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**VIRTUAL/TELECONFERENCE**  
**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**  
**4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**May 18, 2023**

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

**AGENDA**

**9:00 A.M.**

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

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of April 20, 2023 (5-6)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
  - 1) Department, Staff and Board Updates
  - 2) Board Members – Term Expiration Dates
    - a. Collins, Clark A. – 7/1/2023
    - b. Edwards, Jacqueline K. – 7/1/2025
    - c. Elliot, Eric M. – 7/1/2024
    - d. Fischer, Jean M. – 7/1/2023
    - e. Holmes-Drammeh, Emelle S. – 7/1/2024
    - f. Jarrett, Jennifer L. – 7/1/2024
    - g. Martin, Cynthia S. – 7/1/2023
    - h. Sanders, Robert W. – 7/1/2024
    - i. Streit, Tara E. – 7/1/2023
  - 3) Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board
- F. Legislation and Policy Matters – Discussion and Consideration**
  - a. Update on Nursing Legislation
  - b. 2023 Senate Bill 143, Relating to the Use of Certain Words and Terms that Refer to a Physician **(7-8)**
  - c. 2023 Assembly Bill 154, Relating to Advanced Practice Registered Nurses **(9-79)**
- G. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration**
  - a. Travel Liaison Report: Federation of State Medical Boards (FSMB) Annual Meeting – May 4 – 6, 2023 – Virtual, Jennifer Jarrett

**H. Administrative Rule Matters – Discussion and Consideration (80)**

- 1) Adoption Order: PA 1 to 4, Relating to Physician Assistants **(81-97)**
- 2) Update on Med 26, relating to Military Medical Personnel
- 3) Pending & Possible Rulemaking Projects

**I. Controlled Substances Board Update and Meeting Attendance – Discussion and Consideration**

**J. Physician Assistant Interstate Compact Update – Discussion and Consideration**

**K. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders Update – Discussion and Consideration**

**L. Items Added After Preparation of Agenda:**

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Administrative Rule Matters
- 10) Public Health Emergencies
- 11) Legislative and Policy Matters
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decision and Orders
- 19) Presentation of Proposed Final Decision and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

**M. Public Comments**

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

**N. Deliberation on DLSC Matters**

- 1) **Case Closings**
    - a. 21 PAB 012 – S.L.S. **(98-110)**
  - 2) **Proposed Stipulations, Final Decisions and Orders**
    - a. 21 PAB 005 – Samuel D. Brauer, PA-C **(110-117)**
- O. Deliberation of Items Added After Preparation of the Agenda
- 1) Education and Examination Matters
  - 2) Credentialing Matters
  - 3) DLSC Matters
  - 4) Monitoring Matters
  - 5) Professional Assistance Procedure (PAP) Matters
  - 6) Petitions for Summary Suspensions
  - 7) Petitions for Designation of Hearing Examiner
  - 8) Proposed Stipulations, Final Decisions and Orders
  - 9) Proposed Interim Orders
  - 10) Administrative Warnings
  - 11) Review of Administrative Warnings
  - 12) Proposed Final Decisions and Orders
  - 13) Matters Relating to Costs/Orders Fixing Costs
  - 14) Case Closings
  - 15) Board Liaison Training
  - 16) Petitions for Assessments and Evaluations
  - 17) Petitions to Vacate Orders
  - 18) Remedial Education Cases
  - 19) Motions
  - 20) Petitions for Re-Hearing
  - 21) Appearances from Requests Received or Renewed
- P. Consulting with Legal Counsel

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

- Q. Open Session Items Noticed Above Not Completed in the Initial Open Session
- R. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- S. **Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates**

**ADJOURNMENT**

**VIRTUAL/TELECONFERENCE**

**ORAL INTERVIEW OF CANDIDATES FOR LICENSURE**

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

**CLOSED SESSION** – Reviewing Applications and Conducting Oral Interview of **Zero (0)** (at time of agenda publication) Candidates for Licensure – **Jean Fischer** and **Clark Collins**.

**NEXT MEETING: JULY 20, 2023**

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

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

**VIRTUAL/TELECONFERENCE  
PHYSICIAN ASSISTANT  
AFFILIATED CREDENTIALING BOARD  
APRIL 20, 2023**

**PRESENT:** Clark Collins, Jacqueline Edwards (*excused at 9:20 a.m.*), Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Cynthia Martin, Robert Sanders, Tara Streit

**STAFF:** Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

**CALL TO ORDER**

Jennifer Jarrett, Chairperson, called the meeting to order at 9:02 a.m. A quorum was confirmed with nine (9) members present.

**ADOPTION OF AGENDA**

**MOTION:** Robert Sanders moved, seconded by Eric Elliot, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF FEBRUARY 23, 2023**

**MOTION:** Jacqueline Edwards moved, seconded by Tara Streit, to approve the Minutes of February 23, 2023 as published. Motion carried unanimously.

*(Jacqueline Edwards was excused at 9:20 a.m.)*

**ADMINISTRATIVE RULE MATTERS**

**Update on PA 1 to 4, Relating to Physician Assistants**

**MOTION:** Eric Elliot moved, seconded by Clark Collins, to delegate Chair Jennifer Jarrett to request a second extension for EmR 2206 (PA 1 to 4) relating to Physician Assistants. Motion carried unanimously.

**CLOSED SESSION**

**MOTION:** Jean Fischer moved, seconded by Eric Elliot, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Jennifer Jarrett, Chairperson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Clark Collins-yes; Eric Elliot-yes; Jean Fischer-yes; Emelle Holmes-Drammeh-yes; Jennifer Jarrett-yes; Cynthia Martin-yes; Robert Sanders-yes; and Tara Streit-yes. Motion carried unanimously.

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

## DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

### Case Closings

#### 22 PAB 013– E.J.G.

**MOTION:** Cynthia Martin moved, seconded by Eric Elliot, to close DLSC Case Number 22 PAB 013, against E.J.G., for Prosecutorial Discretion (P1). Motion carried unanimously.

The Board reconvened to Open Session at 10:03 a.m.

#### **VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Robert Sanders moved, seconded by Eric Elliot, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

**MOTION:** Jean Fischer moved, seconded by Clark Collins, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

#### **ADJOURNMENT**

**MOTION:** Eric Elliot moved, seconded by Jean Fischer, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:05 a.m.



## 2023 SENATE BILL 143

March 23, 2023 - Introduced by Senators CABRAL-GUEVARA, ROYS and WANGGAARD, cosponsored by Representatives MAGNAFICI, DITTRICH, MURPHY and ROZAR. Referred to Committee on Health.

1     **AN ACT to create** 448.03 (3m) of the statutes; **relating to:** the use of certain  
2           words and terms that refer to a physician.

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*Analysis by the Legislative Reference Bureau*

This bill restricts the words and terms that may be used to designate certain medical professionals in titles, advertising, and descriptions of services. Under current law, no person may use or assume the title “doctor of medicine” or append to the person’s name the letters “M.D.” unless the person possesses the degree of doctor of medicine or the person is licensed as a physician by the Medical Examining Board. Similarly, only individuals who possess the degree of doctor of osteopathy may use or assume the title “doctor of osteopathy” or append “D.O.” to their name.

This bill restricts persons, except licensed physicians, from using certain words, terms, letters, or abbreviations that represent a person as a physician. Those restrictions under the bill apply to a person’s title, advertising, or description of services, and the bill provides an extensive but not exclusive list of the words and terms covered by the bill.

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

3           **SECTION 1.** 448.03 (3m) of the statutes is created to read:  
4           448.03 (**3m**) USE OF TERMS REPRESENTING PHYSICIANS. Except as otherwise  
5           provided in this chapter, no person, except a licensed physician, may use or assume

**SENATE BILL 143****SECTION 1**

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

11 (END)





State of Wisconsin  
2023 - 2024 LEGISLATURE

LRB-2341/1  
JPC&MED:amn

## 2023 ASSEMBLY BILL 154

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

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

**ASSEMBLY BILL 154**

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

**ASSEMBLY BILL 154**

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

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***Analysis by the Legislative Reference Bureau***

**NURSING PRACTICE AND LICENSURE**

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

***Licensure of advanced practice registered nurses***

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

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

**ASSEMBLY BILL 154**

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

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

***Practice of nurse-midwifery***

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

***Prescribing authority***

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

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

**ASSEMBLY BILL 154**

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

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

***Malpractice liability insurance***

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

**OTHER CHANGES**

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

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

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

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

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

**ASSEMBLY BILL 154****SECTION 2**

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

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

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

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

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

**ASSEMBLY BILL 154**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ASSEMBLY BILL 154****SECTION 76**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ASSEMBLY BILL 154****SECTION 87**

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

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

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

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

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

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

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

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



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

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

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

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

7           (a) Certified nurse–midwife.

8           (b) Certified registered nurse anesthetist.

9           (c) Clinical nurse specialist.

10          (d) Nurse practitioner.

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

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

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

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

**ASSEMBLY BILL 154****SECTION 95**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21           1. A physician licensed under ch. 448.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ASSEMBLY BILL 154**

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

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

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

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

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

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

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

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

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

**ASSEMBLY BILL 154****SECTION 150**

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

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

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

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

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

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

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

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

**ASSEMBLY BILL 154**

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

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

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

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

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

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

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

**ASSEMBLY BILL 154**

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

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

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

**SECTION 158. Nonstatutory provisions.**

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

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

**ASSEMBLY BILL 154**

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

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

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

12 (END)

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Nilajah Hardin Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 05/08/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Physician Assistant Affiliated Credentialing Board			
<b>4) Meeting Date:</b> 05/18/23	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rule Matters Discussion and Consideration 1. Adoption Order: PA 1 to 4, Relating to Physician Assistants 2. Update on Med 26, Relating to Military Medical Personnel 3. Pending or Possible Rulemaking Projects	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b> Review Legislative Report and Final Rule Draft for PA 1 to 4 <b>Attachments:</b> 1. Second Extension Request Letter (PA 1 to 4) 2. Adoption Order (PA 1 to 4)			
<b>11) Authorization</b>			
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	
<b>Directions for including supporting documents:</b> 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.			



**Physician Assistant Affiliated Credentialing Board**

Department of Safety and Professional Services  
4822 Madison Yards Way  
PO Box 8366  
Madison WI 53708-8366



May 4, 2023

Senator Stephen Nass, Senate Co-Chairperson  
Joint Committee for Review of Administrative Rules  
Room 10 South, State Capitol  
Madison, WI 53702

Representative Adam Neylon, Assembly Co-Chairperson  
Joint Committee for Review of Administrative Rules  
Room 204 North, State Capitol  
Madison, WI 53702

RE: Request for Extension of Emergency Rule, Physician Assistant Affiliated Credentialing Board

Dear Senator Nass and Representative Neylon:

Pursuant to 2021 Wisconsin Act 23 s. 72 (2) (e), I am writing to request an extension of EmR2206, an emergency rule creating PA 1 to 4 relating to Physician Assistants. A copy of the emergency rule is attached.

This rule implements the statutory changes from 2021 Wisconsin Act 23 that include the regulation and licensure of Physician Assistants. The Board has been working diligently on drafting the permanent rule associated with this project. However, the emergency rule is set to expire on May 31, 2023. The permanent rule, CR 22-064, is currently under review by the Legislature. A publication and effective date have not been determined yet.

Therefore, the Physician Assistant Affiliated Credentialing Board is requesting an extension of the emergency rule until September 28, 2023 or however long the Joint Committee for Review on Administrative Rules feels is appropriate, to cover the anticipated gap between May 31, 2023 and when the permanent rule will be effective in order to avoid confusion to stakeholders and licensees.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Jarrett".

Jennifer Jarrett  
Chairperson  
Physician Assistant Affiliated Credentialing Board

STATE OF WISCONSIN  
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	PHYSICIAN ASSISTANT
PHYSICIAN ASSISTANT	:	AFFILIATED CREDENTIALING
AFFILIATED CREDENTIALING BOARD	:	BOARD
	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 22-064)

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ORDER

An order of the Physician Assistant Affiliated Credentialing Board to create PA 1 to 4, relating to Physician Assistants.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s. 448.973 (1), Stats.

**Statutory authority:** ss. 15.085 (5) (b) and 448.973 (1), Stats.

**Explanation of agency authority:**

Section 15.085 (5) (b) states that “[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.973 (1) states that: “

- (a) The board shall promulgate rules implementing s. 448.9785.
- (b) The board shall promulgate rules establishing continuing education requirements for physician assistants.
- (c) The board may promulgate other rules to carry out the purposes of this subchapter, including any of the following
  1. Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. 448.978 (2) (d).
  2. Rules under s. 448.977 (2).”

**Related statute or rule:** None.

**Plain language analysis:**

The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 23.

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

**Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule:** None.

**Comparison with rules in adjacent states:**

**Illinois:** Physician Assistants in Illinois are licensed through the Illinois Department of Financial and Professional Regulation. The Physician Assistant Practice Act of 1987 governs the practice of physician assistants in Illinois and includes statutes on licensure, collaboration, prescribing, continuing education, and grounds for disciplinary action. Physician Assistants in Illinois are required to complete 50 hours of continuing education per 2-year license renewal cycle [225 Illinois Compiled Statutes 95].

Part 1350 of the Illinois Administrative Code further details rules for physician assistants in the areas of licensure, collaboration, and prescribing. These sections also detail scope and function, employment, approved programs, and unprofessional conduct [Illinois Administrative Code s. 1350].

**Iowa:** Physician Assistants in Iowa are licensed through the Iowa Department of Public Health and the Board of Physician Assistants. Chapter 148C of the Iowa Code governs the practice of physician assistants in Iowa and includes statutes on licensure and grants administrative rulemaking authority to their Board [Iowa Code ch. 148C].

Chapters 326 through 329 of the Professional Licensure Division Section 645 of the Iowa Administrative Code further details rules for physician assistants in the areas of licensure, practice, continuing education, and discipline. Each licensee is required to complete at least 100 hours of continuing education approved by the board per biennium. [645 Iowa Administrative Code chs. 326 to 329].

**Michigan:** Physician Assistants in Michigan are licensed through the Michigan Department of Licensing and Regulatory Affairs. Part 170 of The Public Health Code Act 368 governs the practice of physician assistants in Michigan. This section of the Michigan Compiled Laws includes requirements for physician assistants on licensure, practice, informed consent, continuing education, and delegation of care. The Michigan Board of Medicine is also responsible for the regulation of Physician Assistants in Michigan. The board may require each licensee to provide evidence of completion of at least 150 hours within the three years immediately preceding the application for renewal [Michigan Compiled Laws ss. 333.17001 to 333.17084].

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

The Board reviewed the statutory changes from 2021 Wisconsin Act 23 and promulgated rules as needed for the profession. While promulgating these rules, the Board referenced Wisconsin Administrative Code ss. Med 8, 10, 13, and 24, among other sources.

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

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

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-6795.

**Agency contact person:**

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8306; telephone 608-267-7139; email at DSPSAdminRules@wisconsin.gov.

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TEXT OF RULE

SECTION 1 Chapters PA 1 to 4 are created to read:

CHAPTER PA 1  
AUTHORITY AND DEFINITIONS

**PA 1.01 Authority.** The rules in chapters PA 1 to 4 are adopted by the Physician Assistant Affiliated Credentialing Board pursuant to the authority delegated by ss. 15.085 (5) (b), 440.09 (5), 448.973 (1), and 448.975 (5) (a), Stats.

**PA 1.02 Definitions.** As used in chapters PA 1 to 4:

- (1) “Alternate Collaborator” means a physician or physician assistant who is designated temporary duties of collaboration by the collaborating physician when the collaborating physician is temporarily unavailable.
- (2) “Board” means the Physician Assistant Affiliated Credentialing Board.
- (3) “Department” means the Department of Safety and Professional Services.
- (4) “Educational Program” means a program for educating and preparing physician assistants which is approved by the board.
- (5) “Physician” has the meaning given in s. 448.01 (5), Stats.
- (6) “Physician Assistant” means a person licensed under s. 448.974, Stats.
- (7) “Physician Associate” is analogous to and has the same meaning as “physician assistant”.
- (8) “Podiatrist” has the meaning given in s. 448.60 (3), Stats.

- (9) “Podiatry” or “Podiatric Medicine and Surgery” has the meaning given in s. 448.60 (4), Stats.

CHAPTER PA 2  
LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT

**PA 2.01 Initial Licensure.** Except as provided under sub. (3), the board shall grant an initial license to practice as a physician assistant to any applicant who has been found qualified by three-fourths of the members of the Board and satisfies all of the following requirements, as determined by the board:

- (1) The applicant shall submit all of the following:
  - (a) A completed application form.  
Note: Application forms are available from the department of safety and professional services’ website at <http://dsps.wi.gov>.
  - (b) The fee determined by the Department under s. 448.07 (2), Stats.
  - (c) Evidence of graduation from an educational program approved under s. PA 2.02.
  - (d) Evidence of having successfully passed the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination or an equivalent national examination approved by the board.
  - (e) A listing of all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.
  - (f) An attestation that the applicant is at least 18 years old.
- (2) Subject to ss. 111.321, 111.322, and 111.335, Stats., the applicant does not have an arrest or conviction record.
- (3) Subsection (1) (c) does not apply to an applicant who provides evidence that the applicant is a licensed physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under sub. (1) (c) of this section.
- (4) The board may require an applicant to complete a personal appearance for purposes of an interview, or review of credentials, or both.
- (5) Notwithstanding sub. (1), an individual who, as of April 1, 2022, was licensed by the medical examining board as a physician assistant under subchapter II of chapter 448, 2017 stats., shall be considered to have been licensed as a physician assistant for the purposes of these rules, and, upon the license’s expiration, shall renew in accordance with the provisions of s. PA 2.04.
- (6) If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation and the cost of that translation shall be borne by the applicant.

- (7) An applicant who fails to receive a passing score on the examination required under subsection (1) (d) may reapply by payment of the fee specified in subsection (1) (b). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not apply for licensure unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

**PA 2.02 Education Program Approval.** The board shall only approve an education program for a physician assistant or physician associate that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor, or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs. If the applicant does not satisfy this requirement, the applicant may show that, prior to January 1, 1986, the applicant successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

**PA 2.03 Oral Interviews and Personal Appearances. (1)** The board may require an applicant to complete an oral interview or personal appearance before the board, if any of the following circumstances apply:

- (a) The applicant has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.
- (b) The applicant uses chemical substances that impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.
- (c) The applicant has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
- (d) The applicant has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.
- (e) The applicant has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has graduated from an approved educational program in the last 3 years under PA 2.02.
- (f) The applicant has been found to have been negligent in the practice as a physician assistant or is currently a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.
- (g) The applicant has been diagnosed with any condition that may create a risk of harm to a patient or the public.
- (h) The applicant has within the last 2 years engaged in the illegal use of controlled substances.
- (i) The applicant has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(2) An application filed under this chapter shall be reviewed by an application review panel, designated by the chairperson of the board, to determine whether an applicant is required to complete an oral interview or a personal appearance or both under sub. (1). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral interview or a personal appearance or both, the application shall be referred to the board for a final determination.

(3) The board shall notify an applicant requiring an oral interview or appearance of the time and place scheduled for that applicant's interview or appearance.

(4) Otherwise qualified applicants with disabilities, as defined by the Americans with Disabilities Act, shall be provided with reasonable accommodations.

**PA 2.04 License Renewal and Continuing Medical Education. (1)** A licensee shall renew their license as specified by ss. 440.03 (9) (a) and 440.08 (2) (a), Stats.

(2) A licensee shall complete a renewal application approved by the board and return it with the required fee prior to the date specified by ss. 440.03 (9) (a) and 440.08 (2) (a), Stats.

Note: Instructions for renewal applications can be found on the department of safety and professional services' website at <http://dsps.wi.gov>.

(3) Except as provided under subsection (4) and specified by s. 440.08 (2) (a), Stats., a licensee shall attest to the completion of the following:

(a) At least 30 hours of continuing medical education classified as Category 1 as defined by the NCCPA or as approved by the Board.

(b) Of the required 30 hours of continuing medical education, at least 2 hours are on the topic of responsible controlled substances prescribing.

(4) Section (3) does not apply to the first renewal following the date a license is issued.

(5) Licensees shall retain certificates of continuing medical education attendance for a minimum of four years to be provided to the Board upon request.

(6) Licensees may submit evidence of active certification from the NCCPA or a board approved successor organization and the Board shall accept such certification as meeting the requirements under subsection (3) (a).

**PA 2.05 Reinstatement. (1)** A licensee who fails for any reason to be licensed as required under this chapter may not exercise the rights or privileges conferred by any license granted by the board.

(2) Failure to renew a license as specified in s. PA 2.04. shall cause the license to lapse. A licensee who allows the license to lapse may apply for reinstatement of the license by the board, subject to 440.08 (4), Stats., as follows:

(a) If the licensee applies for renewal of the license less than five years after its expiration, the license shall be renewed upon payment of the renewal fee.

(b) If the licensee applies for renewal of the license more than five years after its expiration, the board shall make an inquiry to determine whether the applicant is competent to practice under the license in this state and shall impose any reasonable conditions on the renewal of the license. This paragraph does not apply to licensees who have unmet disciplinary requirements or whose licenses

have been surrendered or revoked.

(3) A licensee who has unmet disciplinary requirements and failed to renew a license within five years of the renewal date or whose license has been surrendered or revoked may apply to have a license reinstated if the applicant provides all of the following:

- (a) Evidence of completion of requirements under s. PA 2.05 (2) (b) if the licensee has not held an active Wisconsin license in the last five years.
- (b) Evidence of completion of disciplinary requirements, if applicable.
- (c) Evidence of rehabilitation or a change in circumstances, warranting reinstatement of the license.

**PA 2.06 Reciprocal Credentials for Service Members, Former Service Members, and their Spouses.** A reciprocal license shall be granted to a service member, former service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. 440.09 (2), Stats. subject to s. 440.09 (2m), Stats. The board may request verification necessary to make a determination under this section.

**PA 2.07 Title Protection.** No person may designate himself or herself as a “physician assistant” or “physician associate” or use or assume the title “physician assistant” or “physician associate” or append to the person’s name the words or letters “physician assistant”, “physician associate” or “P.A.” or any other titles, letters, or designation which represents or may tend to represent that person as a physician assistant or physician associate unless that person is a physician assistant licensed by the board or a federally credentialed physician assistant or physician associate.

## CHAPTER PA 3 PRACTICE

**PA 3.01 Practice Standards. (1)** Except as provided in sub. (2), PA 3.02, 3.03, and 3.04, a physician assistant shall maintain and practice in accordance with a written collaborative agreement with a physician as specified in s. 448.975 (2) (a), Stats.

(2) (a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975 (2) (a), Stats., if the physician assistant’s practice is pursuant to an employment arrangement specified in s. 448.975 (2) (a) 1. a., Stats.

(b) The requirement specified in s. 448.975 (2) (a) 1. a., Stats. is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the organization or clinical department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s. 448.975 (2) (a) 1. a., Stats.



(3) As provided by s. 448.975 (2) (a) 2. Stats., ss. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service.

**PA 3.02 Practice of Podiatry.** A physician assistant may practice with the supervision and direction of a podiatrist pursuant to ss. 448.695 (4) (b) and 448.975 (1) (b) 2., Stats.

**PA 3.03 Emergency, Disaster, and Volunteer Practice. (1)** A physician assistant licensed under ch. PA 2 may perform any of the following:

- (a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation, not to be defined as an emergency situation that occurs in the place of one's employment, in the absence of an employment or collaborative agreement entered into under s. PA 3.01.
- (b) Render such medical care that they are able to provide during a declared state of emergency or other disaster, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.
- (c) Provide volunteer medical care at camps or sporting events, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.

(2) Pursuant to ss. 448.975 (5) (a) b 1. and 257.03 (3), Stats., a physician assistant who voluntarily and gratuitously renders emergency, disaster, or volunteer care pursuant to sub. (1) is not liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting reckless, wanton, or intentional misconduct.

**PA 3.04 Practice During Interruption in Collaboration.** If a physician assistant's collaborating physician under s. PA 3.01 (2) is unable to collaborate as specified in that section due to an interruption in licensed practice, a leave of absence of 30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death, then the following requirements apply:

- (1) When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (2).
- (2) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment, extended leave of absence or death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA s. 3.01 (2).
- (3) If no physician is available to collaborate with the physician assistant, then either of the following apply:
  - (a) A Physician Assistant possessing at least 2,080 hours of practice experience in the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attest to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician

collaboration for up to 120 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or

- (b) A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence, provide a copy of the interim written collaborative agreement and, attest to active search for replacement of the collaborating physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 120 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection. This interim collaborative agreement may not exceed 270 consecutive days.
- (4) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (3) of this section at any time during or after the collaborating physician's absence.

**PA 3.05 Minimum Standards for Patient Health Care Records.** (1) When patient healthcare records are not maintained by a separate entity, a physician assistant shall ensure patient health care records are maintained on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(2) A patient health care record shall contain all of the following clinical health care information which applies to the patient's medical condition:

- (a) Pertinent patient history.
- (b) Pertinent objective findings related to examination and test results.
- (c) Assessment or diagnosis.
- (d) Plan of treatment for the patient.

(3) Each patient health care record entry shall be dated, shall identify the physician assistant, and shall be sufficiently legible to allow interpretation by other health care practitioners.

**PA 3.06 Standards for Dispensing and Prescribing Drugs.** (1) PRESCRIPTIVE AUTHORITY.

- (a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.

- (b) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.
- (2) PACKAGING. A prescription drug dispensed by a physician assistant shall be dispensed in a child-resistant container if it is a substance requiring special packaging under 16 CFR 1700.14 (1982) of the federal regulations for the federal poison packaging act of 1970.
- (3) LABELING. A prescription drug dispensed by a physician assistant shall contain a legible label affixed to the immediate container disclosing all of the following:
  - (a) The name and address of the facility from which the prescribed drug is dispensed.
  - (b) The date on which the prescription is dispensed.
  - (c) The name of the physician assistant who prescribed the drug.
  - (d) The full name of the patient.
  - (e) The generic name and strength of the prescription drug dispensed unless the prescribing physician assistant requests omission of the name and strength of the drug dispensed.
  - (f) Directions for the use of the prescribed drug and cautionary statements, if any, contained in the prescription or required by law.
- (4) RECORDKEEPING. (a) Unless otherwise maintained by an organization, a physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.
  - (b) Records for controlled substances shall be maintained as required by the federal controlled substances act and ch. 961, Stats.

**PA 3.07 Informed Consent.** (1) Pursuant to s. 448.9785, Stats., a physician assistant shall communicate alternate modes of treatment to a patient.

- (2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances.
- (3) The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:
  - (a) Detailed technical information that in all probability a patient would not understand.
  - (b) Risks apparent or known to the patient.
  - (c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
  - (d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
  - (e) Information in cases where the patient is incapable of consenting.
  - (f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.

(4) A physician assistant's record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

**PA 3.08 Telemedicine and Telehealth Practice. (1)** In this section:

- (a) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment of bodily functions, or serious dysfunction of a body organ or part.
  - (b) "Telehealth" has the meaning given in s. 440.01 (1) (hm), Stats.
  - (c) "Telemedicine" is analogous to and has the same meaning as "telehealth." in par. (b).
- (2) The rules in this section do not prohibit any of the following:
- (a) Consultations between physician assistants, or between physician assistants and other medical professionals, or the transmission and review of digital images, pathology specimens, test results, or other medical data related to the care of patients in this state.
  - (b) Patient care in consultations with another healthcare provider who has an established provider-patient relationship with the patient.
  - (c) Patient care in on-call or cross-coverage situations in which the physician assistant has access to patient records.
  - (d) Treating a patient with an emergency medical condition.
- (3) A physician assistant-patient relationship may be established via telehealth.
- (4) A physician assistant who uses telemedicine in the diagnosis and treatment of a patient located in this state shall be licensed to practice as a physician assistant by the Physician Assistant Affiliated Credentialing Board.
- (5) A licensed physician assistant shall be held to the same standards of practice and conduct including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.
- (6) A licensed physician assistant who provides health care services by telehealth is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment.
- (7) The equipment and technology used by a physician assistant to provide health care services by telehealth shall provide, at a minimum, information that will enable the physician assistant to meet or exceed the standard of minimally competent physician assistant practice.

CHAPTER PA 4  
UNPROFESSIONAL CONDUCT

**PA 4.01 Unprofessional Conduct.** "Unprofessional conduct" includes the following, or aiding or abetting the same:

- (1) **DISHONESTY AND CHARACTER.** (a) Violating or attempting to violate any provision or term of subch. VIII of ch. 448, Stats., or of any valid rule of the board.

- (b) Violating or attempting to violate any term, provision, or condition of any order of the board.
  - (c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a physician assistant license, or in connection with applying for or procuring periodic renewal of a physician assistant license, or in otherwise maintaining such licensure.
  - (d) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.
  - (e) Employing illegal or unethical business practices.
  - (f) Knowingly, negligently, or recklessly making any false statement, written or oral, as a physician assistant which creates an unacceptable risk of harm to a patient, the public, or both.
  - (g) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board's behalf.
  - (h) Obtaining any fee by fraud, deceit or misrepresentation.
  - (i) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.
  - (j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their circumstances, may be vulnerable to undue influence.
  - (k) Engaging in false, misleading, or deceptive advertising.
  - (L) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.
- (2) DIRECT PATIENT CARE VIOLATIONS.** (a) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician assistant was, for any period covered by the order, unable to practice with reasonable skill and safety.
- (b) Departing from or failing to conform to the standard of minimally competent practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.
  - (c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.
  - (d) Performing or attempting to perform any procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.

- (e) Administering, dispensing, prescribing, supplying, or obtaining controlled substances as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise prohibited by law.
  - 1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgement by a state or federal court or agency charged with making legal determinations shall be conclusive evidence of its findings of fact and conclusions of law.
  - 2. A certificate copy of a finding, order, or judgement demonstrating that entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of a physician assistant is conclusive evidence of a violation of this paragraph.
- (f) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.
  - 1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician assistant has contact with a patient's intimate parts without legitimate medical justification for doing so.
  - 2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.
  - 3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.
- (g) Engaging in any sexual conduct with or in the presence of a patient or former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.
- (h) Engaging in repeated or significant disruptive behavior or interaction with physician assistants, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.
- (i) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.
- (j) Performing physician assistant services without required informed consent under s. 448.9785, Stats. or s. PA 3.07.
- (k) Aiding or abetting the practice of an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice as a physician assistant.
- (L) Prescribing a controlled substance to oneself as described in s. 961.38 (5), Stats.

- (m) Practicing as a physician assistant in another state or jurisdiction without appropriate licensure. A physician assistant has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, their patient requests that the services ordered be provided in another state or jurisdiction.
- (n) Patient abandonment occurs when a physician assistant without reasonable justification unilaterally withdraws from a physician assistant-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:
  1. The physician assistant fails to give the patient at least 30 days' notice in advance of the date on which the physician assistant's withdrawal becomes effective.
  2. The physician assistant fails to allow for patient access to or transfer of the patient's health record as required by law.
  3. The physician assistant fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.
  4. The physician assistant fails to provide for continuity of care during the period between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends. Nothing in this section shall be interpreted to imposed upon the physician assistant a greater duty to provide continuity care to a patient than otherwise required by law.
- (3) LAW VIOLATIONS, ADVERSE ACTION, AND REQUIRED REPORTS TO THE BOARD.
  - (a) Failing, within 30 days to report to the board any final adverse action taken against the licensee's authority to practice by another licensing jurisdiction.
  - (b) Failing, within 30 days, to report the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.
  - (c) Failing to comply with state and federal laws regarding access to patient health care records.
  - (d) Failure by a licensee to establish and maintain patient health care records consistent with the requirements of ss. PA 3.05 and 3.06 (4), or as otherwise required by law.
  - (e) Violating the duty to report under s. 448.9795, Stats.

- (f) After a request by the board, failing to cooperate in a timely manner with the board’s investigation of a complaint filed against a licensee. There is a rebuttable presumption that a licensee who takes longer than 30 days to respond to a request of the board has not acted within a timely manner.
- (g) Failing, within 48 hours of the entry of judgement of conviction of any crime, to provide notice to the department of safety and professional services required under s. SPS 4.09 (2), or failing within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgement of conviction.
- (h) Except as provided under par. (i), a violation or conviction of any laws or rules of this state, or of any other state, or any federal law or regulation that is substantially related to the practice of a physician assistant.
  1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with determining whether a person has violated a law or rule relevant to this paragraph is conclusive evidence of findings of facts and conclusions of law therein.
  2. The department of safety and professional services has the burden of proving that the circumstances of the crime are substantially related to the practice of a physician assistant.
- (i) Violating or being convicted of any the conduct listed under in Table PA 4.01, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of any statute listed in Table PA 4.01:

**Table PA 4.01  
Violations or Convictions Cited by Statute**

Statute Section	Description of Violation or Conviction
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5), or (6)	Battery, substantial battery, or aggravated battery
940.22 (2) or 3	Sexual exploitation by therapist, duty to report
940.225 (1), (2), or (3)	First, second, or third degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents at penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1) or (2)	First and second degree sexual assault of a child
948.03 (2)	Physical abuse of a child, intentional causation of bodily harm
948.05	Sexual exploitation of a child
948.051	Trafficking of a child



948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care

**PA 4.02 Discipline. (1)** The board may conduct investigations and hearings to determine whether a licensee has violated s. PA 4.01 or has violated any state or federal law or any other jurisdiction that substantially relates to the practice of a physician assistant.

**(2)** The board may reprimand a physician assistant or deny, limit, suspend, or revoke a physician assistant’s license if the physician assistant has violated s. PA 4.01.

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

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 (END OF TEXT OF RULE)  
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Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
 Physician Assistant Affiliated  
 Credentialing Board