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**VIRTUAL/TELECONFERENCE MEETING  
INTERDISCIPLINARY ADVISORY COMMITTEE  
Virtual, 4822 Madison Yards Way, Madison  
Contact: Brad Wojciechowski (608) 266-2112  
August 27, 2025**

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

**AGENDA**

**9:30 A.M.**

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

- A. Adoption of Agenda (1-2)**
- B. Approval of Minutes of June 25, 2025 (3)**
- C. Conflicts of Interest, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
- E. Administrative Matters – Discussion and Consideration**
  - 1. Department, Staff and Committee Updates
  - 2. Election of Officers
  - 3. Committee Members – Committee Member Status
    - a. Englebert, Doug – Controlled Substances Board Representative
    - b. Kane, Amanda K. – Board of Nursing Representative
    - c. Schmeling, Gregory – Medical Examining Board Representative
    - d. Streit, Tara E. – Physician Assistant Affiliated Credentialing Board Representative
    - e. Watkins, Alexis – Cosmetology Examining Board Representative
    - f. Weitekamp, John G. – Pharmacy Examining Board Representative
  - 4. Alternates
    - a. Bloom, Alan – Controlled Substances Board Representative
    - b. Edwards, Jacqueline K. – Physician Assistant Affiliated Credentialing Board Representative
    - c. Malak, Jennifer L. – Board of Nursing Representative
    - d. McIntosh, Dana – Cosmetology Examining Board Representative
    - e. Wilson, Christa M. – Pharmacy Examining Board Representative
    - f. Yu, Emily S. – Medical Examining Board Representative

**F. IV Hydration Clinics – Discussion and Consideration (4-73)**

1. Draft IV Hydration Guidance Document

**G. Future Topics – Discussion and Consideration**

**H. Public Comments**

**ADJOURNMENT**

**NEXT MEETING: OCTOBER 22, 2025**

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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 any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. 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  
INTERDISCIPLINARY ADVISORY COMMITTEE  
MEETING MINUTES  
JUNE 25, 2025**

**PRESENT:** Doug Englebert, Amanda Kane, Gregory Schmeling (*arrived at 9:32*), Tara Streit, John Weitekamp

**ABSENT:** Alexis Watkins

**STAFF:** Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Nilajah Hardin, Administrative Rule Coordinator; Brenda Taylor, Board Services Supervisor; and other DSPS Staff

**CALL TO ORDER**

Brad Wojciechowski, Executive Director, called the meeting to order at 9:31 a.m. A quorum of 4 members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** John Weitekamp moved, seconded by Amanda Kane, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF APRIL 30, 2025**

**MOTION:** John Weitekamp moved, seconded by Amanda Kane, to approve the Minutes of April 30, 2025, as published. Motion carried unanimously.

*Gregory Schmeling arrived at 9:32*

**IV HYDRATION CLINICS**

**Draft IV Hydration Guidance Documents**

**MOTION:** Gregory Schmeling moved, seconded by John Weitekamp, to approve the IV Hydration Guidance Document draft, with amendments discussed, for review by the Medical Examining Board, Physician Assistant Affiliated Credentialing Board, Board of Nursing, Pharmacy Examining Board, Cosmetology Examining Board and Controlled Substances Board. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Gregory Schmeling moved, seconded by Amanda Kane, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:23 a.m.

**JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, AND THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD, AND THE WISCONSIN CONTROLLED SUBSTANCES BOARD**

It is the overall duty of each ~~Examining~~ Board to improve the profession they supervise, both within and outside its own profession, to bring about a better relationship between the profession and the general welfare of this state. Each ~~Examining~~ Board is empowered to set standards of professional competency and conduct for the profession it supervises. With these principles in mind, the Interdisciplinary Advisory Committee (Committee) consisting of the Wisconsin Medical Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated Credentialing Board, Cosmetology Examining Board and Controlled Substances Board was established to discuss issues of mutual concern.

In recent years, Wisconsin has seen an increase in the intravenous (IV) hydration therapy business and the Wisconsin Department of Safety and Professional Services (DSPS) has seen an increase in questions from healthcare professionals concerning the legal requirements for IV hydration therapy businesses.

IV hydration therapy businesses provide patients with IV fluids with or without prescription medications, vitamins, minerals and/or amino acids. ~~Based on inquiries received by DSPS, there appears to be confusion among healthcare professionals and the public as it relates to understanding the responsibilities of healthcare professionals engaged in these businesses.~~ Because of the concern over the lack of any industry-specific guidelines or laws regarding the operation of these businesses and the potential harm to the residents of Wisconsin, the Committee puts forth this guidance document. **This guidance document is based upon the existing laws of Wisconsin and sets forth the relevant laws and standards of care implicated by IV hydration therapy businesses within the context of a retail or “on-demand” business setting.**<sup>1</sup>

For purposes of this guidance document, the Committee has divided the practice occurring at IV hydration businesses into three main stages: assessment, compounding, and administration. The guidance below is meant to assist licensees in understanding the existing laws and regulations implicated at key each stages. ~~Please note, this is not an exhaustive list, but rather a list addressing the most commonly raised practice concerns.~~

**BACKGROUND**

Prior to discussion of the specific stages, the Committee believes it is crucial to highlight that services offered by IV hydration therapy businesses constitute the practice of medicine and surgery.

The practice of medicine and surgery is defined as meaning:

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<sup>1</sup> This guidance is meant to specifically address the emerging market for IV Hydration therapy or businesses offering IV Hydration therapy services. Underlying principles established in this guidance may be applicable to other services offered by healthcare professionals. Please contact private counsel to review your specific business model for compliance with relevant laws and regulations.

[t]o examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality ... [t]o apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in par. (a) and in sub. (2) ... [t]o penetrate, pierce or sever the tissues of a human being ... [t]o offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in this subsection.

*See Wis. Stat. § 448.01(9). Further, pursuant to Wis. Stat. § 448.03, “[n]o person may practice medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine or surgery” except for “[a]ny person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice... professional or practical nursing or nurse-midwifery under ch. 441... to practice as a physician assistant under subch. IX... or as otherwise provided by statute.”*

At its core, the IV hydration therapy business model involves offering patients, including on a walk-in basis, a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline. The cocktails may include fluids with or without prescription medications, vitamins, minerals and/or amino acids. Some basic health screening generally occurs prior to the selection and administration of the IV. It is of concern to the Committee that the basic health screening and selection of IVs are being performed by unlicensed individuals or licensees whose scope of practice does not allow for the practice of medicine or surgery.

Although many IV hydration therapy businesses may have a physician, physician assistant (PA) or advanced practice nurse prescriber (APNP) associated with the business, in some instances a registered nurse (RN) may be the only licensed health care professional interacting with the patient. The Committee wants to make clear that a registered nurse (RN), or any individual not holding the proper credential, undertaking the diagnosing and prescribing of medications falls outside an RN’s scope of practice<sup>2</sup> and can result in disciplinary action against not only the RN’s license, but also the physician, PA, or APNP overseeing the practice.

Moreover, IV hydration therapy fluids and additives are prescription drugs requiring purchase and storage by a qualified practitioner which may include a physician, PA, or APNP. Fluids and additives must be purchased from FDA licensed manufacturers, distributors licensed in the state where they are being purchased, or from compounding pharmacies designated and licensed as 503B compounding facilities. All qualified practitioners must store prescription drugs in compliance with ~~prescription label~~the manufacturer’s instructions. Non-qualified individuals, including, but not limited to RNs or licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.

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<sup>2</sup> It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. See Wis. Stat. § 441.001(4) and Wis. Admin. Code § N 6.03.

## ASSESSMENT

The patient must be assessed prior to ordering any IV Hydration treatment. Practitioners who may order treatment appropriate to their area of competence as established by their education, training, or experience include:

- A physician licensed to practice medicine and surgery in this state as defined in Wis. Stat. § 448.01(5).
- A PA licensed pursuant to Wis. Stat. § 448.974.
- An APNP licensed pursuant to Wis. Stat. § 441.16<sup>3</sup>.

~~If telehealth is utilized to complete an initial patient assessment, then all practitioners must adhere to the same standard of care as an in-person visit.<sup>4</sup> Additionally, if a practitioner determines during a telehealth assessment that a telehealth visit cannot meet the standard of care for the medical condition presented or additional in person evaluation is necessary, the practitioner shall see the patient in person or make an appropriate referral to meet the minimum standard of care. Please Certainnote, certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). Although telehealth may be utilized to perform the initial patient assessment, it is the For the reasons stated above, recommendation of this the Committee recommends that patient assessment should be done in person, as the individual is on site, and as a complete medical assessment is difficult to conduct via telehealth.<sup>5</sup> Certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2).~~ A patient assessment should include at minimum a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.

As part of the assessment, the practitioner may diagnose the patient's condition and shall make recommendations consistent with the findings from the history and physical as to treatment. Treatment recommendations may include a discussion with the patient surrounding which therapies, including the addition of specific additives, may be appropriate to treat the patient's condition. These discussions should include a description of risks, benefits and alternative options. To be clear, this constitutes the practice of medicine and should only be undertaken by a practitioner with statutory authority to diagnose and treat. The discussion with a patient and recommendation shall be provided by the practitioner.

<sup>3</sup> 2025 WI Act 17 will be effective 9/1/2026.

<sup>4</sup> Telehealth is only acceptable if it meets established regulations. See Wis. Admin. Code chs. Med 24, PA 3 and N 8.

<sup>5</sup> This is a recommendation and not a requirement. Patient assessment needs shall be evaluated on a case-by-case basis.

Following the assessment, the practitioner may prescribe the appropriate therapy or treatment. ~~Standing orders may be permitted when a legitimate patient-practitioner relationship has been established that includes individualized assessment and diagnosis. The use of standing orders outside of an established practitioner-patient relationship for an individualized assessment, diagnosis and treatment of patients may be considered prescribing in a manner inconsistent with the standard of minimal competence pursuant to Wis. Admin. Code § Med 10.03(2)(e).~~

To ensure the assessment complies with the standard of care, after evaluating the patient and making treatment recommendations, a comprehensive medical record must be created. Additionally, informed consent shall be obtained to be consistent with the standard of care. Informed consent should include, but not be limited to, the risks of additives to saline, the risks of IV fluids, and the risks of an IV itself. Medical records must be stored in compliance with state and federal law, including those with the Wisconsin Department of Health Services.

## COMPOUNDING

After determining a course of treatment, a cocktail containing the additives ordered may need to be prepared. When an individual adds medications, vitamins, minerals and/or amino acids to IV bags, they are engaging in the practice of compounding, and federal and state law including section 503A of the Food, Drug, and Cosmetic Act apply. Application of these laws help ensure patients receive their treatment in sanitary conditions.

Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound “means to mix, combine or put together various ingredients or drugs for the purpose of dispensing.” ~~Federal law allows either a licensed pharmacist or a physician to perform compounding. Compounding does not include mixing, reconstituting or other such acts that are performed in accordance with directions contained in approved labeling by the product’s manufacturer and other manufacturer directions consistent with labeling.~~<sup>6</sup>

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The utilization of the “immediate use” provision of USP <797> does not circumvent USP sterile compounding requirements. Additionally, the “immediate use” provision requires certain conditions be met, including,

- Aseptic techniques, processes, and procedures are followed, and written SOPs are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.

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<sup>6</sup> See 21 U.S.C. § 353a(e).



- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability and compatibility studies).
- The preparation involves not more than 3 different sterile products. **Please note, Saline Solution utilized in IV Hydration is a sterile product and must be included in this analysis.**
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all active ingredients, the name or initials of the person who prepared the preparation, and the 4-hour time period within which administration must begin.<sup>7</sup>

The provision of USP <797> allowing for immediate use should not be viewed as a workaround for the standards governing sterile product preparation. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients.<sup>8</sup>

## ADMINISTRATION

Upon receipt of an order for IV hydration therapy, an individual with appropriate training and experience<sup>9</sup>, including an RN or LPN (consistent with the requirements of Wis. Admin. Code ch. N 6), may administer the treatment.

While the patient undergoes the IV administration, an RN should perform a nursing assessment of the patient including monitoring their vital signs. Please note that the performance of a nursing assessment is outside the scope of an LPN. An RN should monitor the patient for side effects, allergic reactions or any unusual or unexpected effects. An RN is expected to document all nursing acts performed by the RN as part of the administration and monitoring of the patient.

## CONCLUSION

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<sup>7</sup> Handling of sterile hazardous drugs must comply with USP <800> as well.

<sup>8</sup> See FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions <https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-products-medical-offices-and-clinics-under-insanitary>

<sup>9</sup> For example, if an electrolyte is being administered by IV, the IV should be administered using a volumetric infusion pump or rate-controller tubing to ensure the electrolytes are administered at an appropriate rate to avoid and prevent adverse reactions. The individual administering the IV in this case should have training and experience using these devices.



The practices engaged in at IV hydration clinics involve the practice of multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. Licensees who fail to follow the laws governing their practice could be subject to disciplinary proceedings as appropriate.

Licensees are charged with protecting the public by ensuring their practice complies with the laws and regulations of Wisconsin and any relevant federal regulations, including satisfying all applicable professional standards.

## ACKNOWLEDGEMENT SECTION

These materials may have been consulted in the preparation of the above document.

ARIZONA STATE BOARD OF NURSING, *Advisory Opinion Intravenous Hydration and Other Therapies* (Revised date May 2024), Available at <https://azbn.gov/sites/default/files/AO-IV-Hydration-Other-Therapies.pdf>

KENTUCKY.GOV, *Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding Retail IV Therapy* (March 28, 2025), available at <https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf>

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE, *Guidance Regarding IV Hydration Therapy from the Mississippi State Board of Medical Licensure* (Sept. 5, 2023), available at <https://www.msbnl.ms.gov/sites/default/files/news/IV%20Hydration%20Therapy%20Guidance%2009-05-23.pdf>

NEBRASKA BOARD OF NURSING, *Advisory Opinion: IV/Infusion Therapy* (Nov. 2023), available at <https://dhhs.ne.gov/licensure/Documents/IVInfusion.pdf>

OHIO BOARD OF PHARMACY, *Joint Regulatory Statement of the State Medical Board of Ohio, Ohio Board of Pharmacy, and Ohio Board of Nursing Regarding Retail IV Therapy* (May 15, 2025), available at <https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf>

RHODE ISLAND DEPARTMENT OF HEALTH, *Rhode Island Department of Health Guidance Document Regarding the Operation of Medical Spas and Intravenous (IV) Therapy Businesses* (July 2024), available at <https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guidance/Medical-Spa-and-IV-Therapy-Business.pdf>

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION, *Joint Advisory Opinion of the South Carolina State Boards of Medical Examiners, Pharmacy, and Nursing Regarding Retail IV Therapy Businesses* (Aug. 15, 2023), available at <https://llr.sc.gov/med/Policies/Joint-Position-Statement-Retail-IV-Therapy.pdf>

**JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, AND THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD, AND THE WISCONSIN CONTROLLED SUBSTANCES BOARD**

It is the overall duty of each Examining Board to improve the profession they supervise, both within and outside its own profession, to bring about a better relationship between the profession and the general welfare of this state. Each Examining Board is empowered to set standards of professional competency and conduct for the profession it supervises. With these principles in mind, the Interdisciplinary Advisory Committee (Committee) consisting of the Wisconsin Medical Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated Credentialing Board, Cosmetology Examining Board and Controlled Substances Board was established to discuss issues of mutual concern.

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IV hydration therapy businesses provide patients with IV fluids with or without prescription medications, vitamins, minerals and/or amino acids. Based on inquiries received by DSPS, there appears to be confusion among healthcare professionals and the public as it relates to understanding the responsibilities of healthcare professionals engaged in these businesses. Because of the concern over the lack of any industry-specific guidelines or laws regarding the operation of these businesses and the potential harm to the residents of Wisconsin, the Committee puts forth this guidance document. This guidance document is based upon the existing laws of Wisconsin and sets forth the relevant laws and standards of care implicated by IV hydration therapy businesses within the context of a retail or “on-demand” business setting.<sup>1</sup>

For purposes of this guidance document, the Committee has divided the practice occurring at IV hydration businesses into three main stages: assessment, compounding, and administration. The guidance below is meant to assist licensees in understanding the laws and regulations implicated at each stage. Please note, this is not an exhaustive list, but rather a list addressing the most commonly raised practice concerns.

**BACKGROUND**

Prior to discussion of the specific stages, the Committee believes it is crucial to highlight that services offered by IV hydration therapy businesses constitute the practice of medicine and surgery.

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<sup>1</sup> This guidance is meant to specifically address the emerging market for IV Hydration therapy or businesses offering IV Hydration therapy services. Underlying principles established in this guidance may be applicable to other services offered by healthcare professionals. Please contact private counsel to review your specific business model for compliance with relevant laws and regulations.

[t]o examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality ... [t]o apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in par. (a) and in sub. (2) ... [t]o penetrate, pierce or sever the tissues of a human being ... [t]o offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in this subsection.

*See Wis. Stat. § 448.01(9). Further, pursuant to Wis. Stat. § 448.03, “[n]o person may practice medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine or surgery” except for “[a]ny person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice... professional or practical nursing or nurse-midwifery under ch. 441... to practice as a physician assistant under subch. IX... or as otherwise provided by statute.”*

At its core, the IV hydration therapy business model involves offering patients, including on a walk-in basis, a menu of pre-selected mixtures (“cocktails”) of additives to basic IV saline. The cocktails may include fluids with or without prescription medications, vitamins, minerals and/or amino acids. Some basic health screening generally occurs prior to the selection and administration of the IV. It is of concern to the Committee that the basic health screening and selection of IVs are being performed by unlicensed individuals or licensees whose scope of practice does not allow for the practice of medicine or surgery.

Although many IV hydration therapy businesses may have a physician, physician assistant (PA) or advanced practice nurse prescriber (APNP) associated with the business, in some instances a registered nurse (RN) may be the only licensed health care professional interacting with the patient. The Committee wants to make clear that a registered nurse (RN), or any individual not holding the proper credential, undertaking the diagnosing and prescribing of medications falls outside an RN’s scope of practice<sup>2</sup> and can result in disciplinary action against not only the RN’s license, but also the physician, PA, or APNP overseeing the practice.

Moreover, IV hydration therapy fluids and additives are prescription drugs requiring purchase and storage by a qualified practitioner which may include a physician, PA, or APNP. Fluids and additives must be purchased from FDA licensed manufacturers, distributors licensed in the state where they are being purchased, or from compounding pharmacies designated and licensed as 503B compounding facilities. Non-qualified individuals, including, but not limited to RNs or licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.

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<sup>2</sup> It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. See Wis. Stat. § 441.001(4) and Wis. Admin. Code § N 6.03.

## ASSESSMENT

The patient must be assessed prior to ordering any IV Hydration treatment. Practitioners who may order treatment appropriate to their area of competence as established by their education, training, or experience include:

- A physician licensed to practice medicine and surgery in this state as defined in Wis. Stat. § 448.01(5).
- A PA licensed pursuant to Wis. Stat. § 448.974.
- An APNP licensed pursuant to Wis. Stat. § 441.16.

Although telehealth may be utilized to perform the initial patient assessment, it is the recommendation of this Committee that patient assessment should be done in person, as a complete medical assessment is difficult to conduct via telehealth.<sup>3</sup> Certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include at minimum a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.

As part of the assessment, the practitioner may diagnose the patient's condition and make recommendations consistent with the findings from the history and physical as to treatment. Treatment recommendations may include a discussion with the patient surrounding which therapies, including the addition of specific additives, may be appropriate to treat the patient's condition. These discussions should include a description of risks, benefits and alternative options. To be clear, this constitutes the practice of medicine and should only be undertaken by a practitioner with statutory authority to diagnose and treat. The discussion with a patient and recommendation shall be provided by the practitioner.

Following the assessment, the practitioner may prescribe the appropriate therapy or treatment. The use of standing orders outside of an established practitioner-patient relationship for an individualized assessment, diagnosis and treatment of patients may be considered prescribing in a manner inconsistent with the standard of minimal competence pursuant to Wis. Admin. Code § Med 10.03(2)(c).

To ensure the assessment complies with the standard of care, after evaluating the patient and making treatment recommendations, a comprehensive medical record must be created. Additionally, informed consent shall be obtained to be consistent with the standard of care. Informed consent should include, but not be limited to, the risks of additives to saline, the risks of IV fluids, and the risks of an IV itself. Medical records must be stored in compliance with state and federal law, including those with the Wisconsin Department of Health Services.

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<sup>3</sup> Telehealth is only acceptable if it meets established regulations. See Wis. Admin. Code chs. Med 24, PA 3 and N 8.

## COMPOUNDING

After determining a course of treatment, a cocktail containing the additives ordered may need to be prepared. When an individual adds medications, vitamins, minerals and/or amino acids to IV bags, they are engaging in the practice of compounding, and federal and state law including section 503A of the Food, Drug, and Cosmetic Act apply. Application of these laws help ensure patients receive their treatment in sanitary conditions.

Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound “means to mix, combine or put together various ingredients or drugs for the purpose of dispensing.” Federal law allows either a licensed pharmacist or a physician to perform compounding.

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The utilization of the “immediate use” provision of USP <797> does not circumvent USP sterile compounding requirements. Additionally, the “immediate use” provision requires certain conditions be met, including,

- Aseptic techniques, processes, and procedures are followed, and written SOPs are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility’s SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability and compatibility studies).
- The preparation involves not more than 3 different sterile products. **Please note, Saline Solution utilized in IV Hydration is a sterile product and must be included in this analysis.**
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all

active ingredients, the name or initials of the person who prepared the preparation, and the 4-hour time period within which administration must begin.<sup>4</sup>

The provision of USP <797> allowing for immediate use should not be viewed as a workaround for the standards governing sterile product preparation. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients.<sup>5</sup>

## ADMINISTRATION

Upon receipt of an order for IV hydration therapy, an individual with appropriate training and experience<sup>6</sup>, including an RN or LPN (consistent with the requirements of Wis. Admin. Code ch. N 6), may administer the treatment.

While the patient undergoes the IV administration, an RN should perform a nursing assessment of the patient including monitoring their vital signs. Please note that the performance of a nursing assessment is outside the scope of an LPN. An RN should monitor the patient for side effects, allergic reactions or any unusual or unexpected effects. An RN is expected to document all nursing acts performed by the RN as part of the administration and monitoring of the patient.

## CONCLUSION

The practices engaged in at IV hydration clinics involve the practice of multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. Licensees who fail to follow the laws governing their practice could be subject to disciplinary proceedings as appropriate.

Licensees are charged with protecting the public by ensuring their practice complies with the laws and regulations of Wisconsin and any relevant federal regulations, including satisfying all applicable professional standards.

## ACKNOWLEDGEMENT SECTION

These materials may have been consulted in the preparation of the above document.

ARIZONA STATE BOARD OF NURSING, *Advisory Opinion Intravenous Hydration and Other Therapies* (Revised date May 2024), Available at <https://azbn.gov/sites/default/files/AO-IV-Hydration-Other-Therapies.pdf>

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<sup>4</sup> Handling of sterile hazardous drugs must comply with USP <800> as well.

<sup>5</sup> See FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions <https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-products-medical-offices-and-clinics-under-insanitary>

<sup>6</sup> For example, if an electrolyte is being administered by IV, the IV should be administered using a volumetric infusion pump or rate-controller tubing to ensure the electrolytes are administered at an appropriate rate to avoid and prevent adverse reactions. The individual administering the IV in this case should have training and experience using these devices.



KENTUCKY.GOV, *Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding Retail IV Therapy* (March 28, 2025), available at <https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf>

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE, *Guidance Regarding IV Hydration Therapy from the Mississippi State Board of Medical Licensure* (Sept. 5, 2023), available at <https://www.msbml.ms.gov/sites/default/files/news/IV%20Hydration%20Therapy%20Guidance%2009-05-23.pdf>

NEBRASKA BOARD OF NURSING, *Advisory Opinion: IV/Infusion Therapy* (Nov. 2023), available at <https://dhhs.ne.gov/licensure/Documents/IVInfusion.pdf>

OHIO BOARD OF PHARMACY, *Joint Regulatory Statement of the State Medical Board of Ohio, Ohio Board of Pharmacy, and Ohio Board of Nursing Regarding Retail IV Therapy* (May 15, 2025), available at <https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf>

RHODE ISLAND DEPARTMENT OF HEALTH, *Rhode Island Department of Health Guidance Document Regarding the Operation of Medical Spas and Intravenous (IV) Therapy Businesses* (July 2024), available at <https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guidance/Medical-Spa-and-IV-Therapy-Business.pdf>

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION, *Joint Advisory Opinion of the South Carolina State Boards of Medical Examiners, Pharmacy, and Nursing Regarding Retail IV Therapy Businesses* (Aug. 15, 2023), available at <https://llr.sc.gov/med/Policies/Joint-Position-Statement-Retail-IV-Therapy.pdf>



**From:** [Caty McDermott](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Cc:** [Hogan, Rebecca](#)  
**Subject:** Additional Comments to the IAC  
**Date:** Monday, August 18, 2025 10:19:35 AM  
**Attachments:** [image.png](#)  
[image.png](#)  
[Wisconsin Aesthetic Provider Coalition Position Statement to Board of Nursing re Draft IV Hydration Guidance.pdf](#)

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Hi Brad,

Please see the attached additional comments from the WI Aesthetic Provider Coalition to the Interdisciplinary Committee. I believe we sent these within the timeframe for them to be distributed to the IAC members.

Thank you,

Caty

**Caty McDermott**  
The Hamilton Consulting Group, LLC.  
10 East Doty Street, Suite 500  
Madison, WI 53703  
Office [REDACTED]  
Mobile ([REDACTED])  
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## **Wisconsin Aesthetic Provider Coalition**

### **Position Statement to Board of Nursing Regarding Draft IV Hydration Guidance**

#### **BACKGROUND:**

During a meeting held on July 10, 2025, the Board of Nursing requested written comments be submitted to the Board of Nursing regarding the Draft IV Hydration Guidance Document (“Draft Guidance”) prepared by the Interdisciplinary Advisory Committee (the “Committee”). The Wisconsin Aesthetic Provider Coalition (“WAPC”) submits this position statement on behalf of its members, which include licensed healthcare providers providing wellness injections, IV therapy, weight-loss services and medical aesthetic treatments.

#### **SUMMARY:**

The Draft Guidance exceeds its stated purpose of interpreting existing law and instead purports to create new laws and regulations outside of the rulemaking process. The Committee’s role is not to second-guess the legislature and issue new rules and requirements. The plain language of the Draft Guidance is confusing and will create additional uncertainties for providers. The Committee has the opportunity to provide helpful guidance, and WAPC seeks the Board of Nursing’s support to address these concerns and recommendations with the Committee.

TOPIC	DRAFT GUIDANCE LANGUAGE	WAPC CONCERN	PROPOSED REVISION
Telehealth / Assessments	<p>Draft Guidance Lines 80 – 88:</p> <p>“Although telehealth may be utilized to perform the initial patient assessment, it is the recommendation of this Committee that patient assessment should be done in person, as a complete medical assessment is difficult to conduct via telehealth. Certain conditions may be hard to evaluate without an in-person assessment, including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include, at minimum, a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.”</p>	<p>It is well-settled in Wisconsin that telehealth is a permitted modality and that a physician-patient relationship may be established through telehealth. The Committee seems to second guess this well-established principle by recommending that patient assessments should be done in person.</p> <p>The Draft Guidance’s recommendation is contrary to existing Wisconsin law. <i>See Wis. Admin. Code § Med 24.</i> Current regulations addressing telehealth provide that a patient evaluation shall include a medical history “...and, <u>to the extent required to meet or exceed the standard of minimally competent medical practice</u>, an examination or evaluation, or both, and diagnostic tests.” Wis. Admin. Code § Med 24.07(2). The Draft Guidance therefore creates a new requirement for a physical exam despite no such requirement existing under Wisconsin law.</p> <p>The Draft Guidance should not deviate from or be more restrictive</p>	<p>Replace Draft Guidance Lines 80 – 88 with the following:</p> <p>“A systematic patient assessment must be performed and documented by a licensed provider.</p> <p>Telehealth may be utilized to perform the initial patient assessment pursuant to Wis. Admin. Code § Med 24. Telehealth appointments offer appropriate safeguards when conducted with proper oversight and documentation. A physician, physician’s assistant or advanced practice nurse (APNP) who establishes a patient-physician relationship via telehealth shall adhere to the same standard of care for telehealth appointments as the standard of care for an in-person visit.</p> <p>Registered Nurses (RNs) may gather information for the patient assessment and then provide the information to the supervising provider. A licensed practical nurse (LPN) may participate in the assessment by obtaining information about a patient’s basic health status from the patient, their records and related health data and by providing that information to the RN or supervising licensed provider.</p> <p>The supervising licensed provider shall review the assessment and order</p>

TOPIC	DRAFT GUIDANCE LANGUAGE	WAPC CONCERN	PROPOSED REVISION
		<p>than Wisconsin law and specifically Wis. Admin. Code § Med 24.07(2). While current regulations refer to “static electronic questionnaires” as inappropriate when used without a clinical questionnaire, for reasons unknown, the Draft Guidance deviates from this regulatory language and instead uses the phrase a “simple questionnaire.”</p> <p>As currently drafted, patient access is undermined, and provider clarity is hampered.</p>	<p>appropriate intervention. A written plan shall be in place to address the steps an RN should take in the event they have questions or an emergency or adverse reaction occurs. Once the treatment is given or being given, the patient must be monitored by the RN, LPN or supervising licensed provider for adverse reactions. If there are adverse reactions, those must be documented and communicated to supervising licensed provider.”</p>
<b>Standing Orders</b>	<p>Draft Guidance Lines 97 – 101:</p> <p>“The use of standing orders outside of an established practitioner-patient relationship... may be considered prescribing in a manner inconsistent with the standard of minimal competence...”</p>	<p>This statement is contrary to Wisconsin’s current standard of care. WAPC is concerned that the Draft Guidance’s language will be interpreted to require an in-person good faith exam (GFE).</p> <p>The Committee should not focus on the setting of treatment. Rather, the Committee’s focus should be on the establishment of the patient-physician relationship and the manner in which delegation may occur. Furthermore, there are multiple healthcare settings where standing orders are safely utilized.</p> <p>Wisconsin law supports RN use of delegated medical acts under written</p>	<p>Replace Draft Guidance Lines 97 – 101 with the following:</p> <p>“Standing orders may be permitted when a legitimate patient-practitioner relationship is established that includes individualized assessment and diagnosis.</p> <p>It is within the scope of practice of a RN to administer IV therapy, pursuant to an order from a supervising licensed provider, commensurate with a RNs licensure level.”</p>

TOPIC	DRAFT GUIDANCE LANGUAGE	WAPC CONCERN	PROPOSED REVISION
		protocols and supervision, so long as the RN is competent, and the provider is available for consultation. This model is both safe and efficient.	

TOPIC	DRAFT GUIDANCE LANGUAGE	WAPC CONCERN	PROPOSED REVISION
<b>Pharmacy/Compounding</b>	<p>Draft Guidance Lines 67 – 69:</p> <p>“Non-qualified individuals, including, but not limited to RNs or licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.”</p>	<p>The plain language is confusing. One possible interpretation of this language is that the Committee is effectively requiring IV Hydration Clinics to obtain a new license from the Pharmacy Examining Board. There is currently no licensure path for clinics offering limited services that do not dispense or distribute prescription drugs in the traditional sense.</p> <p>In addition, “non-qualified individual” is not a term of art that is defined or otherwise used in Wisconsin laws and regulations, and its use in the Draft Guidance unnecessarily creates confusion and uncertainty, particularly for RNs and LPNs.</p> <p>The Draft Guidance should clarify that it is within an RN’s scope of practice to add additives like amino acids, vitamins and minerals to basic IV saline, particularly in cases where prescription drugs such as Zofran, Toradol and Pepcid are not added.</p>	<p>Strike Draft Guidance Lines 67 – 69.</p> <p>Include language in the compounding section of the Draft Guidance that adding basic additives like amino acids, vitamins and minerals to basic IV saline is within an RN’s standard of care as a delegated medical act under written protocols and supervision, so long as the RN is competent, and the provider is available for consultation.</p>

To: Wisconsin Board of Nursing Members  
From: Wisconsin Aesthetic Provider Coalition & Wisconsin Nurses Association  
Date: May 8, 2025  
Re: Recommendations on Draft Joint Advisory Opinion – IV Hydration

---

The Wisconsin Aesthetic Provider Coalition and the Wisconsin Nurses Association wanted to provide feedback on the draft Joint Advisory Opinion on IV Hydration. We value the work of the Interdisciplinary Committee and offer the following recommendations for your consideration as you develop feedback to the committee.

We strongly believe that the goal of the Interdisciplinary Committee should be to collaboratively identify the best practices for emerging specialties, not to alter scope of practice or impose restrictive requirements based solely on care settings. IV hydration services, when performed under appropriate credentialing, oversight, and patient-centered protocols, should be regulated consistently, regardless of location or clinical specialty. This is an opportunity to affirm that aesthetic and hydration-based practices are part of legitimate, safe, and patient-focused care models.

The draft opinion's language regarding "appropriate assessments" prior to IV administration appears unnecessarily prescriptive. Requiring EKGs, intake/output monitoring, labs, or urine samples as a baseline for all patients does not reflect the standard of care in comparable clinical or home health settings. These types of assessments are used in high-acuity contexts—not with the overwhelmingly healthy, wellness-focused patient population seen in IV hydration clinics. A physical assessment conducted by a registered nurse (RN), combined with appropriate provider oversight, protocols and referrals, when necessary, is both safe and sufficient under Wisconsin law. These practices already occur effectively in home health and outpatient settings, and there is no valid rationale for imposing higher standards solely on IV hydration clinics.

We also encourage the Board to support the use of Good Faith Exams (GFEs) via telehealth. Under current Wisconsin law and professional practice standards, a GFE may be completed virtually by a licensed prescriber based on a review of the patient's health history and assessment data. This model mirrors accepted standards used across other outpatient and home health services. The RN, in turn, performs a hands-on physical assessment at the point of care and refers for further evaluation if indicated.

Singling out IV hydration clinics for different telehealth or in-person presence requirements sets a concerning precedent and lacks justification under current practice guidelines.

### **Standing Orders**

We also encourage clarification around standing orders. The draft language implies that standing orders are not appropriate in the IV hydration context unless there is an "individualized practitioner-patient relationship." If a provider has completed a GFE and documented the patient's care plan, then a valid practitioner-patient relationship exists. RNs are authorized, under current law and delegation rules, to implement standing orders in such cases. Creating a separate and more restrictive standard for IV hydration clinics is not only unnecessary, but it also undermines the professional authority of nurses and the autonomy of prescribing providers.



### **Final Considerations**

We urge the Board to focus on credentialing, clinical protocols, and safety standards, rather than setting specific rules or assumptions about care models. As the Interdisciplinary Committee continues its work, we respectfully request that the Board advocate for consistent application of professional scope and delegation standards, aligned with the current administrative code and Wisconsin's telehealth laws.

Thank you for your time and thoughtful consideration of these comments. We welcome continued collaboration as this process moves forward.

**From:** [Ryan, Tom - DSPS](#)  
**To:** [Parton, Renee M - DSPS](#); [Wojciechowski, Brad - DSPS](#); [DeVoe, Whitney - DSPS](#)  
**Cc:** [Cohen-Plata, Audra - DSPS](#)  
**Subject:** FW: Comments to the MEB  
**Date:** Tuesday, July 15, 2025 1:46:43 PM  
**Attachments:** [Outlook-Twitter ic.png](#)  
[Outlook-LinkedIn i.png](#)  
[WAPC - MEB IV Hydration Advisory Opinion Comments.pdf](#)  
[image002.png](#)

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Hello,

Forwarding the attachment and email below.

Renee, deferring this to you regarding communications with the Chair and the Board.

Thank you.



Tom Ryan | Executive Director | Policy Development  
Department of Safety and Professional Services  
4822 Madison Yards Way, Madison WI 53705  
[Tom.Ryan@wisconsin.gov](mailto:Tom.Ryan@wisconsin.gov) | 608.261.2378  
[www.dsps.wi.gov](http://www.dsps.wi.gov) | Follow us @WI\_DSPTS

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**From:** Caty McDermott <[REDACTED]>  
**Sent:** Tuesday, July 15, 2025 1:38 PM  
**To:** Ryan, Tom - DSPS <[tom.ryan@wisconsin.gov](mailto:tom.ryan@wisconsin.gov)>  
**Subject:** Comments to the MEB

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Hi Tom,

On behalf of the Wisconsin Aesthetic Provider Coalition, we respectfully request the attached be distributed to the MEB members regarding the draft IV Hydration Advisory Opinion. Thank you!

Caty

**Caty McDermott**

The Hamilton Consulting Group, LLC.

10 East Doty Street, Suite 500

Madison, WI 53703

Office (608) [REDACTED]

[REDACTED]

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To: Medical Examining Board  
From: Wisconsin Aesthetic Provider Coalition  
Date: July 15, 2025  
Re: Updated - Recommended Changes to the Draft Joint Advisory Opinion – IV Hydration

---

The Wisconsin Aesthetic Provider Coalition urges the Medical Examining Board to consider making recommended changes to the Advisory Opinion – IV Hydration. The Wisconsin Aesthetic Provider Coalition (WAPC) is the collaboration between aesthetic medicine practices in the state of Wisconsin. WAPC was established through a collaborative effort to protect the scope of practice rights for aesthetic medicine providers through educational and compliance standards supported by license designation. For more information visit: <https://wiscoapc.com/>.

We strongly believe that the goal of the Interdisciplinary Committee should be to collaboratively identify the best practices for emerging specialties, not to alter scope of practice or impose restrictive requirements based solely on care settings. IV hydration services, when performed under appropriate credentialing, oversight, and patient-centered protocols, should be regulated consistently, regardless of location or clinical specialty. This is an opportunity to affirm that aesthetic medicine and hydration-based practices are part of legitimate, safe, and patient-focused care models.

Below are the areas we respectfully request the MEB consider urging the Interdisciplinary Committee to revise before finalization.

### **1. Pharmacy Licensing Requirements – Lines 67–69**

*“Non-licensed individuals, including but not limited to, Registered Nurses, or LPNs, may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.”*

#### **Concern:**

This provision raises serious operational questions. Will every IV hydration or wellness clinic now be required to obtain a pharmacy or wholesale distributor license from the Pharmacy Examining Board? Will every private family medicine clinic now be required to obtain a pharmacy or wholesale distributor license from the Pharmacy Examining Board? If so, this marks a significant shift in policy beyond the current statute or administrative code and practice that could have broad implications for clinics providing wellness injections, IV therapy, weight-loss services, and aesthetic medicine treatments.

Licensure through the Pharmacy Examining Board requires application through the DSPS LicenseE system and compliance with technical and facility standards that may be unachievable or unnecessary for many IV hydration settings. Currently, the LicenseE system does not clearly provide a license path for clinics offering limited services that do dispense or distribute prescription drugs in the traditional sense.

#### **Recommendation:**

Clarify whether this requirement is intended to apply to only wellness/ aesthetic medicine clinics, and if so, specify what license type is required and under what circumstances.

### **2. Telehealth & Assessment Requirements – Lines 80–88**

*“Although telehealth may be utilized to perform the initial patient assessment, it is the recommendation of this Committee that patient assessment should be done in person, as a complete medical assessment is difficult to conduct via telehealth. Certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include at minimum a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.”*

**Concern:**

The language is vague and opens the door to retroactive enforcement. If telehealth is not expressly prohibited, providers may follow best practices in good faith and still be penalized later for using a widely accepted modality. The language undermines both provider clarity and patient access.

**Proposed Revision:**

*“Telehealth is a proven and effective modality for patient evaluation, offering safeguards including oversight, documentation, and direct provider interaction. Nurses may conduct assessments within their scope of practice and relay findings to supervising providers, who may then determine treatment via standing orders.”*

Registered Nurses in Wisconsin are legally authorized to collect health data, conduct physical exams, and communicate findings to prescribing providers. These functions are consistent with RN authority under Wis. Stat. § 441 and N6 administrative rules.

We’d recommend considering language similar to Ohio - which was included in the Interdisciplinary's committee June agenda packet.

*“Use of Telehealth. The relationship between health care professionals, such as physicians, PAs, and APRNs, and a patient may be established via telehealth in accordance with ORC 4743.09 and telehealth rules implementing this section.<sup>10</sup> The Medical Board’s telehealth rule in OAC 4731-37-01 is applicable to physicians as well as PAs and APRNs. Pursuant to these telehealth laws and rules, a physician, PA, or APRN who establishes a prescriber-patient relationship via telehealth shall adhere to the same standard of care for telehealth visits as the standard of care for an in-person visit. If a health care professional (physician, PA, or APRN) determines at any time during the provision of telehealth services that a telehealth visit will not meet the standard of care for the medical condition of the patient or if additional in-person care is necessary, the health care professional shall see the patient in a reasonable timeframe or make the appropriate referral to another health care professional to meet the standard of care.”*

**3. Use of Standing Orders – Lines 97–101**

*“The use of standing orders outside of an established practitioner-patient relationship... may be considered prescribing in a manner inconsistent with the standard of minimal competence...”*

**Concern:**

This statement implies that standing orders are not permissible without an in-person Good Faith Exam (GFE), which misrepresents the current standard of care. Many healthcare settings—such as home health, correctional institutions, and public health clinics—rely on standing orders without requiring an in-person physician assessment by a mid-level or higher.

Wisconsin law (Wis. Stat. § 441.001(4)(b)) and N6 rules support RN use of delegated medical acts under written protocols and supervision, so long as the nurse is competent and the provider is available for consultation. This model is both safe and efficient.

**Recommendation:**

Revise the language to reflect accepted standards of practice across multiple settings and clarify that standing orders remain valid when compliant with supervision and delegation rules.

**4. Restriction on Compounding - Lines 117-121**

*“Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound “means to mix, combine or put together various ingredients or drugs for the purpose of dispensing.” Federal law allows either a licensed pharmacist or a physician to perform compounding.”*

**Concern:**

The proposed language appears to restrict the type of provider who may compound an IV hydration bag. Under N 6.03, compounding is within the scope of practice for an RN, and RNs routinely perform this delegated act in many other practice settings. RNs are authorized to provide IV therapy and medication administration—including IV push routes—when acting under a valid order or written protocol from a legally authorized provider (such as a physician or APRN). The RN must be appropriately trained, demonstrate competence, conduct a nursing assessment, and provide ongoing clinical monitoring (including vitals and patient status). All IV-related activities—assessment, administration, and evaluation—must also be documented.

It is unclear where, if at all, federal law restricts RNs from compounding IV hydration bags. We request additional information to clarify this section to ensure that no new requirements are imposed that would limit the current standard of practice for RNs based solely on the setting.

**Recommendation:**

Remove restrictions for compounding to be limited to a licensed pharmacist or a physician and acknowledge the ability for RNs to compound under current statute and regulations.

**Final Considerations**

We urge the MEB to focus on credentialing, clinical protocols, and safety standards, rather than setting specific rules or assumptions about care models. Without clearer definitions and more flexible implementation pathways, the proposed guidance could inadvertently hinder access to safe, effective, and compliant care across Wisconsin.



3162 County Road B  
Stoughton, WI 53589  
Nurses: Visible, Valued, Vital

July 10, 2025

Robert Weinman, Chairperson  
State of Wisconsin Board of Nursing  
4822 Madison Yards Way  
Madison, WI 53705

RE: Wisconsin Nurses Association (WNA) comments on draft guidance for IV hydration therapy in retail clinics

Dear Chairperson Weinman and members of the State of Wisconsin Board of Nursing,

On behalf of the Wisconsin Nurses Association (WNA), I thank you for providing me with the opportunity to provide our comments related to Agenda Item K.1. of July 10, 2025 board meeting materials entitled "Draft IV Hydration Guidance Document."

WNA appreciates DSPS establishing the Interdisciplinary Advisory Committee comprised of the Boards of Cosmetology, Medicine, Nursing, Physician Assistants and Controlled Substances to explore the emergence and rapid growth of med spas as it pertains to the need for application of existing laws and regulations. The focus for the Advisory Committee addressed IV hydration services.

The emergence can be attributed to a combination of cultural, economic, technological, and healthcare trends. The customers of med spas view the services as safe, and supportive of their own personal wellness goals. Providers of these services need to demonstrate the application of best practices. The services provided must include the appropriate utilization of nursing personnel that are competent, educated, and trained in this specific area of practice. WNA has met with and appreciates the Wisconsin Aesthetic Provider Coalition to assist us in understanding the policies, procedures and practices used for IV Hydration Therapy and the role of the nurse.

Our comments focus on the scope of practice for registered nurses, licensed practical nurses and advanced practice nurse prescribers.

Nursing assessment – Maintain option for synchronous assessment (Lines 80-82)

WNA does support in-person physical assessments of the patient. If this is not available, WNA would like to see the option for telehealth assessment remain in place as it does in other areas of health care delivery. WNA believes that it is within the scope of practice for registered nurses to perform a comprehensive physical assessment. The RN assessment findings from the RN along with the patients' health history can be shared with the prescribing provider through synchronous telehealth. The sources of information should be viewed as a "good faith comprehensive assessment" as it is derived from the patient, the RN findings, and the overall



assessment of the out-of-clinic licensed provider. This approach supports an accurate diagnosis and prescription order for the patient. The information can be updated when the patient returns for additional IV hydration treatments. Nursing assessment is not part of the scope of practice of LPNs. They can report on data that they have been assigned to collect such as vital signs. The RN is responsible for verification of the reported data.

#### Compounding – Storage requirements (Lines 67 -69)

The individual APNP or RN employee should not be held responsible for lack of a license and subsequent clinic violation related to storage of products issued by the Pharmacy Examining Board. The responsibility belongs to the business owner.

WNA supports immediate use compounding performed by APNPs. The APNP is responsible for adhering to evidence-based principles of compounding safety

#### Administration of an IV Hydration Order

WNA supports the use of evidence-based nursing standards of care principles for IV administration and on-going monitoring that is performed by the RN.

In summary, WNA requests that the standards and scope of practice for APNPs and RNs remain consistent regardless of practice setting and that the Board of Nursing spend additional time in reviewing the role of nurses in IV Hydration Therapy settings.

Thank you for allowing WNA to submit our comments.

Sincerely,

A handwritten signature in black ink that reads "Gina Dennik-Champion". The signature is written in a cursive, flowing style.

Gina Dennik-Champion, MSN, RN, MSHA  
WNA Executive Director



**To:** Secretary Kirsten Johnson, Department of Health Services  
Secretary Amy Pechacek, Department of Workforce Development  
Secretary Dan Hereth, Department of Safety and Professional Services  
Lieutenant Governor Sara Rodriguez

**From:** Administrators of Nursing Education of Wisconsin (ANEW)

**Date:** August 21, 2025

**Re:** **Implications of Draft IV Hydration Guidance on Wisconsin's Nursing Workforce**

Dear Secretaries Johnson, Pechacek, Hereth, and Lieutenant Governor Rodriguez:

On behalf of the Administrators of Nursing Education of Wisconsin (ANEW), we are writing to highlight the implications of the draft Advisory Opinion on IV Hydration, currently under review by the Wisconsin Board of Nursing and DSPS, for the State's nursing workforce and healthcare innovation goals.

As nurse educators preparing thousands of students across Wisconsin's public and private colleges and universities, we are deeply invested in ensuring our graduates are equipped and empowered to practice at the top of their license. **However, we are increasingly concerned that the current trajectory of regulatory guidance could inadvertently constrain nurses' ability to safely and confidently deliver care in evolving community-based and outpatient settings.** Variation in scope of practice based on setting will greatly complicate the education and preparation of nurses.

Wisconsin's healthcare system urgently needs more nurses, not just in hospitals, but in rural clinics, mobile care units, school health programs, and wellness services. Our programs reflect current law and best practices in delegation, telehealth, and use of standing orders, **regardless of the care delivery setting**. Yet the draft guidance risks creating artificial barriers in these very areas:

- **Telehealth:** Language implying in-person assessments are always preferable diminishes trust in widely accepted, evidence-based telehealth practices. This disproportionately impacts rural and underserved populations, exactly where nursing-led

access points are most needed.

- **Standing Orders:** Suggesting that standing orders may fall outside the standard of care overlooks how essential they are in many settings including to preventive services, vaccination clinics, and nurse-led wellness care. Calling into question this foundational piece of health care delivery risks disrupting care in many settings, including correctional facilities and in long term care.
- **Ambiguous Licensing Requirements:** Requiring pharmacy licensure for IV hydration services, without statutory clarity, may limit nurse-led entrepreneurship and deter innovation in nontraditional care models.

The workforce challenges we face require coordination, not silos. As DSPS oversees regulatory clarity, DHS drives public health access, DWD supports workforce pipeline development, and the Lieutenant Governor champions healthcare workforce priorities, we urge this group to collaborate to ensure that emerging guidance balances safety with common sense, established best practices.

We believe strongly that nursing-led care models, when practiced within established scope and under proper protocols, represent not a risk but a powerful solution to many of our state's healthcare access and workforce challenges.

Thank you for your continued leadership. We welcome the opportunity to be part of a collaborative approach to policy that supports safety, innovation, and a strong nursing workforce for Wisconsin's future.

Sincerely,

*Colleen Nuckolls*

Colleen Nuckolls MSN, RN  
President of ANEW

**From:** [Jen Yeager](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Letter for DSPS IAC on IV Hydration guidance  
**Date:** Wednesday, August 13, 2025 11:44:00 AM  
**Attachments:** [WAPC letter final.docx](#)


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**CAUTION: This email originated from outside the organization.  
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Dear Mr. Wojciechowski,  
I have attached a letter for the upcoming DSPS IAC meeting regarding IV Hydration. I request that you share it with the IAC and feel free to share with any of the boards of the involved parties, also.  
With appreciation,

--



Dr. Jen Yeager, DNP, APNP, AGACNP-BC, CCRN  
Medical Grade Aesthetics  
136 W. Grand Avenue, Suite 101  
Beloit, WI 53511  
  
[www.medicalgradeaesthetics.com](http://www.medicalgradeaesthetics.com)

August 13, 2025

Dear DSPS IAC members:

My name is Jen Yeager and I want to thank you for taking the time to consider my comments. I am a Doctor of Nursing Practice and board-certified nurse practitioner specializing in aesthetic medicine for six years in the state of Wisconsin. I am writing in support of the Wisconsin Aesthetic Provider Coalition's (WAPC) proposed revisions to the DSPS IV Hydration guidance. I have great concerns that some of the guidance in relation to IV hydration as currently written would harm the practice of aesthetic professionals in Wisconsin. I feel that it would unnecessarily and unfairly restrict scope of practice based solely on setting, and would decrease access for our patients to safe and responsible care - ultimately setting dangerous precedents. Not to mention the negative impact that this guidance would have on so many businesses and valued jobs in the state of Wisconsin.

The guidance document proposes to restrict scope of practice based solely on practice setting. Telehealth is a widely accepted and utilized resource for assessing patients in more acute settings throughout the country and the world. My previous professional setting was an academic medical center that had a program to remotely monitor ICU and CCU patients at critical access and rural hospitals. Registered Nurses (RN) monitor these acutely ill patients every day to perform assessments and, not only notify providers of changes, but operate from standing orders when there are any changes in patient condition. In this model, orders are placed remotely by providers. These standard practices are well within the scope of RNs and I would argue that if standing orders and telehealth are appropriate for these critically ill patients, then these standards are without question safe within our practice environment.

Furthermore, we provide responsible and safe access to patients in our community with acute and chronic conditions that may not be able to get into their provider in a timely manner. Through treating patients with conditions like gastric bypass, ostomies, and even cancer, in our practice, we are able to assess patients and avoid costly visits to urgent cares and emergency rooms. Of note, my background is in Trauma and Critical Care and we have RNs that have specialized in emergency room care, also. We safely and responsibly know when to refer someone to a higher level of care. The simple fact that they can get into our practice to see a qualified professional, be assessed, and either treated or referred as appropriate, is a value to our community that should not be overlooked.

Most aesthetic practices would not be able to afford to pay for a physician on site, particularly when they already provide valuable employment to other healthcare professionals who are licensed and trained to complete work like adding vitamins and minerals to intravenous (IV) bags for administration and assessing patient responses to treatments. I am proud to say that as a very small business, we have prioritized providing meaningful jobs with a living wage, healthcare, retirement, paid time off, and other benefits to our team members. The proposed changes would require shifting these resources and negatively impact the financial futures of our entire team.

I urge the DSPS IAC to reconsider their guidance to take into account that the specialty field of aesthetic medicine is largely operated by highly trained, responsible healthcare professionals. Let's not tie the hands of the majority for the blatant disregard of the few.

Finally, with the spirit of collaboration in mind, the WAPC is always available for insight into our specialty field in the state of Wisconsin as your important work continues forward. Your time and thoughtful consideration is greatly appreciated.

Kindest regards,  
Jen Yeager, DNP, AGACNP-BC, APNP  
Owner/Clinical Director  
Medical Grade Aesthetics  
136 W. Grand Avenue, Beloit, WI 53511  
[REDACTED]  
[www.medicalgradeaesthetics.com](http://www.medicalgradeaesthetics.com)

**From:** [Nicole S](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Support for IV Hydration legislation  
**Date:** Monday, July 14, 2025 6:37:26 AM

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Good morning,

My name is Nicole Spaeth, I am a Nurse Practitioner. I have been practicing in the state of Wisconsin for twenty years. I have worked in emergency, cardiology, heme/oncology, and hospice. I am still working for a hospice agency and I currently own a small medical spa on the side.

I am the ONLY employee and have chosen NOT to hire anyone until there are clear regulatory guidelines. I do NOT offer IV hydration in my spa. I provide aesthetic and wellness services. I do feel the IV hydration is only a start as to what needs to be updated and reviewed in the growing aesthetic field.

I am writing to formally express my concerns regarding IV Hydration Update. I do support the need for clearer regulatory guidance. The majority of the updates I am in FULL support.

Adherence to established professional standards and regulatory guidelines is essential to ensure patient safety, maintain legal compliance, and uphold the integrity of our profession. In my opinion this has been extremely UNCLEAR.

## Key Concerns

Patient Safety Risks: Engaging in activities beyond the scope of nursing practice can compromise patient safety and lead to adverse outcomes.

Legal and Regulatory Implications: Practicing outside the defined scope may violate state nursing regulations and institutional policies, exposing both individual practitioners and the organization to potential legal consequences. I feel this is the biggest area in our field that MUST be outlined

I respectfully request that the following steps be considered:

Review section on Compounding, I do not think an MD or Pharmacist for mixing is necessary.

Allow telehealth and good faith exams

RNS can assess, but they CANNOT diagnose and independently provide treatment plans.

I do not believe the verbiage impacts clinic/hospital/acute care settings. The language would be for "optional" IV hydration and treatment.



## Future topics

1. RN owned and independently run clinics. RNs are diagnosing, treating, and making the plan of care without supervision. What is the difference between the APNP, RN, LPN-procedures Neurotoxins, dermal fillers, skin/laser treatments? Who can do what? Who needs to be present? Who practices independently? collaboratively? Who is supervised??
2. RN owned clinics managing **Medical** Weight loss WITHOUT NP/MD guidance.
3. RN owned clinics who have a "medical director" who has never even seen or stepped foot into their clinic. Is this true supervision? APNP have gone to school and earned the degree to practice collaboratively. My concern is with RN Practices truly practicing outside the scope and acting more as a collaborative provider (outside the scope).

I was a little apprehensive about voicing some of my concerns on the ZOOM call, I felt that would not have been taken well by some of the members in attendance. I am mostly in support of the proposal. I am committed to supporting a culture of safety and professionalism and am available to discuss these concerns further or assist in developing educational initiatives.

Thank you for your attention to this important matter. Please confirm that my letter has been received and forwarded to the Board of Nursing for inclusion in the review process. I would also ask for acknowledgement that it was sent and received by Brad Wojciechochowski.

Nicole L. Spaeth MSN, FNP-C

**From:** [Casey Klauck](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** IV hydration guidance - WAPC  
**Date:** Tuesday, July 15, 2025 8:19:38 AM

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Dear Mr. Wojciechowski,

I am writing to express my strong opposition to the IV hydration guidance created by the DSPS Interdisciplinary Council. I urge the Board of Nursing to instead adopt the IV hydration guidance previously provided by WAPC.

As a licensed provider and industry professional, I am deeply concerned about how the proposed DSPS guidance would impact patient care, provider autonomy, and small business operations across our state. The DSPS version lacks the clinical nuance, collaborative insight, and patient-centered perspective that the WAPC guidance reflects.

Please confirm that my letter has been received and forwarded to the Board of Nursing for inclusion in the review process, also asking for acknowledgment that it was sent and received by [Brad.wojciechowski@wisconsin.gov](mailto:Brad.wojciechowski@wisconsin.gov).

Thank you for your time and attention to this critical matter. I hope to see the WAPC guidance adopted in the best interest of patients, providers, and public health in Wisconsin.

Thank you,  
Casey Kramer

Sent from my iPhone

**From:** [Kim Gonza](#)  
**To:** [Wojciechowski, Brad - DSPS](#) DSPS  
**Subject:** IAC proposal- say NO Monday,  
**Date:** July 21, 2025 4:32:11 PM

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Hi Brad,

I would like to share my support for the WAPC'S proposed revision of the DSPS IV Hydration guidance.

I am a business owner with many providers and the current DSPS IAC proposal could harm my professional career, my employees careers and my patients who receive care from us.

We are located in a small community and service many patients in the area and surrounding area, no other practices exist in this area that is similar to ours, we see many patients and see that this proposal can potentially impact how our patients receive care, their access to care and frankly we do not have enough physicians that can provide the type of care that medical aesthetics health and wellness offers.

This type of proposal that the DSPS IAC's current guidance suggests will negatively impact Wisconsin's ability to provide care to many people, it will largely impact rural areas of Wisconsin such as our area.

I support the WAPCS revision of this proposal and hope that you do also.

Please share my email with DSPS, the medical examine board, board of nursing, Physician assistant affiliated credentialing board and the pharmacy examine board.

Limiting the ability of providers to provide care to our residents and communities is a huge disservice to our great state of Wisconsin.

We hope you take this email well and say NO to the DSPS proposal.

-Kim

**From:** [TLC Laser & Skincare](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Support for WAPC's Proposed Revision to DSPS IV Hydration Guidance  
**Date:** Monday, July 21, 2025 1:38:42 PM

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Dear Mr. Wojciechowski,

As the owner of **TLC Laser & Skincare**, a Wisconsin-based medical spa dedicated to providing safe, patient-focused care, I am writing to express my strong support for the **Wisconsin Aesthetic Provider Coalition's (WAPC)** proposed revisions to the DSPS Interdisciplinary Advisory Council (IAC) draft guidance on IV Hydration services.

If adopted in its current form, the DSPS IAC proposal would have a devastating impact on my business, my professional career, and the clients we serve. Specifically:

- **Impact on Business:** The proposed pharmacy licensing requirements and restrictions on standing orders would impose operational and financial burdens that are unrealistic for a small, patient-centered medical spa like ours. These changes could force us to discontinue IV hydration and wellness treatments, services that many of our patients rely on to support their health and well-being.
- **Impact on Patients and Community:** Our patients seek care in a professional, controlled setting under licensed medical oversight. Limiting access to IV hydration and wellness therapies would push patients toward less regulated or out-of-state providers, undermining patient safety and continuity of care in our own community.
- **Impact on the Industry:** The proposed guidance threatens to restrict access to safe, evidence-based treatments within the growing medical aesthetics field. It also risks setting a precedent that could further erode the ability of qualified providers, including RNs working under delegation and supervision, to practice within their scope.

I respectfully request that my comments be shared with the:

- DSPS Interdisciplinary Advisory Council (IAC)
- Medical Examining Board
- Board of Nursing
- Physician Assistant Affiliated Credentialing Board
- Pharmacy Examining Board

I urge the Boards to:

Support WAPC's recommended revisions to ensure clarity around pharmacy licensing, telehealth assessments, standing orders, and RN scope of practice.

Focus on credentialing, clinical protocols, and safety standards rather than imposing blanket restrictions that could jeopardize patient access and care innovation.

Acknowledge that medical aesthetics and IV hydration services, when delivered under proper oversight, are part of a safe and legitimate continuum of care.

The aesthetic medicine industry in Wisconsin is built on collaboration, compliance, and patient safety. I strongly believe these revisions are necessary to protect patient choice, support small businesses like mine, and maintain the integrity of our profession.

Please give confirmation that this email was received. Thank you for your time and consideration.

Warm Regards,  
Amy Fox  
Owner | TLC Laser & Skincare

**TLC Laser & Skincare**  
1288 Summit Ave, Suite 110  
Oconomowoc, WI 53066

  
[tlclaserandskincare.com](http://tlclaserandskincare.com)

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**From:** [Weinman, Robert W - DOC](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** FW: Information from the Wisconsin Aesthetic Provider Coalition - Proposed revision to IV Hydration Guidance  
**Date:** Wednesday, July 30, 2025 4:08:44 PM

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Not all sure what you can share with the Board members.

**From:** Amie Neumaier [REDACTED]  
**Sent:** Monday, July 21, 2025 5:50 PM  
**To:** Weinman, Robert W - DOC [REDACTED]  
**Subject:** Re: Information from the Wisconsin Aesthetic Provider Coalition - Proposed revision to IV Hydration Guidance

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Hi Robert,  
Thank you so much! This is greatly appreciated!  
Sincerely,  
Amie

---

Amie Neumaier | MSN, AGPCNP-BC, APNP, CANS | Clinic Director

ANEU Med Spa- **McFarland**  
4717 Dale Curtin Drive  
McFarland, WI 53558

ANEU Med Spa - **Madison**  
5231 University Avenue  
Madison, WI 53705

[REDACTED]  
[www.aneumedspa.com](http://www.aneumedspa.com)

[REDACTED]

On Mon, Jul 21, 2025 at 4:24 PM Weinman, Robert W - DOC <[REDACTED]> wrote:

Hi Amie,

Thank you for the information. I will ask that this be shared.

Professionally,  
Rob Weinman

**From:** Amie Neumaier [REDACTED]  
**Sent:** Wednesday, July 16, 2025 4:39 PM  
**To:** Weinman, Robert W - DOC [REDACTED]  
**Subject:** Information from the Wisconsin Aesthetic Provider Coalition - Proposed revision to IV Hydration Guidance

**CAUTION: This email originated from outside the organization.  
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Hi Robert,  
My name is Amie Neumaier and I am one of the co-founders of the Wisconsin Aesthetic Provider Coalition.

[www.wiscoapc.com](http://www.wiscoapc.com)

I received your direct contact information from a colleague

Our organization does support regulation and guidance created for clarity in the wellness and medical aesthetic specialties. However, we had hoped our organization would be able to have more of a direct voice in this guidance, so that it was led by experts in our field that understand this specialty best while having the core knowledge of how nurses practice as well in standard medicine. This has sadly not been the case. On behalf of the WAPC and all of its members, we greatly appreciate your voice at last week's BON meeting, by requesting further review of the IV Hydration guidance published by the DSPS IAC.

Please see the attached revision to the proposed IV Hydration guidance that we had requested be provided to the BO; and the MEB meeting that occurred today. However, again, this letter was not provided to the board members in advance of the meeting. The MEB did unfortunately motion to approve the DSPS IAC IV Hydration guidance as it was originally published.

We wanted to share our proposed revisions to the IV Hydration guidance (attached below) with you directly and we welcome any discussion you wish to have regarding this matter.

Many thanks for your time and consideration in this matter,  
Sincerely,  
Amie Neumaier

---

Amie Neumaier | MSN, AGPCNP-BC, APNP, CANS | Clinic  
Director

ANEU Med Spa- **McFarland**  
4717 Dale Curtin Drive  
McFarland, WI 53558

ANEU Med Spa - **Madison**  
5231 University Avenue  
Madison, WI 53705

  
[www.aneumedspa.com](http://www.aneumedspa.com)

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**From:** [Mattie Dickerson](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Re: IV Hydration as an RN  
**Date:** Thursday, July 31, 2025 8:39:38 AM

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I request that this email be shared with the following:

- DSPS Interdisciplinary Advisory Council (IAC)
- Medical Examining Board
- Board of Nursing
- Physician Assistant Affiliated Credentialing Board
- Pharmacy Examining Board

Mattie Dickerson

On Jul 31, 2025, at 08:38, Mattie Dickerson [REDACTED] wrote:

IV hydration is impactful to say the least. It seems small to some but it is big for patients going through cancer treatment, auto immune diseases, pregnancy, and even a patient who just wants to start taking better care of themselves. Vitamins and electrolytes help keep our patients well and help keep them out of the capacity reached hospitals. (Especially in the Eau Claire area where we had a very large sister hospital close down). In order to do IV hydration as a provider you have to use skill and smarts which is in a registered nurses scope of practice. If protocol is followed there is little to no risk for the patient, making it absolutely absurd for the need of a physician to assess a patient before hand. The physician and nurse have clear cut protocol and boundaries while being over-seen which is why this is such a safe practice for the registered nurse to do. If this act is passed, thousands of jobs will be taken away from NURSES, the most healing, hard working people who unlike most in the world currently, genuinely care about people.

Mattie Dickerson

**From:** [Kami Gunderson](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** IV Hydration in Med Spas  
**Date:** Friday, August 8, 2025 1:22:53 PM

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Hi Brad,

I am writing to express my strong support for the WAPC's proposal revision to the DSPS regarding IV hydration.

As a registered nurse with over 20 years of experience, I have practiced under the close direction of my medical director, a board-certified plastic surgeon, and have always followed standing orders. In my years as a hospital nurse, I treated critically ill patients and administered medications safely under physicians' standing orders.

At my medical spa, the IV hydration services we provide are performed with the same dedication to safety and patient well-being. If the proposed changes are enacted, they could negatively impact not only my business but also the livelihoods of my staff and the operations of other medical spas across Wisconsin.

I am confident in the safety and efficacy of the care we deliver and would be happy to discuss this further if you have any questions. Please let me know you have received this email. Thank you for your time and consideration.

Warm regards,  
Kami Gunderson, RN  
Kam Med Spa  
275 Regency Court, Suite 200  
Brookfield, WI 53045  


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**From:** [Leah S.](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** HIGH PRIORITY: Support for WAPC's Proposed Revision to DSPS IV Hydration Guidance  
**Date:** Tuesday, August 12, 2025 9:49:50 AM

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Dear Mr. Wojciechowski,

I am writing to express my **strong support for the Wisconsin Association of Professional Counselors' (WAPC) proposed revision** to the DSPS IV Hydration Guidance and to **oppose the DSPS IAC's current draft guidance**.

I live near Eau Claire, Wisconsin, and work as an ER nurse. Since the closure of Sacred Heart Hospital, our emergency department has been overwhelmed—now reliant on hallway beds and even converting the ambulance garage into patient space. The situation is critical, and patients increasingly seek safe, accessible alternatives to the ER.

**IV hydration is one such vital option.** It helps relieve dehydration, illness, and overindulgence (especially relevant in Wisconsin's drinking culture) and keeps non-emergent cases out of the ER. Access to primary care is painfully limited; in Eau Claire, it can take **6+ months** to secure an annual visit. As healthcare shifts toward preventative and wellness-based care, IV hydration is an important part of this evolution.

---

## Evidence of Outpatient IV Hydration Benefits

- **Rapid and effective rehydration:** IV fluids restore intravascular volume and correct fluid deficits more quickly than oral intake—critical for patients with dehydration or acute illness (Perel & Roberts, *Cochrane Database of Systematic Reviews*, 2011; Harvard Health Publishing, 2023).
- **Proven in patients unable to take oral fluids/nutrients:** IV supplementation is well-established for those with malabsorption, vomiting, intoxication, or inability to tolerate oral intake (National Center for Biotechnology Information, 2022).
- **ER diversion:** National coverage has noted IV clinics' role in helping patients with migraines, dehydration, and minor ailments—providing an alternative to already overburdened ERs (Associated Press, 2023).
- **Shifting care to outpatient settings:** The U.S. infusion therapy industry is moving from hospitals toward ambulatory centers and home care—reducing costs, lowering rehospitalization rates, and expanding access for chronic and acute care needs (National Infusion Center Association, 2024; Dove Medical Press, 2022).
- **Growing demand:** The U.S. IV solutions market is projected to grow from **\$2.1 billion in 2024 to \$2.8 billion by 2029**, reflecting increasing adoption of non-hospital IV

services (Morningstar, 2025).

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## Why This Matters in Wisconsin

- **Eau Claire’s ER is bursting at the seams**, and IV hydration offered outside hospitals presents a critical alternative to reduce low-acuity volume.
- **Primary care delays** are extensive—many patients face **6+ month waits** for routine visits.
- A shift toward **preventative, wellness-oriented medicine** underscores the relevance of outpatient IV hydration.
- **Impact of restrictive guidance:** Limiting access to IV hydration will force more low-acuity patients into overcrowded ERs, increase delays in care, and reduce vital patient options.

## Comparative Practice Authority in Neighboring States

- **Minnesota:** Grants **full practice authority** to Advanced Practice Registered Nurses (APRNs). Since 2015, after **2,080 hours** of supervised practice, APRNs can evaluate, diagnose, treat, and prescribe completely independently—improving access to care in rural and underserved areas (Minnesota Board of Nursing, 2024).
  - **Illinois:** Operates under a **reduced practice model**, but NPs can achieve full practice authority after **4,000 hours** of clinical experience and additional education—still offering greater independence than Wisconsin (Illinois Department of Financial & Professional Regulation, 2024).
  - **Wisconsin:** Maintains a **reduced practice framework**, requiring a collaborative physician agreement and not recognizing NPs as primary care providers under state law—placing the state behind its neighbors in modernizing scope-of-practice laws (Wisconsin Department of Safety and Professional Services, 2024).
- 

I respectfully request that this email be shared with:

- DSPS Interdisciplinary Advisory Council (IAC)
- Medical Examining Board
- Board of Nursing
- Physician Assistant Affiliated Credentialing Board
- Pharmacy Examining Board

**In closing**, IV hydration has clear clinical utility and efficiency—supported by peer-reviewed research and national market trends. WAPC’s proposed revision balances patient safety with continued access to outpatient IV care, helping providers meet patient needs and relieve

systemic strain.

Thank you for your time and thoughtful consideration.

Sincerely,

**Leah Salwey, RN**

**From:** [Kathleen Cable](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** IV HYDRATION SERVICES  
**Date:** Tuesday, August 12, 2025 10:04:45 AM

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**CAUTION: This email originated from outside the organization.  
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As a retired nurse and supporter of The Wisconsin Aesthetic Provider Coalition I urge the DSPS IAC and following Boards to consider making recommended changes to the Advisory Opinion – IV Hydration.

I strongly believe that the goal of the Interdisciplinary Committee should collaboratively identify the best practices for emerging specialties, not to alter scope of practice or impose restrictive requirements based solely on care settings. IV hydration services, when performed under appropriate credentialing, oversight, and patient-centered protocols, should be regulated consistently, regardless of location or clinical specialty. This is an opportunity to affirm that aesthetic medicine and hydration based practices are part of legitimate, safe, and patient-focused care models collaboratively.

Below are the areas I would respectfully request the Boards to consider urging the Interdisciplinary committee to revise before finalization.

1. Pharmacy Licensing Requirements – Lines 67–69

“Non-licensed individuals, including but not limited to, Registered Nurses, or LPNs, may not

possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.”

Concern:

This provision raises serious operational questions. Will every IV hydration or wellness clinic now be required to obtain a pharmacy or wholesale distributor license from the Pharmacy Examining Board?

Will every private family medicine clinic now be required to obtain a pharmacy or wholesale distributor license from the Pharmacy Examining Board? If so, this marks a significant shift in policy beyond the current statute or administrative code and practice that could have broad implications for clinics providing wellness injections, IV therapy, weight-loss services, and aesthetic medicine treatments.

Licensure through the Pharmacy Examining Board requires application through the DSPS License system and compliance with technical and facility standards that may

be unachievable or unnecessary for many IV hydration settings. Currently, the LicenseE system does not clearly provide a license path for clinics offering limited services that do dispense or distribute prescription drugs in the traditional manner.

I am a retired, registered nurse and know several cancer patients and other patients that receive high dose IV vitamin C at a reputable business in Eau Claire, Wisconsin. This is a high priority for them as there are proven studies that it kills cancer cells. It also benefits everyone by boosting their immune system and helping them stay healthy.

Here is an excerpt from a National Institute of Health article regarding use of high-dose IV vitamin C in cancer therapy:

## **Intravenous High-Dose Vitamin C in Cancer Therapy**

This work was supported by the National Institute of Health:

January 24, 2020

By Lewis Cantley and Jihye Yun

“... a growing number of preclinical studies are showing how high-dose vitamin C might benefit cancer patients. Importantly, these preclinical studies provide a clear rationale and potential biomarkers that may help personalize the therapeutic approach and identify patient populations that are likely to respond to high-dose vitamin C therapy. Since the mechanisms of action of vitamin C are becoming better defined, we can propose vitamin C combinations in a more rational, hypothesis-driven manner. In addition, given the current high financial cost of new cancer drugs, it seems rational to improve the effectiveness of current therapies by studying their clinical interactions with vitamin C. In our view, the implementation of this treatment paradigm could provide benefit to many cancer patients.”

Please let these facilities continue to support cancer and other patients by giving high dose IV vitamin C. It has given many patients a higher quality of life.

- These IV hydration places are not looking to take the place of

traditional mainstream medicine, but rather be a complimentary therapy.

- I request that this email be shared with:
  - • DSPS Interdisciplinary Advisory Council (IAC)
  - • Medical Examining Board
  - • Board of Nursing
  - • Physician Assistant Affiliated Credentialing Board
  - • Pharmacy Examining Board

Thank you for your consideration,

Kathleen Cable, RN, BSN, IBCLC, Retired

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**From:** [Kimberly](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** I support for the WAPC's proposed revision to the DSPS IV Hydration guidance.  
**Date:** Wednesday, August 13, 2025 2:11:52 PM

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Dear Brad Wojciechowski,

My name is Kimberly Monroe, and I am the proud owner and operator of Allure Skin Health, a full-service medical spa in Sun Prairie, Wisconsin, which I have owned and operated since 2012. I am writing to express my concern about the proposed revision to the DSPS IV Hydration guidance and how broad, sweeping regulatory language may unintentionally impact compliant and reputable practices like mine, even though we do **not** and will **never** offer IV hydration services.

I have worked in the medical and aesthetics industry for over 30 years. Before opening my medical spa, I was a dedicated oncology nurse, caring for cancer patients and supporting patients with AIDS in Chicago during a critical time. I later moved to Phoenix, Arizona, where I collaborated closely with a plastic surgeon. I was honored to be recruited as a national educator for medical skincare and injectables and have received advanced training from various industry-leading companies. I am also an active member of professional organizations, including Aesthetic Immersion, Aesthetic Masterminds, and the Wisconsin Aesthetic Provider Coalition.

Allure Skin Health is a certified women-owned and certified small business through the [City of Madison's Targeted Business Enterprise Programs](#). We operate with the highest commitment to safety and compliance, always staying ahead of evolving laws and best practices in the medical aesthetics industry. For example, we have proactively implemented annual good faith exams with our patients through Spa Kinect before this became a requirement.

We work with multiple legal professionals to ensure our policies align with Wisconsin state regulations and Board standards. We maintain comprehensive protocol books and standing orders and have strong collaborative relationships with respected medical directors, plastic surgeons, and physicians. Our team routinely consults with these experts to ensure patient safety and maintain strict adherence to our scope of practice.

In addition to running a safe and compliant practice, I personally attend and host training sessions and seminars on the latest treatment techniques, product safety methods, and industry regulations to ensure that our patients receive the highest standard of care.

I fully support regulations that protect patient safety and uphold the integrity of medical practice. However, I urge the DSPS and the relevant Boards to consider the real-world impacts of broad, one-size-fits-all guidance. Every medical spa and clinic should be evaluated case by case, recognizing those that uphold the highest standards versus those that operate outside safe and ethical practices.

While the proposed IV Hydration regulation directly targets a service we do not and will not offer, it sets a precedent for how similar guidance could affect other areas of medical aesthetics in the future. Practices like mine—longstanding, safe, and compliant—should not be penalized alongside non-compliant businesses.

Thank you for your time and consideration of my perspective. I welcome the opportunity to engage further in this discussion to ensure that patient safety remains at the forefront while allowing responsible, qualified providers to continue serving their communities.

Sincerely,  
Kimberly Monroe  
Owner | Nurse Injector

Allure Skin Health

--



[Book Free Consultation](#)



[allureskinhealth.com](http://allureskinhealth.com)

Instagram: [@allureskinhealth](#)

Facebook: [Allure Skin Health LLC](#)

804 Liberty Blvd, Suite #206 Sun Prairie, WI 53590

107 West Milwaukee St. Janesville, WI 53548

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If you have an urgent need, please call us at +1(608) 772-0069

**From:** [Lacey Meinholz](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** IV Hydration Guidance Follow-up Letter  
**Date:** Wednesday, August 13, 2025 2:58:14 PM

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Dear Brad Wojciechowski,

My name is Lacey Meinholz, and I'm a nurse injector at Allure Skin Health, a full-service medical spa located in Sun Prairie, Wisconsin. I've proudly been with this practice for six years, and my career in direct patient care spans well beyond that. Prior to entering the field of nursing, I spent a decade working in dentistry where I was a dental assistant/coordinator. This foundation gave me a deep appreciation for safety, precision, and patient comfort, all of which have carried through into my work as an injector.

My background in both dental has shaped me into a detail-oriented, safety-focused provider. I've undergone extensive training throughout my career and remain fully compliant with all OSHA and HIPAA standards. My dedication to safe, ethical practice is mirrored by Allure Skin Health's broader commitment to regulatory excellence and patient-centered care.

Allure is a certified women-owned and certified small business through the City of Madison's [Targeted Business Enterprise Programs](#). We operate with rigorous protocols, proactive legal oversight, and a clear focus on safety and compliance. For example, before it became required, we implemented annual good faith exams through Spa Kinect for all of our patients. We also work closely with experienced legal professionals, maintain detailed protocol books and standing orders, and collaborate with respected medical directors and plastic surgeons to ensure our practices align with both state laws and the highest clinical standards.

I personally stay active in ongoing education in the aesthetics industry by regularly attending training sessions on emerging treatment methods, product safety, and regulatory updates. Our team is proactive, not reactive, and we hold ourselves to the highest expectations.

I'm writing today to express concern about the proposed revisions to the DSPS IV

Hydration guidance. While our practice does not, and will not, offer IV hydration services, the overly broad language of the proposed regulation could unintentionally impact compliant, reputable medical spas like ours. One-size-fits-all language risks lumping ethical, well-regulated providers into the same category as those who operate without proper oversight or safety measures.

I strongly support patient safety and appropriate regulation, but I respectfully urge the DSPS and relevant Boards to approach this issue with nuance. Evaluating practices on a case-by-case basis is critical to ensuring that regulations are both effective and fair.

Thank you for your time and attention. I would welcome the opportunity to engage further in this discussion and contribute to shaping a regulatory framework that prioritizes patient safety without hindering the work of responsible, qualified professionals serving our communities.

Sincerely,  
Lacey Meinholz  
Nurse Injector, Allure Skin Health

--



**Allure Skin Health**

804 Liberty Blvd Suite 206

Sun Prairie, WI 53590



Please keep in mind that our business emails are only used during business hours. If you have an urgent need, please call us at (608) 772-0069.

**From:** [Josie Vehrenkamp](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Support for WAPC's Proposed Revision to DSPS IV Hydration Guidance  
**Date:** Thursday, August 14, 2025 4:14:38 PM  
**Attachments:** [smime.p7s](#)  
[ATT00001.txt](#)  
[ATT00002.htm](#)

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To whom it may concern,

I'm writing to share my support for the Wisconsin Aesthetic Provider Coalition's proposed revision to the DSPS IV Hydration Guidance. As a registered nurse currently in my graduate program pursuing my FNP degree, I see many issues with the current guidance. I work for a clinic that provides IV therapy as one of the ways we help people feel better, recover from illness, and maintain their overall health. Our patients trust us with their care because we take safety seriously, follow all regulations, and operate well within our training and scope of practice.

The current DSPS Interdisciplinary Advisory Council proposal would make it extremely difficult for the clinic I work for to continue offering IV hydration services, even though all of our employees are fully qualified to provide them safely. It would not only threaten my professional career, but also jeopardize the future of my workplace and other similar businesses across Wisconsin. It would further limit healthcare access in my area, where hospital closures have already left so many people with fewer options. With recent cuts to Medicare and Medicaid, our healthcare system cannot afford to lose additional points of access.

I've attended the last two DSPS IAC meetings, and it has been disheartening to witness both the lack of understanding of this type of healthcare environment and the targeted effort to limit scope of practice for clinics offering these services. During the individual board meetings, I've heard comments suggesting that the wording in the proposal "does not apply" in certain situations or that "the meaning is not what the public thinks." If that is the case, the wording should be updated to clearly reflect its intent rather than leaving it vague or misleading. I fully agree with the need for regulations and for eliminating bad players and their subsequent bad actions, but the DSPS has gone too far with its current language, which unnecessarily restricts the scope of practice for qualified healthcare providers like me.

The WAPC's proposed revision is a fair, balanced approach that protects patients while still allowing licensed professionals to provide safe, much-needed care.

I ask that you share this email with the DSPS Interdisciplinary Advisory Council, the Medical Examining Board, the Board of Nursing, the Physician Assistant Affiliated Credentialing Board, and the Pharmacy Examining Board. Thank you for taking the time to hear from those of us on the front lines of patient care, and for considering the real-world impact these decisions have on our communities.

Thank you,  
Josie Vehrenkamp, RN, BSN

**From:** [Lauren Shira](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** WAPC IV therapy guidance revision support  
**Date:** Thursday, August 14, 2025 5:41:22 PM

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Brad,

I'd like to share my support for the Wisconsin Aesthetic Provider Coalition's proposed revision to the DSPS IV Hydration Guidance, and to explain why this issue matters so deeply to me, my patients, and my community. I own a wellness and aesthetics practice, where we combine evidence-based medicine integrative medicine and aesthetic care. IV hydration is one of the major ways we help people feel better, recover from illness, and maintain their overall health. We see many patients during cold and flu season, preventing them from having to sit in our overrun community emergency rooms.

We have played a vital role in helping rebuild trust in healthcare for patients. We see patients occasionally that choose to avoid our traditional medical establishments. They seek us out for alternative care and when necessary, we have been able to help identify and escalate major health issues requiring a higher level of care or emergency room intervention: things like very high blood pressure, new onset A-fib, cardiac risks, early stages of sepsis. These are patients that most likely would not have been seen until they are very sick. As a past ICU nurse, I know first hand how these patients put a huge strain on our healthcare systems because they waited too long to be seen and required lengthy hospital stays. We have and hope to continue to help be a partner in our community to rebuild trust and help patients intervene with health issues early on.

The current DSPS Interdisciplinary Advisory Council proposal's wording would make it extremely difficult for me to continue offering IV hydration services, even though I am fully qualified to provide them safely. It would not only threaten my professional career, but also put the future of my business at risk. Losing this service would take away a vital option for many of my patients who rely on IV hydration as part of their health plan. It would also further limit healthcare access in my area, where hospital closures have already left so many people with fewer options.

This is not just about my clinic. These proposed restrictions would affect small businesses like mine across Wisconsin, reducing patient choice, slowing innovation, and ultimately harming the people who depend on these services. The Wisconsin Aesthetic Provider Coalition's proposed revision is a fair, balanced approach that protects patients while still allowing licensed professionals to provide safe, much-needed care.

I ask that you share this email with the DSPS Interdisciplinary Advisory Council, the Medical Examining Board, the Board of Nursing, the Physician Assistant Affiliated Credentialing Board, and the Pharmacy Examining Board. Thank you for listening to those of us who are on the front lines of patient care, and for considering the real-world impact these decisions have

on our communities.

Lauren Shira, RN, BSN



**From:** [Shannon Lesky](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Concerns Regarding Proposed IV Hydration Legislation  
**Date:** Saturday, August 16, 2025 9:13:09 AM  
**Importance:** High

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To Brad Wojciechowski and whom it may concern,

I am writing to respectfully express concern regarding the proposed legislation impacting IV hydration services. While the intent of this bill may be to safeguard patient health, its unintended consequences risk reducing access to safe, preventive wellness care, unnecessarily limiting the scope of practice for highly trained nurses and mid-level providers, and straining already overburdened urgent care and emergency departments.

Registered Nurses, Nurse Practitioners, and Physician Assistants are well-trained in-patient assessment, intravenous therapy, and critical decision-making. In our clinical practice, IV hydration patients already receive multiple layers of safety oversight, including:

- A Good Faith Exam (GFE) conducted by a licensed provider.
- Vital signs screening prior to every infusion.
- A focused heart and lung assessment to detect any contraindications.
- Administration of treatments under standing orders, which is a routine and widely accepted nursing practice across hospitals and outpatient care.

If the concern is physician oversight, I urge you to consider strengthening the Good Faith Exam (GFE) requirement—such as requiring monthly exams instead of an annual review—rather than removing access to care that has proven both safe and beneficial to the community. However, it is important to recognize that doing so would not align with standard hospital policy. For example, in hospital infusion centers, treatment plans are routinely established through an annual physician visit, and those plans remain valid for 12 months unless major health changes occur. It would be inconsistent and unnecessarily burdensome to impose stricter requirements on community-based IV hydration providers than on hospital-based infusion services.

Furthermore, many providers already seek advanced competency-based training, including USP 797 sterile compounding standards and specialized wellness education programs. These additional certifications go beyond core RN, NP, and PA education, ensuring that clinicians are prepared to safely deliver IV hydration therapies in a controlled and competent manner.

Restricting practice will not improve patient safety. Instead, it will reduce access to wellness care, increase patient costs, and funnel non-emergent cases into ERs and urgent cares—systems that are already stretched thin. A more balanced approach would be to uphold safety through enhanced education and oversight, without limiting the ability of qualified professionals to provide these services.

Thank you for your consideration of this important matter. I respectfully urge you to oppose restrictive legislation and instead support a framework that emphasizes education, competency, and reasonable oversight while preserving community access to care. Please reply to this email to confirm that my concerns have been received and heard.

Sincerely,

Shannon Lesky BSN, RN

As the Interdisciplinary Committee continues its work, we respectfully request that the MEB advocate for consistent application of professional scope and delegation standards aligned with the current administrative code and Wisconsin's telehealth laws.

Thank you for your time and thoughtful consideration of these comments. We welcome continued collaboration as this process moves forward.

**From:** [Peck, Susan D.](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Cc:** [Sen. Jeff Smith](#); [Rep. Phelps](#); [Rep. Emerson - LEGIS](#); [Rep. Hurd - LEGIS](#); [Jesse James](#); [Peck, Susan D.](#); [Lauren Shira](#)  
**Subject:** support of the WAPCs proposed revision to the DSPS IV Hydration Guidance.  
**Date:** Monday, August 11, 2025 3:39:52 PM

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I write this message in support of the WAPCs proposed revision to the DSPS IV Hydration Guidance.

Please see the recommended changes for the Draft Joint Advisory Opinion - IV Hydration  
[https://mcusercontent.com/8086a63ffe51bb443b44bafa5/files/718f0f4d-cdee-6742-745a-8de499e8a49e/Revised\\_IV\\_Hydration\\_Guidance.01.pdf?mc\\_cid=10364ccb97&mc\\_eid=14b87c2118](https://mcusercontent.com/8086a63ffe51bb443b44bafa5/files/718f0f4d-cdee-6742-745a-8de499e8a49e/Revised_IV_Hydration_Guidance.01.pdf?mc_cid=10364ccb97&mc_eid=14b87c2118)

As a doctorally prepared, board certified Advanced Practice Nurse with Prescriptive Authority, I owned and operated a clinic caring for persons with long term chronic illness not well managed by the mainstream system for 12 years until I retired 2 years ago. We followed strict guidelines for managing IV therapies including the use of a required hood to mix the medications into the IVs. There is nothing we did at the clinic that I perceived was any different than how I practiced as an RN in the ICU at both the local hospitals over time.

Had we not done the IV therapies, many patients would have ended up in the ER and/or hospitalized as the mainstream did not recognize their symptoms or told them they didn't fit their protocol and weren't sick enough to get care. Many patients were shuffled between multiple providers and told nothing was wrong with them!

We had no known adverse reactions to any of the therapies and no deaths.

I've worked not only in the ICU and the private clinic, but in home care and taught nursing at the bachelors, masters and doctoral level at the University of WI - Eau Claire for 24 years. The functions debated in the current DSPS IV Hydration Guidelines are not consistent with the scope of practice of RNs and APRNs and need to be changed.

I request that this email be shared with:

- DSPS Interdisciplinary Advisory Council (IAC)
- Medical Examining Board
- Board of Nursing

- Physician Assistant Affiliated Credentialing Board
- Pharmacy Examining Board

I am sending a copy of this email to my local legislators letting them know I oppose the DSPS IAC's current guidance and support WAPC's revision.

Based on my 50 years of experience as an RN and an APRN, the wording in the DSPS IAC's current guidance proposal would harm the work of clinics in the western WI region that continue the work I did. Without the work of those clinics you will see a much larger number of patients in the ER, admitted to the hospital, and suffering significantly more complications if those clinics are not able to serve them. There is a significant lack of health care, let alone illness care, in western WI since the closing of HSHS system and loss of the Prevea clinics last year. And I ask you to consider the burden added to Medicare, Medicaid and private insurance with the ER visits and hospitalizations if those IV hydration clinics are not allowed to operate.

Thank you for attention to this matter. If you have questions about my comments, please contact me at [REDACTED]

Sincerely,

Susan D Peck PhD, GNP-BC, APRN, FAAO APT, CHTP/I

Sue Peck PhD, GNP-BC, APNP, FAAO, APT, CHTP/I  
Integrative Nurse Practitioner  
Fellow American Academy of Ozone Therapy  
Eau Claire, WI 54701  
[REDACTED]

"Just because ~~the violin~~ 'healthcare' is only played one way doesn't mean that's the only way it could be played. Don't aim for stereotypes. Only aim to break them". Black Violin  
Symptom suppression is not the same as health prevention; sick care is not the same as healthcare; information is not the same as inspiration. Most importantly, treating disease is not the same as treating people.

Russell Jaffe MD PhD, CCN, Senior Fellow, FASCP, FACN, FACAII, FRSM

**From:** [Lali Rodriguez](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** IV Hydration DSPS  
**Date:** Monday, July 14, 2025 11:00:39 AM

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Mr. Brad W,

I am writing to express my position regarding the current IV hydration guidance. I do not support the guidelines created by the DSPS Interdisciplinary Council. Instead, **I support the IV hydration guidance that was provided to them by the WAPC.**

My primary concerns with the DSPS protocols are related to patient safety, professional standards, and the potential impact on my practice. Without clear, evidence-based support, I worry that these guidelines could lead to inconsistent practices, increase risks of adverse events, and undermine the trust between practitioners and patients. Additionally, I believe that the guidance from the WAPC more appropriately aligns with established safety standards and best practices in the industry.

On a broader level, these guidelines could negatively affect my ability to provide safe, effective care to my patients. They could also impact my reputation, licensing, and business operations. It's crucial that any guidance or regulations prioritize patient safety and are grounded in solid scientific evidence.

It's important that these concerns are heard and taken seriously in the review process.

Please confirm that my letter has been received and forwarded to the Board of Nursing for inclusion in the review process. I also kindly request acknowledgment that it was sent and received by Eulalia Rodriguez, RN, BSN, owner of VIDA Aesthetics in Verona, WI.

Thank you for your time and consideration.

Sincerely,  
Eulalia Rodriguez  
Owner, VIDA Aesthetics  
Verona, WI



**From:** [Karen](#)  
**To:** [Wojciechowski, Brad - DSPS](#); [Karen](#)  
**Subject:** IV hydration therapy recommendations  
**Date:** Monday, July 21, 2025 9:04:32 AM

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Greetings, Brad.

I am writing to you to express concerns regarding the proposed guidance on IV hydration therapy and its potential impact on patient access to wellness services and businesses. The guidance provided by the Wisconsin Association of Pharmacy Counsel (WAPC) is believed to offer a more balanced and effective approach to regulating IV hydration therapy.

The existing framework, which allows RNs to administer IV fluids following a lawful prescription issued by a physician, physician assistant, or advanced practice nurse prescriber, has proven effective in providing safe and accessible care to patients. However, the current guidance appears to contradict the WAPC's recommendations, potentially limiting patient access and creating significant challenges for businesses.

My primary concern is the potential impact on our patients. Our business is built on providing accessible and effective IV hydration therapy that supports the overall wellness goals of the community. If the regulatory framework changes significantly, it could disrupt patient care and create uncertainty for the practice and our patients.

The Interdisciplinary Advisory Council is urged to reconsider its current approach and give due consideration to the WAPC's guidance, which prioritizes patient safety while recognizing the vital role that qualified RNs play in delivering IV hydration therapy under appropriate physician oversight.

A balanced approach, one that respects the established expertise of healthcare professionals and acknowledges the importance of patient access to wellness services, will ultimately benefit all Wisconsinites.

Please share this email with the DSPS Interdisciplinary Advisory Council, the Medical Examining Board, the Board of Nursing, the PA Affiliated Credentialing Board, and the Pharmacy Examining Board.

Sincerely,

Karen Peterson, Kam Med Spa

**From:** [Christopher Boshell](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Letter of Support for WAPC IV Hydration Guidance  
**Date:** Friday, July 11, 2025 4:36:36 PM

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Hello Mr. Wojciechowski,

I'm writing to formally state that I **do not support** the IV hydration guidance created by the DSPS Interdisciplinary Council and instead fully support the guidance that was provided to them by the **WAPC**.

I have serious concerns about how the DSPS Council's version could negatively impact not only patients, but also the careers of providers across Wisconsin and the long-term viability of responsible businesses like many that are committed to safe, compliant care. Limiting or creating unnecessary barriers around IV hydration services puts patient access, safety, and provider accountability at risk—ironically achieving the opposite of what I believe the Board intends.

Please confirm that my letter has been received by Mr. Brad Wojciechowski and forwarded to the Board of Nursing for inclusion in their review process. I'd also appreciate acknowledgement that it was sent by [Brad.Wojciechowski@wisconsin.gov](mailto:Brad.Wojciechowski@wisconsin.gov) to ensure my concerns are part of the record.

Thank you for helping make sure our voices, and the voices of the patients and providers alike are heard.

Best regards,

Chris Boshell



**From:** [Vanessa Sarkauskas](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Opposition to DSPS IV Hydration & Support for WAPC Recommendations  
**Date:** Friday, July 11, 2025 11:13:05 AM

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Dear Mr. Wojciechowski,

My name is Vanessa Sarkauskas, and I am a registered nurse and the owner of Viridity Medical Spa in Waukesha, Wisconsin. I'm writing to express my strong opposition to the IV hydration guidance developed by the DSPS Interdisciplinary Council and to voice my full support for the alternative guidance submitted by the Wisconsin Aesthetic Provider Coalition (WAPC).

The current proposed guidance does not accurately reflect the scope, training, or capabilities of licensed nurses in our state. As nurses, we are extensively trained in patient assessment, clinical judgment, and therapeutic interventions—yet this guidance implies that we are not qualified to assess patients for IV hydration. This not only misrepresents nursing education and practice standards, but also sets a dangerous precedent.

If this guidance moves forward, its effects could ripple far beyond aesthetic or wellness practices. The language questioning nurses' ability to perform assessments could, if taken literally or applied broadly, threaten nursing practice in hospital and acute care settings where assessment is a cornerstone of our daily responsibilities. This could create confusion, legal risk, and regulatory overreach that impacts the entire nursing profession in Wisconsin.

As both a healthcare provider and a small business owner, I am deeply concerned about the practical and professional consequences. These changes would limit patient access to safe, regulated care and hinder my ability to operate within my license and in accordance with medical oversight. This threatens not only the care I can offer, but also the future of my business and others like mine across the state.

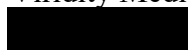
I respectfully urge the Board to reject the current DSPS guidance and to adopt the WAPC's IV hydration recommendations, which are clinically sound, patient-centered, and supportive of safe nursing practice.

Please confirm that this email has been received and forwarded to the Board of Nursing. Thank you for your time and attention to this important issue.

--

**Vanessa Sarkauskas BSN, RN**

Owner, Injector  
Viridity Medical Spa



**From:** [REN Rejuvenation Bar](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Subject:** Opposition to DSPS IV Hydration Guidance  
**Date:** Friday, July 11, 2025 12:17:26 PM

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**CAUTION: This email originated from outside the organization.  
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Dear Mr. Wojciechowski,

I am writing to formally express my **opposition** to the IV hydration guidance created by the DSPS Interdisciplinary Council. I respectfully urge you and the Department to **reject this version of the guidance** and instead support the version submitted by the **Wisconsin Aesthetic Provider Coalition (WAPC)**, which more accurately reflects evidence-based standards and safe nursing practice.

As a healthcare professional, I am deeply concerned about the negative impact the current DSPS guidance could have on:

- **Patient access** to safe, supportive care
- **My ability to practice within my scope** and training
- **The viability of my business and services provided in my community**

The proposed guidance lacks alignment with both national standards and the input of practicing professionals. It threatens to limit access to essential services without improving patient safety.

**Please confirm that this letter has been received and forwarded to the Board of Nursing for inclusion in the review process.** I would also appreciate acknowledgment that this email was received by you directly.

Thank you for your time and attention to this matter.

Sincerely,

Jessica Sharkey, RN-BSN

**From:** [Avery Noel](#)  
**To:** [Wojciechowski, Brad - DSPS](#)  
**Cc:** [info@wiscoapc.com](mailto:info@wiscoapc.com)  
**Subject:** Support for WAPC Guidance & Concerns with DSPS IV Hydration Proposal  
**Date:** Monday, July 14, 2025 12:14:33 PM

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**CAUTION: This email originated from outside the organization.  
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Good afternoon,

My name is Avery Noel. I am a bachelor's-prepared registered nurse currently pursuing my Family Nurse Practitioner degree in graduate school. I serve as a charge nurse in the Neuroscience Intensive Care Unit at the University of Wisconsin–Madison Hospital and work as a nurse injector at Blur Aesthetics in Middleton, Wisconsin.

First, I would like to express my appreciation to the Board for its ongoing efforts to improve regulation in the aesthetic medicine industry. Increased oversight is both necessary and commendable to ensure patient safety and uphold high standards of care. While I fully support thoughtful changes in this field, I respectfully oppose the IV Hydration guidance developed by the Wisconsin Department of Safety and Professional Services Interdisciplinary Council. Instead, I support the guidance submitted by the Wisconsin Aesthetic Provider Coalition.

My primary concern with the proposed guidance lies in its restrictive language, which does not fully recognize the scope of practice, education, clinical training, and professional autonomy of registered nurses. Specifically, it restricts RNs from performing organ system assessments and limits the use of nursing judgment—even when acting under standing orders and protocols established by a medical director.

As an ICU nurse, I regularly rely on clinical judgment to administer life-saving medications and interventions, guided by standing orders, to treat medically complex patients. To restrict this level of autonomy in low-risk outpatient aesthetic settings creates unnecessary barriers to care and jeopardizes the viability of nurse-run clinics.

Virtual Good Faith Exams (GFEs) with an advanced practice provider offer a safe and effective tool to support these clinics. In this collaborative model, RNs serve as the eyes and ears—performing organ system assessments—while the provider uses the virtual GFE to obtain and verify essential information such as past medical history, medications, and allergies. This process promotes safety and patient-centered care, and GFEs should be deemed acceptable under the final guidance.

I respectfully urge the Board to revise the language in collaboration with aesthetic practitioners to better reflect the scope, competence, and essential contributions of RNs in Wisconsin. Without these changes, I fear that 60-80% of medical spas across the state could be forced to close, resulting in significant economic and personal hardship for many families who have devoted years to this industry.

Please confirm that my letter has been received and forwarded to the Board of Nursing for

inclusion in the public comment review process. I also request confirmation that it has been sent to and received by Brad Wojciechowski.

Thank you for your time and thoughtful consideration,

Sincerely,

Avery Noel

BSN, RN, FNP-S