Board of Nursing 4/13/2023
Additional Materials
Item I. Public Agenda Request: Wisconsin Nurses Association - Presentation Request

SB 145 APRN Modernization Act Presented to State of Wisconsin Board of Nursing

Presented by
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April 13, 2023

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APRN MODERNIZATION ACT
Education Accreditation
Certification Licensure

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Overview of Senate Bill 145

- Provides separate licensure that supports the protection of the public by describing and defining the practice, role, responsibilities, and accountabilities of Advanced Practice Registered Nurses (APRN).
- Modernizes antiquated language to reflect current APRN practice and responsibilities.
- Eliminates unnecessary barriers that have proven to provide no value to the delivery and safety of APRN care and services.
- Set a high standard of safety in caring for our patients through Board of Nursing oversight.

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Overview of Senate Bill 145

- Bill sponsor is Senator Patrick Testin, second co-sponsor is Senator Rachael Cabral Guevara, and third co-sponsor Senator Kelda Roys.
- Concepts and content of the bill reflects NCSBN APRN Consensus Model.
- Reflects the model that has been adopted in 26 other states.
- The language is the same as last session with modifications to the "last minute" amendments that were added.

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Overview of Senate Bill 145

- Importance of legislation
  - Physician shortages continue throughout Wisconsin.
  - Health systems and other health centers are utilizing APRNs because of their quality and safety.
  - APRNs are improving access to health services functioning as primary care providers, hospitalists, emergency care, correctional health staff, and long-term care).
  - Removes artificial barriers including collaboration agreement with a physician.
  - Opportunity to be a provider of needed services in areas of the state where these services are absent.

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Overview of SB 145

- Provides separate licensing for Advanced Practice Registered Nurses (APRN). Must have a RN license to apply.
- The APRN license has four practice roles: Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist and Nurse Practitioner
- Requires APRN educational program have national accreditation.
- Gives the Wisconsin Board of Nursing authority in regulating APRN nursing programs and setting criteria and conditions that must be met to practice.

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Overview of SB 145

- Licensee holds and maintains national board certification in their practice role.
- Requires the individual to graduate with a master's degree or higher in an APRN role or a post-master's certificate.
- Provides a definition of scope of practice for the 4 roles.
- APRN may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN's practice. (Principles of delegation)
- Provide pain management services only while working in a collaborative relationship with a physician or, if the APRN has qualified to practice independently, in a hospital or clinic associated with a hospital.

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Overview of SB 145

- The APRN may practice without being supervised by a physician or dentist if the Board of Nursing verifies that the APRN has completed 3,840 clinical hours of advanced practice registered nursing practice in their recognized role.
- Employer right to have practice requirements as a condition of employment.
- Requires evidence of medical malpractice and liability insurance coverage currently $1M/$3M.
- Requires APRNs qualified to practice independently and practice outside a collaborative or employment relationship, to participate in the Injured Patients and Families Compensation Fund. (Excludes CNMs)

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Overview of SB 145

- Reinforces the practice standard for an APRN to consult, collaborate and refer patients to other health care providers when the care the patient exceeds their expertise.
- Receive 16 hours of continuing education in clinical pharmacology or therapeutics per biennium
- Grants title protection for APRN and the four specialties; Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist and Nurse Practitioner and the initials.

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Overview of SB 145

- Repeals §441.15 – Nurse Midwife Practice Act.
- Repeals §441.16 – Prescription Privileges for Advanced Practice Nurses.
- Provide technical amendments to replace Advanced Practice Nurse Prescriber (APNP) with APRN for over 50 State Statutes.
- Grandfathers all current APNPs to receive a license.

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Comparison Between SB 145 and Governor Budget Language in AB 43

SB 145

To practice independently, 3,840 hr. physician collaboration to practice without supervision.

Pain management services APRN may provide pain management services only while working in a collaborative relationship with a physician or, if the APRN has qualified to practice independently, in a hospital or clinic associated with a hospital.

IPFCF

AB 43 (page 1489)

To practice independently, 7,680 hr. (3,840 hr of clinical practice as a RN, 3,840 hr. physician collaboration.

Pain management services written collaboration with a physician specialized in pain management.

IPFCF

Emergency departments must have physician on-site with certified emergency physicians.

Protection of physician related practices that contain "ologist"

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Thank you for your time. Any questions?

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Board of Nursing 4/13/2023
Additional Materials
Item M. 1) Travel Report: 2023 NCSBN Midyear Meeting - March 28-30, 2023 - Seattle, WA

April 3, 2023

TO Members of the Wisconsin Board of Nursing

FR John Anderson, Public Member, Wisconsin Board of Nursing

RE Report on the NCSBN Midyear Meeting in Seattle, Shine Through, Shaping a Brilliant Future

As a new member of the Board of Nursing and as someone without a nursing background, I found the 2-day conference quite educational and informative.

The first day of the Midyear Meeting was Tuesday, May 28, and was for presidents and executive officers only. My first day was Wednesday, May 29. Jay Douglas, President of NCSBN Board of Directors from Virginia welcomed everyone and a gave brief president's report. The CEO of the organization is retiring and a search for a new CEO is underway. 2023 is the 45th anniversary of the NCSBN there will be a celebration at the annual meeting in Chicago in August. I found it interesting that the first president of NCSBN in 1978 was Elaine Ellibee from Wisconsin.

The Leadership Succession Committee (a nominating committee) encouraged members to become more involved by seeking office of the national organization.

Dr. Phil Dickison, the COO of NCSBN, presented an update on Artificial Intelligence (AI) as it relates to remote exam proctoring and security. This is not being used yet, but it is coming. AI will be able to verify the exam taker by facial recognition, keystroke recognition and voice recognition. AI can determine if someone else is in the room, whether eye movement is abnormal, thumb drive detection, dual monitor detection as well as a number of other methods of cheating – or aberrant behavior. AI does not determine if someone is cheating. AI provides data to a human who makes the determination. AI could be used to monitor the proctor, as well. Dr. Dickison said that NCSBN is working on detecting fraudulent transcripts. Next Gen NCLEX went live on April 1, after 10 years of development.

The Director of State Affairs for NCSBN, Nicole Livanos provided an update on pending legislation in states. Alaska and Nevada are working on joining the compact. The State of Washington has 'staff ratio legislation' for safe staffing. State boards of nursing in states which already belong to the Nurse Licensing Compact were asked to consider submitting a letter to NCSBN on the impact of the NLC on Wisconsin, to be used by other states considering joining the compact. Congress is working on legislation to allow military veteran nurses who move to be recognized by their new state, with a carveout for NLC states.

Wisconsin is in AREA II for NCSBN. During our AREA II meeting, the current and retiring CEO, David Benton discussed Diversity, Equity and Inclusion (DEI) in the organization and the request by one state that NCSBN include Land Acknowledgment. Benton explained that it was complex and after extensive research it was determined that including Land Acknowledgement is not within the scope of the non-profit NCSBN.

Matt Sterzinger of NCSBN explained the NURSYS FBI notification system. There will be a powerpoint presentation on how this works on the NCSBN website.

Jim Cleghorn, Director of Member Engagement and Government Affairs explained the NSBN Passport for all members. The best way to get a question answered is by submitting your question to customerexperience@ncsbn.org The question will be directed to the appropriate staffer for your response.

Day 2: Thursday, March 30. William England, Senior Advisor in the Office for the Advancement of Telehealth (OAT)– Health Resources and Services Administration, provided an overview of the status of telehealth medicine in Medicare as the COVID pandemic ends. COVID changed the telehealth landscape. Telehealth was increasing exponentially in Medicare even before COVID. About 5% of all Medicare visits are telehealth visits. There are seven programs plus other grants programs in the OAT. Issues remain regarding which jurisdiction's regulations cover the telehealth visit? Where the healthcare provider(s) are located? Where the patient is located? Where the telehealth company's headquarters are located? The federal Infrastructure Act should make telehealth available everywhere. There should no longer be underserved areas of the country as far as broadband services are concerned, with enough bandwidth to permit video communication. International telehealth is also growing, along with its own set of challenges and concerns. Maryann Alexander is the Chief Officer of Nursing Regulation at NCSBN. She presented the International Guiding Principles for Telehealth Nursing. This list of ten principles is attached to this memo.

Michelle Aebersold, Clinical Professor at the University of Michigan presented on Virtual Reality (VR) in nursing education. As with telehealth, VR in nursing education advanced due to COVID as well. VR is fully immersive. Augmented Reality (AR) is enhanced, interactive version of a real-world environment achieved through digital visual elements, sounds, and other sensory stimuli via holographic technology. Extended Reality (XR) is an umbrella term encapsulating AR, VR, Mixed Reality (MR), and everything in between. Cost is a major barrier to employing VR. The equipment / hardware can run up to several thousand dollars for each headset. Plus, the software can be expensive as it is licensed and needs updating. Dr. Aebersold shared video demonstrations of the capabilities of various kinds of VR in nursing education. The possibilities are fascinating.

The day concluded with a panel discussion on the Regulatory Implications of Virtual Reality and Artificial Intelligence. Both VR and AI are advancing quickly and policymakers must make a determined effort to stay ahead of these rapidly evolving fields of healthcare.

I enjoyed the 2-day meeting. I encourage other members of the board to attend an NCSBN meeting in the future. The annual meeting is August 16-18 of this year in Chicago.

NCSBN
Leading Regulatory Excellence

International Guiding Principles for Telehealth Nursing

1. Telehealth nurses must be registered/licensed in the jurisdiction(s) where they will provide care for patients (any compact/mutual agreements among jurisdictions will continue to be recognized).
2. In addition to fulfilling the jurisdictional education requirements, telehealth nurses must have specific competencies for telehealth nursing. This includes knowledge of the language and cultural norms of the jurisdiction(s) where they are caring for patients.
3. Telehealth nurses must abide by the laws/regulations of the jurisdiction where the patients they care for are located (including privacy/confidentiality laws).
4. Telehealth nurses must abide by the scope of practice requirements of the jurisdiction in which they are registered or licensed.
5. Telehealth nurses who wish to prescribe medications/treatments, must have prescriptive authority in the country in which the patient is located.
6. Complaints about a nurse providing telehealth care should be sent to both the regulatory body in the jurisdiction where the incident occurred and the regulatory body in the jurisdiction where the nurse is registered/licensed.
7. Employers are responsible for all nurses caring for patients and ensuring all jurisdictional requirements for telehealth nursing are met. Employers are also responsible for reporting incidents involving a telehealth nurse to the appropriate regulatory body.
8. Regulators should use these principles to educate the public in their jurisdiction.
9. An international registry of telehealth nurses should be established.
10. Telehealth companies should have to sign an international agreement that they will abide by the guiding principles and/or the laws and regulations of the jurisdictions in which their nurses are providing telehealth services.