcript of nursing education submitted by the school of professional nursing or practical nursing directly to the department.

Note: A temporary permit does not grant multistate licensure privileges.

N 2.32 Title.

- (1) A registered nurse applicant for licensure by exam who is granted a temporary permit may use the title "graduate nurse" or the letters "G.N."
- (2) A practical nurse applicant for licensure by exam who is granted a temporary permit may use the title "graduate practical nurse" or the letters "G.P.N."
- (3) A registered nurse or practical nurse for licensure by endorsement who is granted a temporary permit may use the title "registered nurse" or "licensed practical nurse."

N 2.33 Supervision.

- (1) Except as provided in sub. (2), the holder of a temporary permit shall practice only under the direct supervision of a registered nurse.
- (2) (a) A holder of a temporary permit who is currently licensed as a registered nurse or practical nurse in another jurisdiction may practice without the direct supervision of a registered nurse.
(b) The board may authorize a holder of or applicant for a temporary permit granted under N.2.34(b) to practice as a registered nurse in a licensed hospital or nursing home without direct supervision of a registered nurse if all of the following conditions are met:
 1. The individual meets the qualifications for the applicable license under N 2.10(1) or (1m) except for NCLEX passage because the applicant has been unable to take the NCLEX due to limited NCLEX testing in Wisconsin due to disaster or other emergency recognized by the board;
 2. The individual and his or her employing hospital or nursing home is requesting that the holder be permitted to practice as a registered nurse without the direct supervision of a registered nurse; and
 3. The individual meets any additional individual qualifications or requirements determined by the board.

N 2.34 Duration.

- (a) The temporary permit is valid for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Practice under temporary permits, including renewals under s. N 2.35, may not exceed 6 months total duration.
- (b) Notwithstanding sub. (a), if an applicant has not taken the NCLEX and if the board has determined that NCLEX testing is limited in Wisconsin due to disaster or other emergency recognized by the board, the board may grant temporary permits with a duration of up to 6 months following the resumption of normal NCLEX testing capacity in Wisconsin.

N 2.35 Renewal.

- (1) A temporary permit for a registered nurse or practical nurse may be renewed once by completing an application, completing a nursing workforce survey and payment of applicable fees.
- (2) Subsequent renewals may be granted in hardship cases including illness, family illness or death, accident, natural disaster or delay of verification from another state. The board shall consider each application for renewal under this subsection individually on its merits, and the board may grant a renewal as deemed appropriate.

N 2.36 Denial or revocation. A temporary permit may be denied or revoked for the following:

- (1) Providing fraudulent information on an application for licensure.
- (2) Misrepresentation of being an R.N., G.N., L.P.N. or G.P.N. without holding a valid temporary permit.
- (3) Violation of any of the rules of conduct set forth in ch. N 7.

SUGGESTED EMERGENCY AND PERMANENT RULEMAKING:

Special Temporary Non-Compact Licensure

Proposal in plain language

Continue the rule suspension provided in Emergency Order 16 enabling nurses and other health care professionals with a valid out-of-state license to temporarily practice in Wisconsin pending the completion of the regular licensure application process.

With additional employer review and attestation safeguards in place, this proposal would enable RNs and APNPs with licenses in good standing to immediately begin practice in Wisconsin pending completion of the full licensure/certification process by the Board of Nursing. The Board of Nursing could revoke a temporary license/certification for good cause at any time.

Statutory Authority:

441.06 (1m) The holder of a license as a registered nurse under the laws of another state or territory or province of Canada may be granted a license as a registered nurse in this state without examination if the holder's credentials of general and professional educational qualifications and other qualifications are comparable to those required in this state during the same period and if the board is satisfied from the holder's employment and professional record that the holder is currently competent to practice the profession. The board shall evaluate the credentials and determine the equivalency and competency in each case. The application for licensure without examination shall be accompanied by the fee prescribed in s. 440.05 (2).

DRAFT Proposed Administrative Rule Amendment

Create new N 2.22:

N 2.22 Temporary non-compact license.

- (1) The holder of a license as a registered nurse or certification as an advanced practice nurse with prescription privileges under the laws of another state or territory or province of Canada shall be granted a temporary non-compact license to practice as a registered nurse or certification as an advanced practice nurse prescriber in Wisconsin if all of the following are submitted to the Department of Safety and Professional Services on a form developed by the board:
 - (a) Evidence that the nurse is currently licensed as a registered nurse or certified to issue prescription orders in Minnesota, Michigan, Illinois, or any other state whose general and professional educational qualifications or other qualifications are comparable to Wisconsin.
 - (b) A signed and dated attestation from the nurse stating the following:
 1. That he or she will apply for a regular, non-temporary Wisconsin nursing license or prescriber certification within 30 days of submission of the information prescribed in this subsection.

2. That he or she is not currently under investigation and does not currently have any restrictions or limitations placed on his or her license by any state or other jurisdiction.
 3. That he or she will only be providing nursing services in Wisconsin while under the employment of the entity making the attestation in sub. (c).
- (c) A signed and dated attestation from the entity that will employ the nurse while providing nursing services in Wisconsin stating the following:
1. The employer has reviewed the nurse's credentials and past employment history and has reasonable belief that the nurse is currently competent to practice nursing, and if applicable, issue prescription orders.
 2. To the best of the employer's knowledge and with a reasonable degree of certainty, the nurse is not currently under investigation and does not currently have any restrictions or limitations placed on his or her license by any other U.S. state or territory or province of Canada.
- (2) The duration of temporary license or prescriber certification under this section N 2.22 shall be from the date of the attestation by the nurse applicable or the employer, whichever is later, until the nurse's regular, non-temporary Wisconsin license or certification is granted or the board withdraws the nurse's authority to temporarily practice as a registered nurse or prescribe in Wisconsin for good cause as determined by the board, whichever is earlier.
- (3) The department shall provide each form received by the Department of Safety and Professional Services under sub. (1) to the board within 45 days. The board shall review each form received and may withdraw the nurse's authority to temporarily practice as a registered nurse or prescribe in Wisconsin for good cause as determined by the board.

N 4, Relating to Licensure of Nurse-Midwives

The following draft changes for the Committee's review are identical to the changes presented to the Committee at its November 14, 2019 meeting, with the exception of the highlighted portion of s. N 4.06 (2) (d) and removal of changes to s. N 4.09 based on the recommendation of the Board described below. Following are specific items for the Committee's consideration:

- Under s. N 4.02 (4), the reference to standards of practice has been removed. The Committee should consider adding to the criteria for a written collaboration agreement under s. N 4.06 (2) a requirement that the guidelines in the agreement be consistent with scope of practice. Language for the Committee's consideration is highlighted in s. N 4.06 (2) (d).
- Under s. 4.025 (1), the Committee should consider if the terminology used is current, or if terminology should be replaced or other terminology specified (for example, "Licensed Nurse-Midwife" and "L.N.M.")
- The Committee should review the requirements for late renewal under s. N 4.043 (3) (a) 6. to determine if they are appropriate. The Committee should also consider if it would be appropriate to add a waiver of this requirement for emergency situations.
- The Legislation and Rules Committee requested an opinion from Department and Board Legal Counsel on whether the Board of Nursing has statutory authority to include homes or patient residences within the definition of the health care facilities in which a Certified Nurse Midwives may practice under normal practice conditions. Department and Board Legal Counsel hold the opinion that the Board does not have statutory authority to include homes or patients' residences when defining the health care facilities where a Certified Nurse Midwife may normally practice.

At its August 13, 2020 meeting, the Board of Nursing recommended the Committee make no changes to the provisions of s. N 4.09 concerning health care facilities where practice shall occur.

Prepared by: Dale Kleven, Administrative Rules Coordinator

DRAFT 9/14/2020

Chapter N 4 LICENSURE OF NURSE-MIDWIVES

N 4.01 Authority and intent.

- (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), ~~227.11 (b)~~ and 441.15 (3) (c), Stats., and interpret s. 441.15, Stats.
- (2) The intent of the board of nursing in adopting rules in this chapter, ~~interpreting s. 441.15, Stats.~~, is to specify the requirements for obtaining licensure as a nurse-midwife; the scope of practice of nurse-midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse-midwives. all of the following:
 - (a) Requirements for licensure as a nurse-midwife and renewal of a license to practice nurse-midwifery.
 - (b) The scope of practice of nurse-midwifery.
 - (c) Requirements for health care facilities where the practice of nurse-midwifery may occur.
 - (d) Malpractice insurance requirements for nurse-midwives.

N 4.02 Definitions. As used in this chapter:

- (1) "Board" means board of nursing.
- ~~(2) "Bureau" means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.~~
- (2m) "Collaboration" has the meaning specified given in s. 441.15 (1) (a), Stats.
- (4) "Complications" means ~~those~~ conditions ~~which jeopardized~~ specified in a written agreement under s. N 4.06 (2) as being conditions that jeopardize the health or life of ~~the a~~ patient and ~~which~~ deviate from normal ~~as defined in the written agreement consistent with the standards of practice of the American College of Nurse-Midwives.~~
- (5) "Direct supervision" means immediate availability to continually coordinate, direct, and inspect at first hand the practice of another.
- (5m) "Nurse-midwife" means a nurse-midwife licensed by the board.
- ~~(6) "Written agreement" means an agreement between the collaborating physician and the nurse-midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.~~

N 4.025 Licensure and exception exceptions.

- ~~(1) No~~ Except as provided under subs. (2) and (3), unless licensed under this chapter no person may practice or attempt to practice nurse-midwifery or use the title or letters "Certified Nurse-Midwife", or "C.N.M.", "Nurse-Midwife", or "N.M.", or anything else any other title or letters to indicate that he or she person is a nurse-midwife unless he or she is licensed under this chapter.
- ~~(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any~~ Any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats., is not required to be licensed under this chapter.
- (3) The holder of a valid temporary permit under ~~this section~~ s. N 4.05 may use the title "graduate nurse-midwife" or the letters "G.N.M.".
- (4) A license to practice nurse-midwifery shall be issued separately from a license to practice professional nursing.

DRAFT 9/14/2020

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse-midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

- (1) Has completed an educational program in nurse-midwifery accredited by the ~~American College of Nurse-Midwives Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.~~
- (2) Holds a certificate issued by the ~~American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council~~ American Midwifery Certification Board, or another national certifying body approved by the board.
- (3) Is currently licensed to practice as a professional nurse in ~~Wisconsin, this state~~ or is currently ~~licensed~~ has the privilege to practice professional nursing in another state ~~which that~~ has adopted the nurse licensure compact.

N 4.04 Application ~~procedures~~ for licensure.

~~(4)~~ An applicant for ~~licensure~~ a license to practice ~~as a nurse-midwife~~ nurse-midwifery shall file a completed, ~~notarized~~ application on a form provided by the ~~bureau~~ board. The application shall include all of the following:

- ~~(a)~~ **(1m)** ~~Signature~~ The signature of the applicant.
- ~~(b)~~ **(2m)** ~~Fee~~ The fee specified under s. 440.05 (1), Stats.
- ~~(c)~~ **(3m)** Evidence of completion of an educational program in nurse-midwifery approved by the ~~American College of Nurse-Midwives and evidence of certification as a nurse-midwife from the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council~~ Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.
- ~~(d)~~ **(4m)** ~~Identification~~ Evidence of current licensure as a professional nurse in ~~Wisconsin~~ this state or of current ~~licensure~~ privilege to practice professional nursing in another state ~~which that~~ has adopted the nurse licensure compact, including the license number and renewal information.
- (5) Evidence of certification as a nurse-midwife from the American Midwifery Certification Board, or another national certifying body approved by the board.
- ~~(2)~~ ~~A separate license shall be issued by the board for the practice of nurse-midwifery.~~
- ~~(3)~~ ~~Renewal of a license to practice nurse-midwifery shall be conducted as a separate procedure from the renewal of the nurse's license as a professional nurse.~~
- ~~(4)~~ ~~The applicant for renewal shall inform the board whether the certificate issued to him or her by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council has been revoked or suspended.~~

N 4.043 License renewal. (1) GENERAL. Renewal of a license to practice nurse-midwifery shall be conducted as a separate procedure from the renewal of the license to practice as a professional nurse.

(2) RENEWAL WITHIN 5 YEARS. A person renewing a license to practice nurse-midwifery by the renewal date or within 5 years after the renewal date shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.
- (b) Complete the nursing workforce survey to the satisfaction of the board.
- (c) Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.
- (d) Provide evidence of current licensure as a professional nurse in this state or current privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
- (e) If applicable, provide evidence the malpractice insurance required under s. N 4.10 is in effect.
- (3) RENEWAL AFTER 5 YEARS. (a)** A person renewing a license to practice nurse-midwifery more than 5 years after the renewal date shall do all of the following:

DRAFT 9/14/2020

1. Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and the late renewal fee.
 2. Complete the nursing workforce survey to the satisfaction of the board.
 3. Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.
 4. Provide evidence of current licensure as a professional nurse in this state or current privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
 5. If applicable, provide evidence the malpractice insurance required under s. N 4.10 is in effect.
 6. Provide documentation of one of the following:
 - a. Employment within the last 5 years that required a license to practice nurse-midwifery.
 - b. Successful completion of a board-approved nurse-midwifery refresher course or education equivalent to a nurse-midwifery refresher course.
- (b) Except as provided under s. N 4.047 (1), this subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.

N 4.047 License reinstatement. A license holder who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in s. N 4.043 (3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

N 4.05 Temporary permits.

- (1) ~~ELIGIBILITY APPLICATION.~~ An applicant for ~~licensure as a nurse-midwife~~ a license to practice nurse-midwifery who has completed an educational program in nurse-midwifery approved by the American college of nurse-midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for granted a temporary permit to practice nurse-midwifery. An application for a temporary permit to practice nurse-midwifery shall include all of the following:
 - (a) Verification the applicant has completed an educational program in nurse midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.
 - (b) Verification the applicant is currently licensed to practice as a professional nurse in this state or currently has the privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
 - (c) The fee specified in s. 440.05 (1), Stats.
- (2) ISSUING A TEMPORARY PERMIT. The ~~bureau of health service professions~~ board shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.
- (3) SUPERVISION REQUIRED. The holder of a temporary permit shall practice under the direct supervision of a nurse-midwife ~~certified~~ licensed under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse-midwife as set forth in s. N 4.06.
- (4) ~~TITLE.~~ The holder of a valid temporary permit under this section may use the title “graduate nurse-midwife” or the letters “G.N.M.”.

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~~(5) DURATION.~~

~~(a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:~~

~~1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.~~

~~2. For other applicants, 6 months.~~

~~(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse-Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.~~

~~(c) A temporary permit may be renewed once for a period of 3 months.~~

~~(d) A second renewal for a 3-month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. "Hardship cases", as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.~~

~~(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.~~

~~(5) DURATION.~~

~~(a) Except as provided under par. (b), a temporary permit is valid for a period of 6 months or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.~~

~~(b) If the holder of a temporary permit has also been granted a temporary permit to practice as a registered nurse under s. N 2.31, the temporary permit is valid for the period that coincides with the duration of the temporary permit under s. N 2.34 or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.~~

~~(c) Practice under a temporary permit, including renewals under sub. (6m), may not exceed 12 months.~~

~~(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse-midwife or a graduate nurse-midwife before the granting of a permit under this section.~~

~~(6m) RENEWALS. A temporary permit may be renewed twice for a period of 3 months for each renewal. A second renewal under this subsection may only be granted if the holder of the temporary permit is awaiting examination results or an affidavit is filed with the board identifying a hardship. As used in this subsection, "hardship" includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident, or natural disaster.~~

~~(7) REVOCAION DENIAL OR REVOCATION. A temporary permit may, ~~after notice and hearing~~, be denied or revoked by the board for any of the following reasons:~~

~~(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse-midwives under ~~ch. N 4~~ this chapter.~~

~~(b) Failure to pay ~~the required fees~~ a fee required under s. 440.05 ~~(6)~~ (1), Stats.~~

~~(c) Provision of fraudulent information on an application for licensure.~~

~~(d) Misrepresentation of being a nurse-midwife or a graduate nurse-midwife when applying for a temporary permit under this section.~~

N 4.06 Scope of practice.

(1) The scope of practice of nurse-midwifery is the overall management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives and the education, training, and experience of the nurse-midwife.

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- (2) ~~The A~~ nurse-midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written collaboration agreement ~~with that physician. meeting all of the following criteria:~~
- (a) The agreement shall be permanently recorded.
 - (b) The agreement shall be dated and signed by both parties.
 - (c) The agreement shall be available for inspection upon reasonable request.
 - (d) The agreement shall consist of, at a minimum, a framework of mutually approved guidelines, including that are consistent with the scope of practice under this section and the limitations on the scope of practice under s. N 4.07. The guidelines shall include conditions of collaboration and referral.
- (3) ~~The A~~ nurse-midwife shall consult with ~~the consulting their collaborating~~ physician regarding any complications discovered by the nurse-midwife, or refer the patient pursuant to the written agreement under sub. (2).
- (4) Upon referral under sub. (3), the a nurse-midwife may independently manage that part of the care ~~of the~~ for a patient ~~which that~~ is appropriate to consistent with the knowledge and skills education, training, and experience of the nurse-midwife.

N 4.07 Limitations on the scope of practice.

- (1) ~~The A~~ nurse-midwife ~~shall~~ may not independently manage ~~those~~ complications that require referral pursuant to the written agreement under s. N 4.06 (2).
- (2) ~~The A~~ nurse-midwife may not perform deliveries by forceps or Caesarean section. ~~The nurse-midwife may use vacuum extractors only in emergency delivery situations.~~
- (2m)** A nurse-midwife may use vacuum extractors only in emergency delivery situations.
- (3) ~~The A~~ nurse-midwife may not assume any responsibilities, ~~either by physician delegation or otherwise, which he or she is not competent to perform by~~ that are inconsistent with the education, training, ~~or~~ and experience of the nurse-midwife.
- (4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse-midwife may continue to manage ~~the a~~ delivery ~~when complications occur~~ if emergency measures are required and the physician has not yet arrived.

~~**N 4.08 — Licensure and exception.**~~

- ~~(1) No person may practice or attempt to practice nurse-midwifery or use the title or letters "Certified Nurse-Midwife" or "C.N.M.," "Nurse-Midwife" or "N.M.," or anything else to indicate that he or she is a nurse-midwife unless he or she is licensed under this chapter.~~
- ~~(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.~~

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse-midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

- (2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back-up.
- (3) The above limitations do not apply to care given in emergency circumstances.

N 4.10 Malpractice insurance coverage.

- (1) ~~Nurse-midwives~~ A nurse-midwife shall ~~maintain~~ have in effect malpractice insurance evidenced by one of the following:
- (a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

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- (b) Coverage under a group liability policy providing individual coverage for the nurse-midwife in the amounts set forth in s. 655.23 (4), Stats.
- (2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:
 - (a) A nurse-midwife who practices nurse-midwifery within the scope of their employment as a federal, state, county, city, village, or town employee ~~who practices nurse-midwifery within the scope of his or her employment.~~
 - (b) A nurse-midwife who practices nurse-midwifery as an employee of the federal public health service under 42 USC 233 (g).
 - (c) A nurse-midwife who does not provide care for patients.
 - (d) A nurse-midwife whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount equal to or greater than the amounts specified in sub. (1) (a) or (b).
 - (e) A nurse-midwife providing nurse-midwifery services under s. 257.03, Stats.
 - ~~(3) A nurse-midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.~~

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

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

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

1. A person who is being transported through or into this state for the purpose of receiving medical care.
2. A person who is in this state temporarily, if the person is a resident of the state, territory, country or province that granted the nursing credential to the person permitted to practice professional or practical nursing under par. (b).

History: 1983 a. 189 s. 273; 1995 a. 146; 1999 a. 22; 2013 a. 124; 2017 a. 135, 364.

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

441.12 Administration; nonaccredited schools.

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

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

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

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

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

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

History: 1999 a. 22.

441.15 Nurse–midwives. (1) In this section:

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

(b) “Practice of nurse–midwifery” means the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

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

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

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

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

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

(3) (a) Subject to s. 441.07 (1g), the board shall grant a license to engage in the practice of nurse–midwifery to any registered nurse who is licensed under this subchapter or who holds a multi-state license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), who does all of the following:

1. Submits evidence satisfactory to the board that he or she meets the educational and training prerequisites established by the board for the practice of nurse–midwifery.
2. Pays the initial credential fee determined by the department under s. 440.03 (9) (a).

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

(b) On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under par. (a) and practicing nurse–midwifery shall submit to the board on furnished forms a statement giving his or her name, residence, and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). If applicable, the person shall also submit evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm). The board shall grant to a person who pays the fee determined by the department under s. 440.03 (9) (a) for renewal of a license to practice nurse–midwifery and who satisfies the requirements of this paragraph the renewal of his or her license to practice nurse–midwifery and the renewal of his or her license to practice as a registered nurse.

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

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

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

1. A federal, state, county, city, village, or town employee who practices nurse–midwifery within the scope of his or her employment.
2. A person who is considered to be an employee of the federal public health service under 42 USC 233 (g).
3. A person whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount that is at least the minimum amount specified in the rules.
4. A person who does not provide care for patients.
5. The provision of services by a nurse–midwife under s. 257.03.

(bm) The board shall promulgate rules establishing the minimum amount of malpractice liability insurance that is required for

a person to practice nurse–midwifery, which shall be the same as the amount established by the board under s. 441.16 (3) (e).

History: 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22; 2001 a. 52, 105, 107; 2003 a. 321; 2005 a. 96, 292; 2007 a. 20, 97; 2009 a. 28, 42, 282; 2013 a. 114; 2017 a. 135, 329.

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

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

(a) “Device” has the meaning given in s. 450.01 (6).
 (b) “Drug” has the meaning given in s. 450.01 (10) and includes all of the following:

1. Prescription drugs, as defined in s. 450.01 (20) (a).
2. Controlled substances, as defined in s. 961.01 (4).

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

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

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

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

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

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

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

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

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

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

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education.

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

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

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

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician, and nothing in this section prohibits an advanced practice nurse certified under this section from issuing a prescription order as an act delegated by a podiatrist.

History: 1993 a. 138; 1995 a. 448; 2009 a. 28, 280; 2013 a. 114; 2017 a. 227, 329.

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

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

- (a) “Administer” has the meaning given in s. 450.01 (1).
- (b) “Deliver” has the meaning given in s. 450.01 (5).
- (c) “Dispense” has the meaning given in s. 450.01 (7).
- (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).
- (e) “Opioid–related drug overdose” has the meaning given in s. 256.40 (1) (d).
- (f) “Standing order” has the meaning given in s. 450.01 (21p).

(2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid–related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) An advanced practice nurse who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid–related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

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

History: 2013 a. 200; 2015 a. 115.

441.19 Maintenance and detoxification treatment under federal waiver. (1) In this section, “waiver” means a waiver issued by the federal department of health and human services under 21 USC 823 (g) (2) (A).

(2) With respect to the ability of an advanced practice nurse who is certified to issue prescription orders to obtain and practice under a waiver, a physician who meets any of the conditions specified in 21 USC 823 (g) (2) (G) (ii) shall be considered eligible to serve as a qualifying physician for purposes of the requirement under 21 USC 823 (g) (2) (G) (iv) (III), regardless of whether the physician himself or herself holds a waiver.

History: 2017 a. 262.

SUBCHAPTER II

ENHANCED NURSE LICENSURE COMPACT

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

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

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

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

Chapter N 4

LICENSURE OF NURSE–MIDWIVES

N 4.01 Authority and intent.

N 4.02 Definitions.

N 4.03 Qualifications for licensure.

N 4.04 Application procedures for licensure.

N 4.05 Temporary permits.

N 4.06 Scope of practice.

N 4.07 Limitations on the scope of practice.

N 4.08 Licensure and exception.

N 4.09 Health care facilities where practice shall occur.

N 4.10 Malpractice insurance coverage.

Note: Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

N 4.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse–midwives.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 03–009: am. (2), Register November 2003 No. 575, eff. 12–1–03.

N 4.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.

(2m) “Collaboration” has the meaning specified in s. 441.15 (1) (a), Stats.

(4) “Complications” means those conditions which jeopardized the health or life of the patient and which deviate from normal as defined in the written agreement consistent with the standards of practice of the American College of Nurse–Midwives.

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

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

(6) “Written agreement” means an agreement between the collaborating physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats., Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the American College of Nurse–Midwives.

(2) Holds a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(3) Is currently licensed to practice as a professional nurse in Wisconsin, or is currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

ing in another state which has adopted the nurse licensure compact.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.04 Application procedures for licensure. (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include all of the following:

(a) Signature of the applicant.

(b) Fee specified under s. 440.05 (1), Stats.

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American College of Nurse–Midwives and evidence of certification as a nurse–midwife from the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(d) Identification of current licensure as a professional nurse in Wisconsin or of current licensure in another state which has adopted the nurse licensure compact, including the license number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse.

(4) The applicant for renewal shall inform the board whether the certificate issued to him or her by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council has been revoked or suspended.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003.

N 4.05 Temporary permits. (1) **ELIGIBILITY.** An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) **ISSUING A TEMPORARY PERMIT.** The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) **SUPERVISION REQUIRED.** The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) **TITLE.** The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) **DURATION.** (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse–Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003.

N 4.06 Scope of practice. (1) The scope of practice is the overall management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse–Midwives and the education, training, and experience of the nurse–midwife.

(2) The nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) The nurse–midwife shall consult with the consulting physician regarding any complications discovered by the nurse–midwife, or refer the patient pursuant to the written agreement.

(4) Upon referral, the nurse–midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse–midwife.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003.

N 4.07 Limitations on the scope of practice. (1) The nurse–midwife shall not independently manage those complications that require referral pursuant to the written agreement.

(2) The nurse–midwife may not perform deliveries by forceps or Caesarean section. The nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) The nurse–midwife may not assume responsibilities, either by physician–delegation or otherwise, which he or she is not competent to perform by education, training or experience.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.08 Licensure and exception. (1) No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.,” “Nurse–Midwife” or “N.M.,” or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.

N 4.10 Malpractice insurance coverage. (1) Nurse–midwives shall maintain in effect malpractice insurance evidenced by one of the following:

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

(b) Coverage under a group liability policy providing individual coverage for the nurse–midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

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

(b) A nurse–midwife who practices as an employee of the federal public health service under 42 USC 233 (g).

(c) A nurse–midwife who does not provide care for patients.

(3) A nurse–midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.

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

History: Emerg. cr. eff. 11–05–02; CR 03–009: cr., Register November 2003 No. 575, eff. 12–1–2003.

Chapter N 8

CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

N 8.01	Authority and intent.	N 8.06	Prescribing limitations.
N 8.02	Definitions.	N 8.07	Prescription orders.
N 8.03	Certification as an advanced practice nurse prescriber.	N 8.08	Malpractice insurance coverage.
N 8.045	Renewal.	N 8.09	Dispensing.
N 8.05	Continuing education.	N 8.10	Care management and collaboration with other health care professionals.

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

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

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

N 8.02 Definitions. As used in this chapter:

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

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

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

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

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

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

(4) “Clinical pharmacology 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 non-pharmacologic interventions.

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

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

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

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

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

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (6m), Register August 2001 No. 548, eff. 9-1-01; CR 01-046: am. (1) (a), Register October 2001 No. 550, eff. 11-1-01; CR 16-020: am. (1) (c), (4) Register September 2016 No. 729, eff. 10-1-16.

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

(1) Submits an application form and the fee under s. 440.05 (1), Stats.

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

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

(3) Provides evidence of a master’s or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting organization approved by the Council for Higher Education Accreditation. This subsection does not apply to those who received national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist before July 1, 1998.

(4) Provides evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the application for a certificate.

(5) Provides evidence of passing a jurisprudence examination for advanced practice nurse prescribers.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 01-046: am. (1), Register October 2001 No. 550, eff. 11-1-01; CR 16-020: am. (intro.), renum. (1) to (1m) and am., cr. (1), am. (2) to (5) Register September 2016 No. 729, eff. 10-1-16.

N 8.045 Renewal. A person holding an advanced practice nurse prescriber certificate may renew the certificate by doing all of the following:

(1) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.

(2) Complete the nursing workforce survey to the satisfaction of the board.

(3) Certify completion of the continuing education required under s. N 8.05.

(4) Provide evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certi-

fied nurse–midwife, certified registered nurse anesthetist, or clinical nurse specialist.

History: CR 16–020: cr. Register September 2016 No. 729, eff. 10–1–16; correction in (3) made under s. 35.17, Stats., Register September 2016 No. 729; correction in (intro.) made under s. 35.17, Stats., Register October 2019 No. 766.

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall complete 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice nurse prescriber’s area of practice, including at least 2 contact hours in responsible prescribing of controlled substances.

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

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 00–168: cr. (3), Register August 2001 No. 548, eff. 9–1–01; CR 16–020: am. (1), r. (2) Register September 2016 No. 729, eff. 10–1–16.

N 8.06 Prescribing limitations. The advanced practice nurse prescriber:

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

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

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

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

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesia, including attention deficit hyperactivity disorder.

(d) Treatment of drug–induced brain dysfunction.

(e) Treatment of epilepsy.

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

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

(5) Shall, upon request, present evidence to the nurse or to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; CR 16–020: am. (3) (c), (5) Register September 2016 No. 729, eff. 10–1–16.

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

(a) Specify the date of issue.

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

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

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

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

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be submitted electronically as permitted by state

and federal law, and shall contain the practitioner’s drug enforcement agency number.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 16–020: am. (2) Register September 2016 No. 729, eff. 10–1–16.

N 8.08 Malpractice insurance coverage. (1) Advanced practice nurse prescribers who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

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

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

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

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

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

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

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

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

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

(2) An advanced practice nurse prescriber may dispense drugs to a patient at the treatment facility at which the patient is treated.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 16–020: am. (2) Register September 2016 No. 729, eff. 10–1–16.

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

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

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

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

(5) The board shall promote communication and collaboration among advanced practice nurse prescribers, physicians, dentists and other health care professionals.

(6) The advanced practice nurse prescriber may order treatment, therapeutics, and testing, appropriate to his or her area of competence as established by his or her education, training, or experience, to provide care management.

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

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; cr. (6) and (7), Register, October, 2000, No. 538, eff. 11-1-00; CR 16-020: am. (title), (4) to (7) Register September 2016 No. 729, eff. 10-1-16; CR 19-050: am. (2), (5), (7) Register October 2019 No. 766, eff. 11-1-19; correction in (2) made under s. 35.17, Stats., Register October 2019 No. 766.

From: [Sybell, Debra - DSPS](#)
To: [Wood, Kimberly - DSPS](#)
Subject: FW: Nurse Practitioner Prescribing Regulation N8.06
Date: Friday, June 07, 2019 11:15:12 AM

Deb Sybell
Executive Director
Division of Policy Development
Wisconsin Department of Safety and Professional Services
Debra.Sybell@wisconsin.gov
(608) 267-7223

-----Original Message-----

From: Theresa Reedy Strous
Sent: Wednesday, June 05, 2019 9:23 AM
To: Sybell, Debra - DSPS <debra.sybell@wisconsin.gov>
Subject: Nurse Practitioner Prescribing Regulation N8.06

Dear Ms Sybell: I am writing to find out if N8.06 can be amended. This regulation deals with NP's ability to prescribe stimulant medications. It states stimulants can be prescribed for narcolepsy. I have worked as an NP in a sleep center for over 20 years, retired last week. During that time I cared for many individuals with narcolepsy and a variant condition referred to as idiopathic hypersomnia. A sleep study followed by a napping study is used to diagnose narcolepsy. To meet criteria for narcolepsy the sleep study must be negative for any pathology and the napping study (MSLT) must show over at least four naps a very short onset to sleep and REM sleep to be present in at least 2 of the naps. The problem arises as the MSLT is not a perfect test. Many individuals for various reasons with true narcolepsy will not REM during an MSLT-highest estimate I have seen is up to 20%. Other individuals do not have true narcolepsy but a variant, idiopathic hypersomnia. Both conditions are treated with stimulant therapy keeping the individual and public safe especially with activities such as driving. It was recently brought to my attention N8.06 states only narcolepsy. I was unaware of this statute, queried 10 sleep centers and 2 were aware. I have worked with hundreds of pharmacists over the years and never been questioned on prescribing practices. I recently spoke with a lawyer who reviewed the information and felt an addendum to the statute would clarify the issue. I have multiple references I would be happy to share with you or the appropriate person regarding diagnosis and treatment of these two very similar disorders. NP's provide great continuity of care, inability to prescribe in these situations disrupts patient care. My question is what is the process to get N8.06 amended? I would be happy to come to Madison and talk with you or share additional references-Up to Date has a great article summarizing diagnosis and treatment for the conditions. Thank you for your time-hope to hear from you soon.

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