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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of October 12, 2017 (5-8)

C. Administrative Matters - Discussion and Consideration
   1) Board Members – Term Expiration Dates:
      a. Paul Abegglen – 07/01/2019
      b. Jennifer Eklof – 07/01/2021 (appointed but not yet confirmed)
      c. Elizabeth Smith Houskamp – 07/01/2020 (appointed but not yet confirmed)
      d. Peter Kallio – 07/01/2018
      e. Sheryl Krause – 07/01/2018
      f. Lillian Nolan – 07/01/2019
      g. Luann Skarlupka – 07/01/2021 (re-appointed but not yet confirmed)
      h. Cheryl Streeter – 07/01/2018
      i. Pamela White – 07/01/2019 (appointed but not yet confirmed)
   2) Staff Updates

D. 8:00 A.M. APPEARANCE: Wisconsin Nurses Association, ‘Overview and Purpose of the APRN Modernization Act AB 568 and SB 497’ - Discussion and Consideration (9-116)

E. Education and Examination Matters - Discussion and Consideration

F. Legislative/Administrative Rule Matters - Discussion and Consideration
   1) Enhanced Nurse Compact (eNLC)
   2) Update on Legislation and Pending or Possible Rulemaking Projects

G. N 1 Relating to School Approvals - Discussion and Consideration (117-122)

H. N 1 Relating to Curriculum and Clinicals - Discussion and Consideration (123-125)
I. National Council of State Boards of Nursing (NCSBN) Items - Discussion and Consideration
   1) Update as to Nurse Compact (NLC) and Enhanced Nurse Compact (eNLC)

J. Board of Nursing Liaison Reports - Discussion and Consideration

K. Speaking Engagement(s), Travel, or Public Relation Request(s) - Discussion and Consideration

L. Informational Items

M. Deliberation on Items Added After Preparation of Agenda:
   1) Introductions, Announcements and Recognition
   2) Election of Officers
   3) Appointment of Liaison(s)
   4) Delegation of Authorities
   5) Administrative Matters
   6) Education and Examination Matters
   7) Credentialing Matters
   8) Practice Matters
   9) Legislative/Administrative Rule Matters
   10) Liaison Reports
   11) Board Liaison Training and Appointment of Mentors
   12) Informational Items
   13) Disciplinary Matters
   14) Presentations of Petitions for Summary Suspension
   15) Petitions for Designation of Hearing Examiner
   16) Presentation of Proposed Stipulations, Final Decisions and Orders
   17) Presentation of Proposed Final Decision and Orders
   18) Presentation of Interim Orders
   19) Petitions for Re-Hearing
   20) Petitions for Assessments
   21) Petitions to Vacate Orders
   22) Requests for Disciplinary Proceeding Presentations
   23) Motions
   24) Petitions
   25) Appearances from Requests Received or Renewed
   26) Speaking Engagement(s), Travel, or Public Relation Request(s)

N. Public Comments

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

O. Deliberation on Credentialing Matters

P. Deliberation on Division of Legal Services and Compliance (DLSC) Matters
   1) Attorney Amanda Florek
      a. Administrative Warnings
         1. 16 NUR 560 – T.T. (126-127)
b. Stipulations and Final Decisions and Orders
   1. 16 NUR 202 – M.L.G. (128-133)
   2. 16 NUR 151 – E.K.C. (134-141)
   3. 16 NUR 685 – R.S.G. (142-147)
   4. 17 NUR 011 – B.L.S. (148-159)
   5. 17 NUR 190 – L.L.S. (160-165)
   6. 17 NUR 337 – R.J.S. (166-179)
2) Attorney Kim Kluck
   a. Stipulations and Final Decisions and Orders
      1. 16 NUR 220 – A.M.L. (180-186)
      2. 16 NUR 649 – A.K.V. (187-197)
3) Attorney Alicia Nall
   a. Stipulations and Final Decisions and Orders
      1. 17 NUR 250 – L.P.R. (198-210)
4) Attorney Yolanda McGowan
   a. Stipulations and Final Decisions and Orders
      1. 15 NUR 019 – D.L.F. (211-218)
5) Case Closures
6) Monitoring (219-220)
   a. Department Monitor Jesse Benisch
      1. Karen Costigan, R.N. – Requesting Full Licensure (221-264)
      3. Sandra Graham, R.N. – Requesting Monitoring Interruption for Travel (293-325)
   b. Department Monitor Erin Graf
      1. Randy Cornell, R.N. – Requesting Access to Controlled Substances (326-354)
      2. Amber Sweeney, R.N. – Review AODA Assessment with Updated Information from AODA Treater (355-369)
   c. Department Monitor Zoua Cha
      1. Stacey Medved, R.N. – Requesting Reduction in Screens and Termination of AA/NA Meetings (370-395)
      2. David Ortiz, R.N. – Requesting Reduction in Screens and Termination of AA/NA Meetings (396-418)
Q. Deliberation of Items Added After Preparation of the Agenda
   1) Education and Examination Matters
   2) Credentialing Matters
   3) Disciplinary Matters
   4) Monitoring Matters
   5) Professional Assistance Procedure (PAP) Matters
   6) Petitions for Summary Suspensions
   7) Petitions for Designation of Hearing Examiner
   8) Proposed Stipulations, Final Decisions and Orders
   9) Administrative Warnings
   10) Review of Administrative Warnings
   11) Proposed Final Decision and Orders
   12) Matters Relating to Costs/Orders Fixing Costs
   13) Case Closings
14) Board Liaison Training
15) Proposed Interim Orders
16) Petitions for Assessments and Evaluations
17) Petitions to Vacate Orders
18) Remedial Education Cases
19) Motions
20) Petitions for Re-Hearing
21) Appearances from Requests Received or Renewed

R. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

S. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

T. Open Session Items Noticed Above not Completed in the Initial Open Session

U. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
   1) Newsletter Update
   2) December 18, 2017 Legislation and Rules Committee Meeting

V. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING DATE: DECEMBER 14, 2017

*********************************************************************************************************************************************

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.
PRESENT: Paul Abegglen (via GoToMeeting), Peter Kallio, Sheryl Krause, Lillian Nolan, Luann Skarlupka, Elizabeth Smith-Houskamp, Pamela White

EXCUSED: Cheryl Streeter, Jennifer Eklof

STAFF: Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Laura Smith, Bureau Assistant; and other DSPS Staff

CALL TO ORDER
Sheryl Krause, Chair, called the meeting to order at 10:07 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF THE AGENDA

MOTION: Luann Skarlupka moved, seconded by Pamela White, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF SEPTEMBER 14, 2017

- On page 6, please add ‘Reason for Denial’ for Pierce.

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to approve the minutes of September 14, 2017 as amended. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Adopt Clearinghouse Rule 16-071 Relating to Examining Councils

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to approve the Adoption Order for Clearinghouse Rule 16-071 relating to examining councils. Motion carried unanimously.

CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Sheryl Krause, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes, Peter Kallio-yes, Sheryl Krause-yes, Lillian Nolan-yes, Luann Skarlupka-yes, Elizabeth Smith-Houskamp-yes, Pamela White-yes. Motion carried unanimously.

At this time, all external communication contacts will be terminated for purposes of going into Closed Session.

The Board convened into Closed Session at 10:51 a.m.
RECONVENE TO OPEN SESSION

MOTION: Peter Kallio moved, seconded by Pamela White, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 1:53 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Pamela White, to affirm all motions made in closed session. Motion carried unanimously.

(Refer to the minutes for a list of any recusals or abstentions reflected in the closed session motions.)

DELIBERATION ON CREDENTIALING MATTERS

Jill Hughes #617335 – Discipline Review

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to deny the Registered Nurse application of Jill Hughes pursuant to Wis. Stat. §§ 440.08(4), 441.01(1g)(b) and 441.01(1g)(d) and Wis. Admin. Code § N 7.03(1)(b). Motion carried unanimously.

Kimberly Willard #616736 – Discipline Review

MOTION: Luann Skarlupka moved, seconded by Beth Smith-Houskamp, to deny the Licensed Practical Nurse application of Kimberly Willard, pursuant to Wis. Stat. §§ 440.08(4), 441.01(1g)(b) and 441.01(1g)(d) and Wis. Admin. Code § N 7.03(1)(b). Motion carried unanimously.

Eberechukwu Anike #621024 – Application Review

MOTION: Peter Kallio moved, seconded by Pamela White, to deny approval to take the NCLEX exam to Eberechukwu Anike pursuant to Wis. Stat. § 441.10(1)(f) and Wis. Admin. Code § N 2.12(3)(b). Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Attorney Amanda Florek

Administrative Warnings

17 NUR 311 – L.J.S.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to issue an Administrative Warning in the matter of DLSC Case No. 17 NUR 311 against L.J.S. Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

MOTION: Pamela White moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 17 NUR 014 – C.M.B.
2. 16 NUR334 – J.A.A.
3. 16 NUR 487 – A.D.M.
4. 17 NUR 359 – A.G.

Motion carried unanimously.
DLSC Attorney Kim Kluck

*Proposed Stipulations, Final Decisions and Orders*

**MOTION:** Pamela White moved, seconded by Smith-Houskamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 16 NUR 542 – J.M.S.
2. 16 NUR 705 – J.M.K.

Motion carried unanimously.

DLSC Attorney Yolanda McGowan

**15 NUR 019 – D.L.F.**

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to table the matter of disciplinary proceedings against D.L.F., DLSC Case No. 15 NUR 019. Motion carried unanimously.

**Case Closures**

**MOTION:** Beth Smith-Houskamp moved, seconded by Luann Skarlupka, to close the DLSC cases for the reasons outlined below:

1. 15 NUR 566 – Insufficient Evidence
2. 17 NUR 016 – Prosecutorial Discretion (P6)
3. 17 NUR 279 – Prosecutorial Discretion (P2)
4. 17 NUR 362 – Prosecutorial Discretion (P7)
5. 16 NUR 486 – Insufficient Evidence
6. 16 NUR 563 – Insufficient Evidence

Motion carried unanimously.

**Monitoring – Jesse Benisch**

*Bridgette Brown, R.N. – Requesting Full Licensure*

**MOTION** Paul Abegglen moved, seconded by Peter Kallio, to deny the request of Bridgette Brown for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance (i.e. late and missing tests and positive test results). Respondent needs to fully comply with the complete terms and conditions of the original Board Order (04/09/2015). Motion carried unanimously.

*Jerry Perkins, R.N. – Requesting Full Licensure*

**MOTION:** Lillian Nolan moved, seconded by Pamela White, to grant the request of Jerry Perkins for full licensure. Motion carried unanimously.

*Susan Petri, R.N. – Requesting Termination of Home Health Limitation and Reduction in AA Meetings*

**MOTION** Peter Kallio moved, seconded by Luann Skarlupka to deny the request of Susan Petri for termination of home health limitation and reduction in AA meetings. **Reason for Denial:** Failure to demonstrate continuous and successful compliance (i.e. missed check ins and missed test). Respondent needs to fully comply with the complete terms and conditions of the original Board Order (06/13/2013). Motion carried unanimously.
Amber Sweeney, R.N. – Review AODA Assessment

MOTION: Luann Skarlupka moved, seconded by Lillian Nolan, to table the review of the AODA assessment of Amber Sweeney, and to request additional information from the evaluator. Motion carried unanimously.

(Pamela White recused herself and left the room for deliberation and voting in the matter of Amber Sweeney.)

Julie Wilcox, R.N. – Requesting Full Licensure

MOTION: Peter Kallio moved, seconded by Pamela White, to deny the request of Julie Wilcox for full licensure. Reason for Denial: Failure to demonstrate continuous and successful compliance (i.e. missed check ins and missed tests). Respondent needs to fully comply with the complete terms and conditions of the original Board Order (12/1/2011). Motion carried unanimously.

DELIBERATION ON ORDERS FIXING COSTS

Jeremy K. Wetherald, R.N.

MOTION: Paul Abegglen moved, seconded by Luann Skarlupka, to adopt the Order Fixing costs in the matter of disciplinary proceedings against Jeremy K. Wetherald, DHA Case No. SPS-16-0068/DLSC Case No. 15 NUR 572. Motion carried unanimously.

ADJOURNMENT

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:11 p.m.
State of Wisconsin  
Department of Safety & Professional Services  

**AGENDA REQUEST FORM**  

<table>
<thead>
<tr>
<th>1) Name and Title of Person Submitting the Request:</th>
<th>2) Date When Request Submitted:</th>
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<tbody>
<tr>
<td>Gina Dennik-Champion MSN, RN, MSHA and the APRN Coalition</td>
<td>10/30/17</td>
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Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.

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<th>3) Name of Board, Committee, Council, Sections:</th>
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<tr>
<td>Board of Nursing</td>
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<th>4) Meeting Date:</th>
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<th>5) Attachments:</th>
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<tr>
<th>6) How should the item be titled on the agenda page?</th>
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<tr>
<td>8:00 A.M. APPEARANCE: Gina Dennik-Champion MSN, RN, MSHA and the Advanced Practice Registered Nurse Coalition, ‘Overview and Purpose of the APRN Modernization Act AB 568 and SB 497’</td>
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<th>7) Place Item in:</th>
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<td>☑ Open Session</td>
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<th>8) Is an appearance before the Board being scheduled?</th>
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<td>☑ Yes (Fill out Board Appearance Request)</td>
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<th>9) Name of Case Advisor(s), if required:</th>
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<th>10) Describe the issue and action that should be addressed:</th>
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<td>Presentation of positions from the APRN Coalition, AB 568 and SB 497 (all attached).</td>
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<th>11) Authorization</th>
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<td>Signature of person making this request</td>
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<th>Supervisor (if required)</th>
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<tr>
<th>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</th>
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**Directions for including supporting documents:**  
1. This form should be attached to any documents submitted to the agenda.  
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.  
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.
Date: October 30, 2017
To: Sheryl A. Krause, Chairperson and Members of the State of Wisconsin Board of Nursing
From: Gina Dennik-Champion and the Wisconsin Advanced Practice Registered Nurses (APRN) Coalition
Subject: Overview and purpose of the APRN Modernization Act – AB 568 and SB 497

The Wisconsin Nurses Association along with the Wisconsin APRN Coalition appreciates the opportunity to provide the purpose, overview, rationale, and what we perceive should remain within the purview of the authority of the Board of Nursing. Attached to this memo is Bill AB 568 and its companion Bill SB 497, the APRN Modernization Act.

Purpose

The purpose of the APRN Modernization Act is to create a new section in State Statute 441, Advanced Practice Registered Nurses. This section reflects the intent of the National Consensus Model for APRN Regulation, which is endorsed by the National Council of State Boards of Nursing (NCSBN). The overall goal of the legislation is to provide greater clarity regarding the role of advanced practice registered nurses which we believe will support increased transparency and understanding of the care provided to our patients. AB 568/SB497 formally and legally defines and describes the role, responsibility, and accountability of Advanced Practice Registered Nurses (APRNs). This in turn provides greater public protection to consumers of their services and safeguards that the requirements for licensure provide.

Overview of AB 568/SB497

These bills span 51 pages.

Section 1 on page 4, through line 6 on page 37, followed by Section 92 page 44 through page 51 reflect the various sections of Wisconsin State Statutes where the term “advanced practice nurse prescriber” is amended with either “advanced practice registered nurse” or “advanced practice registered nurse who has prescribing authority under s. 441.09”.
Section 82, line 7, page 38, through line 14 on page 43, describes the APRN Practice Act 441.09.

State Statutes 441.15 and 441.16 are repealed. The relevant language contained in these statutes are found throughout the new section, 441.09

Review of specific language, rationale and notes

Additional information related to the language found in 441.09 and the rationales are as follows:

1. Page 38, lines 8 through line 21 defines the practice of APRN.
   Rationale: The definitions reflect the recommended language found in within the National Consensus Model and language found in Administrative Code N8.02(4), *Clinical Pharmacology and Therapeutics*

2. Page 38, lines 22 through line 2 page 39, provides for the meaning of the practice of nurse-midwifery.
   Rationale: The new statute brings in the language found in 441.15 which is repealed.
   Note: The requirement that a Certified Nurse Midwife have a collaborating physician, i.e. obstetrician or primary care physician with certification in obstetrical-like services has been removed.

3. Page 39, lines 3 through 7 lists the four roles that comprise APRN practice.
   Rationale: The four roles identified in the national consensus model are, certified nurse midwife, certified nurse anesthetist, clinical nurse specialist and nurse practitioner.

4. Page 39, lines 8 through 25 and page 40, lines 1 – 20
   Rationale:
   A. Describes the requirements for APRN licensure.
   Note: All APRNs will need to apply for an initial APRN license.
   There are two options for which a license can be issued: either the APRN graduated from an accredited school of nursing, or has been practicing in a recognized role as an APRN. This provides for grandfathering of the current APRN workforce.
   Note: For those individuals who are applying for an APRN license, the Board of Nursing has the authority to apply additional criteria in order to be licensed.
   B. Provides evidence of malpractice liability insurance coverage. This language brings in the requirements that were found in 441.16 into this section.
   C. Licensure to practice as a CNM reflects the requirements included in 441.15.
   D. Licensure as an APRN includes one of the four roles and evidence of education and experience and national board certification.
   Note: The Board of Nursing maintains the authority to determine which national board certifications are appropriate or education and experience if the person does not qualify for national board certification.
   E. The APRN who qualifies as a prescriber will register with the Board. The Board maintains a registry of all APRNs who have the authority to issue prescription orders.
   Note: The Board maintains the authority to grant prescribing functions to the APRN.
5. Page 40, lines 21 through page 41 line 6. Licensure renewal will include evidence of continuing education requirements, medical liability insurance coverage, national board certification based on role, and other information the Board requires by rule. 

Note: The new language will require all APRNs to obtain continuing education. The Board will have the authority to develop rules for any other information needed to issue a renewal.

6. Page 41 lines 7 through page 42 line 10. Describes legally who can call or be named an advanced practice registered nurse or the title APRN along with the four roles.

7. Page 42 lines 11 through 16 requires that all advanced practice registered nurses must complete 16 hours of continuing education per biennium in either clinical pharmacology or therapeutics. It also requires all APRNs to have two contact hours, as part of the 16 hours in best practices, in prescribing controlled substances.

Rationale: The APRN Coalition is recommending that knowledge of best practices in prescribing controlled substances should be part of all APRN practice given the opioid epidemic.

8. Page 42 lines 17 through 23, extends the evidence of medical malpractice insurance coverage to all APRNs.

Rationale: Licensure of APRNs describes the role, responsibility and accountabilities required to practice. The APRN Coalition believes that this level nursing practice should have medical malpractice insurance coverage.

9. Page 42, line 24 through page 43 line 2, this prohibits an APRN who has authority to prescribe to delegate the issuing of a prescription order to any nurse.

10. Page 43 lines 3 through line 14, provides the authority to promulgate rules to administer this new section.

11. Page 43, lines 15 through lines 21 addresses the issue of faculty to student nurse ratio 1:2. (3) A nurse who is in a training program to become a nurse anesthetist and who is assisting an anesthesiologist as part of that training program must be supervised by an anesthesiologist who is supervising no more than one other nurse in such a training program.iii

Rationale: The objection to the insertion of section 441.11 was raised by the Board of Nursing members in 2011 for two reasons: 1. The Board was not contacted to determine their position on the insertion. 2. The Board did object to this insertion as it created faculty to nursing student ratio of 1:2. This should not be in statute.

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iii Wisconsin State Statute 441.11 Nurse Anesthetists. https://docs.legis.wisconsin.gov/statutes/statutes/441/I/11
CURRENT STATE STATUTE

1,360

3,000

ADVANCED PRACTICE NURSE PRESCRIBER

FUTURE STATE STATUTE

APRN
4,360
ADVANCED PRACTICE REGISTERED NURSE
NATIONAL BOARD CERTIFIED | WI LICENSE

Certified Nurse Midwife  Clinical Nurse Specialist  Certified Registered Nurse Anesthetist  Nurse Practitioner

REQUIREMENTS

- National Board Certification In One of the Four Roles
- Graduate Degree In Nursing in one Of the Four Roles
- Graduated from An Accredited Nursing Program
- Complete 45 Contact Hours in Clinical Pharmacology / Therapeutics as a Condition of National Board Certification
- Complete 16 Hours of Continuing Education Every Two Years to Renew (2 Hr Prescribing Opioids)
- Register with the WI State Board of Nursing Of Intent to be a Prescriber
- Has Medical Malpractice Insurance Coverage
2017 ASSEMBLY BILL 568

October 24, 2017 - Introduced by Representatives ROHRKASTE, JAGLER, KOYENGA, KITCHENS, PETERSEN, TRANEL, SPIROS, TUSLER, HUTTON, HORLACHER, NEYLON, TITTL, KUGLITSCH, BERCEAU, GENRICH, ANDERSON, SUBECK, SINICKI and HINTZ, cosponsored by Senators LEMAHIEU, VUKMIR, HARSDORF, NASS, MOULTON, MARKLEIN, OLSEN and RINGHAND. Referred to Committee on Health.

AN ACT to repeal 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3., 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2)
(a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 448.035 (1) (a) and 450.01 (1m); to renumber and amend 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); to amend 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (1) (r) 8., 146.89 (6), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m)
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(intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d),
253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
(1), 343.62 (4) (a) 4., 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (7) (a) (intro.)
and 1., 441.01 (7) (b), 441.06 (3), 441.07 (1g) (intro.), (a), (c) and (e), 441.18 (2)
(a) (intro.), 441.18 (2) (b), 441.18 (3), 448.03 (2) (a), 448.035 (2), (3) and (4),
448.56 (1) and (1m) (b), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16)
(hr) 2., 450.03 (1) (e), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11
(8) (e), 450.13 (5) (b), 462.04, 655.001 (7t), 655.001 (9), 655.005 (2) (a), 961.01
(19) (a) and 961.395; and to create 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em),
255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47. and 441.09 of the statutes;
relating to: advanced practice registered nurses and granting rule-making
authority.

Analysis by the Legislative Reference Bureau

NURSING PRACTICE AND LICENSURE

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

Licensure of advanced practice registered nurses

Under current law, a person who wishes to practice professional nursing must
be licensed by the Board of Nursing as a registered nurse (RN). This bill creates an
additional system of licensure for advanced practice registered nurses (APRNs), to
be administered by the board. Under the bill, in order to apply for an APRN license,
a person must 1) hold, or concurrently apply for, an RN license, 2) have completed
an accredited graduate-level or postgraduate-level education program preparing
the person to practice as an APRN in one of four recognized roles, and 3) pay a fee
set by the Department of Safety and Professional Services. The bill also allows a
person who has not completed an accredited education program described above to
receive an APRN license if the person 1) on January 1, 2017, was both licensed as an
RN in Wisconsin and practicing in one of the four recognized roles and 2) satisfies
additional practice or education criteria established by the board. The four
recognized roles, as defined in the bill, are 1) certified nurse-midwife, 2) certified
registered nurse anesthetist, 3) clinical nurse specialist, and 4) nurse practitioner.
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The bill also requires the board, upon granting a person an APRN license, to also grant the person one or more endorsements corresponding to the recognized role or roles for which the person qualifies. The holder of an APRN license may append the title “A.P.R.N.” to his or her name, as well as a title corresponding to whichever endorsements that the person possesses.

The bill prohibits any person from using the title “A.P.R.N.,” and from otherwise indicating that he or she is an APRN, unless the person is licensed by the board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has an endorsement for that role. Under the bill, when an APRN renews his or her APRN license, the board must grant the person the renewal of both the person’s RN license and the person’s APRN license. The bill requires an APRN to complete continuing education requirements in clinical pharmacology or therapeutics relevant to the APRN’s area of practice, including a minimum number of hours regarding best practices in prescribing controlled substances. The bill also requires an APRN, when applying for a license or license renewal or upon request of the board, to submit to the board evidence that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

**Practice of nurse-midwifery**

This bill repeals licensure and practice requirements specific to nurse-midwives and the practice of nurse-midwifery, including specific requirements to practice with an obstetrician and maintain malpractice insurance. Under the bill, “certified nurse-midwife” is one of the four recognized roles for APRNs, and a person who practices nurse-midwifery under current law who satisfies the APRN licensure requirements may apply for and receive an APRN license and a certified nurse-midwife endorsement, except that the bill also requires that a person applying for a certified nurse-midwife endorsement be certified by the American Midwifery Certification Board. In addition, the bill prohibits the practice of nurse-midwifery, as defined under current law, without a certified nurse-midwife endorsement.

**Advanced practice registered nurse prescribers**

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

The bill eliminates certificates to issue prescription orders and instead provides that the board may grant an APRN who applies for licensure and who meets the education, training, and examination requirements established by the board the authority to issue prescription orders. The bill requires the board to maintain a register of all APRNs who are authorized to issue prescription orders.

**OTHER CHANGES**

The bill makes numerous other changes throughout the statutes relating to APRNs and APRN prescribers, including changing references to “advanced practice nurse” and “advanced practice nurse prescriber” in favor of the terms “advanced
practice registered nurse” and “advanced practice registered nurse who has prescribing authority.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45.40 (1g) (a) “Health care provider” means an advanced practice registered
nurse prescriber certified under s. 441.16 (2) licensed under ch. 441, an audiologist
licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed
under ch. 449, a physician licensed under s. 448.02, or a podiatrist licensed under s.
448.63.

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

46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and
keep current an information sheet to be distributed to a patient by a physician,
physician assistant, or certified advanced practice registered nurse prescriber who
has prescribing authority under s. 441.09 (2) (c) providing expedited partner therapy
to that patient under s. 448.035. The information sheet shall include information
about sexually transmitted diseases and their treatment and about the risk of drug
allergies. The information sheet shall also include a statement advising a person
with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

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

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

50.08 (2) A physician, an advanced practice registered nurse prescriber certified under s. 441.16 (2) who has prescribing authority under s. 441.09 (2) (c), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

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

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

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

50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses or both domestic partners under ch.770 are residents of the same facility, the spouses or domestic partners shall be permitted to share a room unless medically contraindicated as documented by the resident’s physician, physician assistant, or advanced practice registered nurse prescriber in the resident’s medical record.
**SECTION 14.** 50.09 (1) (h) of the statutes is amended to read:

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

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

50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician assistant, or advanced practice registered nurse prescriber for a specified and limited period of time and documented in the resident’s medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice registered nurse prescriber within 12 hours. Any use of physical restraints shall be noted in the resident’s medical records. “Physical restraints” includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

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

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

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

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

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

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

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

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

77.54 (14) (f) 4. An advanced practice registered nurse who has prescribing
authority under s. 441.09 (2) (c).

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

97.59 Handling foods. No person in charge of any public eating place or other
establishment where food products to be consumed by others are handled may
knowingly employ any person handling food products who has a disease in a form
that is communicable by food handling. If required by the local health officer or any
officer of the department for the purposes of an investigation, any person who is
employed in the handling of foods or is suspected of having a disease in a form that
is communicable by food handling shall submit to an examination by the officer or
by a physician, physician assistant, or advanced practice registered nurse prescriber
designated by the officer. The expense of the examination, if any, shall be paid by the
person examined. Any person knowingly infected with a disease in a form that is
communicable by food handling who handles food products to be consumed by others
and any persons knowingly employing or permitting such a person to handle food
products to be consumed by others shall be punished as provided by s. 97.72.

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

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

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

102.13 (1) (b) (intro.) An employer or insurer who requests that an employee submit to reasonable examination under par. (a) or (am) shall tender to the employee, before the examination, all necessary expenses including transportation expenses. The employee is entitled to have a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist provided by himself or herself present at the examination and to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced practice registered nurse prescriber, or vocational expert immediately upon receipt of those reports by the employer or worker’s compensation insurer. The employee is also entitled to have a translator provided by himself or herself present at the examination if the employee has difficulty speaking or understanding the English language. The employer’s or insurer’s written request for examination shall notify the employee of all of the following:
1. The proposed date, time, and place of the examination and the identity and
area of specialization of the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, or vocational expert.

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

4. The employee's right to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, or vocational expert immediately upon receipt of these reports by the employer or worker's compensation insurer.

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

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

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

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

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

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

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

Section 26. 102.13 (2) (b) of the statutes is amended to read:

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

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

102.17 (1) (d) 1. The contents of certified medical and surgical reports by
physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,
advanced practice nurse-prescribers, registered nurses, and chiropractors licensed in
and practicing in this state, and of certified reports by experts concerning loss of
earning capacity under s. 102.44 (2) and (3), presented by a party for compensation
constitute prima facie evidence as to the matter contained in those reports, subject
to any rules and limitations the division prescribes. Certified reports of physicians,
podiatrists, surgeons, dentists, psychologists, physician assistants, advanced
practice nurse-prescribers, registered nurses, and chiropractors, wherever licensed
and practicing, who have examined or treated the claimant, and of experts, if the
practitioner or expert consents to being subjected to cross-examination, also
constitute prima facie evidence as to the matter contained in those reports. Certified
reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are
admissible as evidence of the diagnosis, necessity of the treatment, and cause and
extent of the disability. Certified reports by doctors of dentistry, physician
assistants, and advanced practice nurse-prescribers, registered nurses are
admissible as evidence of the diagnosis and necessity of treatment but not of the
cause and extent of disability. Any physician, podiatrist, surgeon, dentist,
psychologist, chiropractor, physician assistant, advanced practice registered nurse
prescriber, or expert who knowingly makes a false statement of fact or opinion in a
certified report may be fined or imprisoned, or both, under s. 943.395.

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

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

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

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

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

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

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

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

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

**SECTION 32.** 118.29 (1) (e) of the statutes is amended to read:

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

**SECTION 33.** 118.2925 (1) (b) of the statutes is repealed.

**SECTION 34.** 118.2925 (3) of the statutes is amended to read:

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

**SECTION 35.** 118.2925 (4) (c) of the statutes is amended to read:

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

SECTION 36. 118.2925 (5) of the statutes is amended to read:

118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF
MEDICINE. A school and its designated school personnel, and a physician, advanced
practice registered nurse prescriber who has prescribing authority under s. 441.09
(2) (c), or physician assistant who provides a prescription or standing protocol for
school epinephrine auto-injectors, are not liable for any injury that results from the
administration or self-administration of an epinephrine auto-injector under this
section, regardless of whether authorization was given by the pupil’s parent or
guardian or by the pupil’s physician, physician assistant, or advanced practice
registered nurse prescriber, unless the injury is the result of an act or omission that
constitutes gross negligence or willful or wanton misconduct. The immunity from
liability provided under this subsection is in addition to and not in lieu of that
provided under s. 895.48.

SECTION 37. 146.343 (1) (c) of the statutes is amended to read:

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

SECTION 38. 146.82 (3) (a) of the statutes is amended to read:

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

SECTION 39. 146.89 (1) (r) 1. of the statutes is amended to read:

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

SECTION 40. 146.89 (1) (r) 3. of the statutes is repealed.

SECTION 41. 146.89 (1) (r) 8. of the statutes is amended to read:

146.89 (1) (r) 8. An advanced practice registered nurse who has a certificate to issue prescription orders under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c).

SECTION 42. 146.89 (6) of the statutes is amended to read:

146.89 (6) (a) While serving as a volunteer health care provider under this section, an advanced practice registered nurse who has a certificate to issue prescription orders under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c) is considered to meet the requirements of s. 655.23, if required to comply with s. 655.23.

(b) While serving as a volunteer health care provider under this section, an advanced practice registered nurse who has a certificate to issue prescription orders
under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c) is not required to
maintain in effect malpractice insurance.

**SECTION 43.** 252.01 (1c) of the statutes is repealed.

**SECTION 44.** 252.07 (8) (a) 2. of the statutes is amended to read:

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

**SECTION 45.** 252.07 (9) (c) of the statutes is amended to read:

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

**SECTION 46.** 252.10 (7) of the statutes is amended to read:

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

**SECTION 47.** 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read:

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

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

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

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

(10) The state laboratory of hygiene shall examine specimens for the diagnosis
of sexually transmitted diseases for any physician, physician assistant, advanced
practice registered nurse prescriber, or local health officer in the state, and shall
report the positive results of the examinations to the local health officer and to the
department. All laboratories performing tests for sexually transmitted diseases
shall report all positive results to the local health officer and to the department, with
the name of the physician, physician assistant, or advanced practice registered nurse prescriber to whom reported.

**SECTION 48.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

252.15 (3m) (d) 11. b. The coroner, medical examiner, or appointed assistant is investigating the cause of death of the subject of the HIV test and has contact with the body fluid of the subject of the HIV test that constitutes a significant exposure, if a physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the coroner, medical examiner, or appointed assistant has had a contact that constitutes a significant exposure and if the certification accompanies the request for disclosure.

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

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

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

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

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

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

(b) Notified the HIV test subject that the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure will be reported to the state epidemiologist.

SECTION 49. 252.16 (3) (c) (intro.) of the statutes is amended to read:

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

SECTION 50. 252.17 (3) (c) (intro.) of the statutes is amended to read:

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

SECTION 51. 253.07 (4) (d) of the statutes is amended to read:

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

SECTION 52. 253.115 (1) (f) of the statutes is created to read:

253.115 (1) (f) “Nurse-midwife” means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife endorsement under s. 441.09.
Section 53. 253.115 (4) of the statutes is amended to read:

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

Section 54. 253.115 (7) (a) (intro.) of the statutes is amended to read:

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

Section 55. 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and amended to read:

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

Section 56. 253.13 (1) (a) of the statutes is created to read:

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

Section 57. 253.15 (1) (em) of the statutes is created to read:
253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife endorsement under s. 441.09.

SECTION 58. 253.15 (2) of the statutes is amended to read:

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

**SECTION 59.** 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.) and amended to read:

255.06 (1) (f) (intro.) “Nurse practitioner” “Women’s health nurse clinician” means any of the following:

1. A registered nurse licensed under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, dentist, or podiatrist, or advanced practice registered nurse.

**SECTION 60.** 255.06 (1) (f) 2. of the statutes is created to read:

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

**SECTION 61.** 255.06 (2) (d) of the statutes is amended to read:

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

**SECTION 62.** 255.07 (1) (d) of the statutes is amended to read:

255.07 (1) (d) “Health care practitioner” means a physician, a physician assistant licensed under s. 448.04 (1) (f), or an advanced practice registered nurse who is certified to issue prescription orders under s. 441.16 has prescribing authority under s. 441.09 (2) (e).

**SECTION 63.** 257.01 (5) (a) and (b) of the statutes are amended to read:
257.01 (5) (a) An individual who is licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife, advanced practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2015 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448, if the individual's license or certification was never revoked, limited, suspended, or denied renewal.

Section 64. 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to read:

341.14 (1a) If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor
licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is owned by a nonveteran disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee shall be made for the issuance or renewal of such plates.

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

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

SECTION 65. 343.16 (5) (a) of the statutes is amended to read:

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

SECTION 66. 343.51 (1) of the statutes is amended to read:

343.51 (1) Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle parked by, or under the direction of, the person, or a motor vehicle operated by or on behalf of the
organization when used to transport such a person, to parking privileges under s. 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined by the department, upon submission by the applicant, if the applicant is an individual rather than an organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

SECTION 67. 343.62 (4) (a) 4. of the statutes is amended to read:

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

SECTION 68. 440.03 (13) (b) 3. of the statutes is repealed.

SECTION 69. 440.03 (13) (b) 39m. of the statutes is created to read:

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

SECTION 70. 440.03 (13) (b) 42. of the statutes is repealed.

SECTION 71. 440.08 (2) (a) 4m. of the statutes is repealed.

SECTION 72. 440.08 (2) (a) 47. of the statutes is created to read:

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

SECTION 73. 440.08 (2) (a) 50. of the statutes is repealed.

SECTION 74. 440.981 (1) of the statutes is amended to read:

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

SECTION 75. 440.982 (1) of the statutes is amended to read:

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

SECTION 76. 440.987 (2) of the statutes is amended to read:
440.987 (2) One member who is licensed as a nurse-midwife under s. 441.15, an advanced practice registered nurse and possesses a certified nurse-midwife endorsement under s. 441.09 and who practices in an out-of-hospital setting.

**SECTION 77.** 441.01 (7) (a) (intro.) and 1. of the statutes are amended to read:

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

1. Complete and submit to the department with the application for renewal of the license, certificate, or permit a nursing workforce survey developed by the department of workforce development under s. 106.30 (2).

**SECTION 78.** 441.01 (7) (b) of the statutes is amended to read:

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

**SECTION 79.** 441.06 (3) of the statutes is amended to read:

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

**SECTION 80.** 441.06 (7) of the statutes is renumbered 441.09 (5) and amended to read:
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441.09 (5) CIVIL LIABILITY. No person certified licensed as an advanced practice registered nurse prescriber under s. 441.16 (2) this section is liable for civil damages for any of the following:

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

(b) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient’s name and other information relevant to a physical or mental condition of the patient that in the advanced practice nurse prescriber’s registered nurse’s judgment does not impair the patient’s ability to exercise reasonable and ordinary control over a motor vehicle.

SECTION 81. 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to read:

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

(a) Fraud in the procuring or renewal of the certificate or license.
(c) Acts which show the registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs, or mental incompetency.

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

SECTION 82. 441.09 of the statutes is created to read:

441.09 Advanced practice registered nurses. (1) Definitions. In this section:

(a) “Advanced practice registered nursing” means practicing in one of the 4 recognized roles based on advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, management of patient conditions, and the use and prescription of pharmacological interventions.

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

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

(d) “Recognized role” means one of the following roles:

1. Certified nurse-midwife.
2. Certified registered nurse anesthetist.
3. Clinical nurse specialist.

(2) INITIAL LICENSE. (a) Any person who satisfies all of the following requirements may apply to the department for initial licensure by the board as an advanced practice registered nurse:

1. The person holds a valid license to practice as a registered nurse issued under s. 441.06 (1) or (1m) or applies concurrently for a license under s. 441.06 (1) or (1m) with the application for a license under this paragraph.

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

a. The person has completed an accredited graduate-level or postgraduate-level education program that prepares the person for the practice of advanced practice registered nursing.

b. On January 1, 2017, the person was licensed as a registered nurse in this state and was practicing in a recognized role, and the person satisfies additional criteria established by the board by rule under this subd. 2. b. relating to practice or education.

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

4. The person provides evidence of malpractice liability insurance coverage as provided in sub. (7).
5. If the person is applying to receive a certified nurse-midwife endorsement under par. (b), the person provides evidence satisfactory to the board that the person is certified by the American Midwifery Certification Board.

(b) The board shall grant an advanced practice registered nurse license to a person the board determines meets the requirements under par. (a). The board shall also grant a person who receives a license under this paragraph one or more endorsements corresponding to the recognized roles for which the board determines that the person qualifies based on the person’s education and experience under par. (a) 2. a. or b. and, if applicable, the person’s certification under par. (a) 5. The board may not grant a license under this paragraph to a person applying concurrently for a license under s. 441.06 (1) or (1m), unless the board also grants the person a license to practice as a registered nurse.

(c) The board, upon application, shall also grant authority to issue prescription orders to a person who is granted a license under this subsection and who meets the education, training, and examination requirements established by the board for authority to issue prescription orders. The board shall maintain a register of all advanced practice registered nurses authorized to issue prescription orders under this paragraph. An advanced practice registered nurse with the authority to issue prescription orders under this paragraph may provide expedited partner therapy in the manner described in s. 448.035.

(3) License renewal. On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under sub. (2) shall submit to the board on a form furnished by the board a statement giving his or her name and residence, the nursing workforce survey and fee required under s. 441.01 (7), evidence of having satisfied the continuing education requirements under sub. (6), evidence of
malpractice liability insurance coverage as provided in sub. (7), and other
information that the board requires by rule, with the applicable renewal fee
determined by the department under s. 440.03 (9) (a). The board shall grant to a
person who satisfies the requirements under this subsection the renewal of his or her
advanced practice registered nurse license and endorsements granted under sub. (2)
(b) and shall grant the renewal of his or her license to practice as a registered nurse.

(4) Practice; titles. (a) 1. The holder of a license issued under this section is
an “advanced practice registered nurse” and may append to his or her name the title
“A.P.R.N.” and is authorized to practice advanced practice registered nursing.

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

3. The holder of a certified nurse-midwife endorsement granted under sub. (2)
(b) is a certified nurse-midwife and is authorized to engage in the practice of
nurse-midwifery.

(b) 1. Except as provided in s. 257.03, no person may practice or attempt to
practice advanced practice registered nursing, nor use the title “advanced practice
registered nurse,” the title “A.P.R.N.,” or anything else to indicate that he or she is
an advanced practice registered nurse unless he or she is licensed under this section.

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

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

b. Engage in the practice of nurse-midwifery unless he or she has been granted
a certified nurse-midwife endorsement under sub. (2) (b).
c. Use the title “certified registered nurse anesthetist,” the title “C.R.N.A.,” or anything else to indicate that he or she is a certified registered nurse anesthetist unless he or she has been granted a certified registered nurse anesthetist endorsement under sub. (2) (b).

d. Use the title “clinical nurse specialist,” the title “C.N.S.,” or anything else to indicate that he or she is a clinical nurse specialist unless he or she has been granted a clinical nurse specialist endorsement under sub. (2) (b).

e. Use the title “nurse practitioner,” the title “N.P.,” or anything else to indicate that he or she is a nurse practitioner unless he or she has been granted a nurse practitioner endorsement under sub. (2) (b).

(6) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse’s area of practice. The hours required under this subsection must include at least 2 contact hours regarding best practices in prescribing controlled substances.

(7) MALPRACTICE LIABILITY INSURANCE. Every advanced practice registered nurse shall at all times have in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board. An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

(8) DELEGATION. An advanced practice registered nurse who has authority to issue prescription orders may not delegate the act of issuing a prescription order to
any nurse who is not authorized to issue prescription orders. Nothing in this section
prohibits a nurse from issuing a prescription order as an act delegated by a physician.

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

(a) Establishing the appropriate education, training, or experience
requirements that a registered nurse must satisfy to be an advanced practice
registered nurse and to qualify to be granted the authority to issue prescription
orders under sub. (2) (c).

(b) Specifying the classes of drugs, individual drugs, or devices that may not
be prescribed by an advanced practice registered nurse authorized to issue
prescription orders under sub. (2) (c).

(c) Specifying the conditions to be met for registered nurses to do the following:
   1. Administer a drug prescribed by an advanced practice registered nurse.
   2. Administer a drug at the direction of an advanced practice registered nurse.

SECTION 83. 441.11 (title) of the statutes is repealed.

SECTION 84. 441.11 (1) of the statutes is repealed.

SECTION 85. 441.11 (2) of the statutes is renumbered 441.09 (8m) and amended
to read:

441.09 (8m) NURSE ANESTHETISTS. The provisions of s. 448.04 (1) (g) do not apply
to a licensed advanced practice registered nurse who possesses a certified registered
nurse anesthetist endorsement under this section.

SECTION 86. 441.11 (3) of the statutes is repealed.

SECTION 87. 441.15 of the statutes is repealed.

SECTION 88. 441.16 of the statutes is repealed.

SECTION 89. 441.18 (2) (a) (intro.) of the statutes is amended to read:
441.18 (2) (a) (intro.) An advanced practice registered nurse certified to issue prescription orders under s. 441.16 who has prescribing authority under s. 441.09 (2) (c) may do any of the following:

**SECTION 90.** 441.18 (2) (b) of the statutes is amended to read:

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

**SECTION 91.** 441.18 (3) of the statutes is amended to read:

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

**SECTION 92.** 448.03 (2) (a) of the statutes is amended to read:

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

SECTION 93. 448.035 (1) (a) of the statutes is repealed.

SECTION 94. 448.035 (2), (3) and (4) of the statutes are amended to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician, physician assistant, or certified advanced practice registered nurse prescriber who
has prescribing authority under s. 441.09 (2) (c) may provide expedited partner
therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual
partner during which the chlamydial infection, gonorrhea, or trichomoniasis may
have been transmitted to or from the sexual partner. The physician, physician
assistant, or certified advanced practice registered nurse prescriber shall attempt to
obtain the name of the patient’s sexual partner. A prescription order for an
antimicrobial drug prepared under this subsection shall include the name and
address of the patient’s sexual partner, if known. If the physician, physician
assistant, or certified advanced practice registered nurse prescriber is unable to
obtain the name of the patient’s sexual partner, the prescription order shall include,
in ordinary bold-faced capital letters, the words, “expedited partner therapy” or the
letters “EPT.”

(3) The physician, physician assistant, or certified advanced practice
registered nurse prescriber shall provide the patient with a copy of the information
sheet prepared by the department of health services under s. 46.03 (44) and shall
request that the patient give the information sheet to the person with whom the
patient had sexual contact.
(4) (a) Except as provided in par. (b), a physician, physician assistant, or certified advanced practice registered nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

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

**SECTION 95.** 448.56 (1) and (1m) (b) of the statutes are amended to read:

**448.56 (1) Written referral.** Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2). Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient’s plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual’s physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.
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SECTION 95. (1m) (b) The examining board shall promulgate rules establishing the requirements that a physical therapist must satisfy if a physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber makes a written referral under sub. (1). The purpose of the rules shall be to ensure continuity of care between the physical therapist and the health care practitioner.

SECTION 96. 448.67 (2) of the statutes is amended to read:

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

SECTION 97. 448.956 (1m) of the statutes is amended to read:

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

SECTION 98. 450.01 (1m) of the statutes is repealed.
SECTION 99. 450.01 (16) (h) 2. of the statutes is amended to read:

450.01 (16) (h) 2. The patient’s advanced practice registered nurse prescriber, if the advanced practice registered nurse prescriber has entered into a written agreement to collaborate with a physician has prescribing authority under s. 441.09 (2) (c).

SECTION 100. 450.01 (16) (hr) 2. of the statutes is amended to read:

450.01 (16) (hr) 2. An advanced practice registered nurse prescriber who has prescribing authority under s. 441.09 (2) (c).

SECTION 101. 450.03 (1) (e) of the statutes is amended to read:

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

SECTION 102. 450.11 (1i) (a) 1. of the statutes is amended to read:

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

SECTION 103. 450.11 (1i) (b) 2. b. of the statutes is amended to read:

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

SECTION 104. 450.11 (7) (b) of the statutes is amended to read:

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

SECTION 105. 450.11 (8) (e) of the statutes is amended to read:

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

SECTION 106. 450.13 (5) (b) of the statutes is amended to read:

450.13 (5) (b) The patient’s advanced practice registered nurse prescriber, if the advanced practice registered nurse prescriber has entered into a written agreement to collaborate with a physician has prescribing authority under s. 441.09 (2) (c).

SECTION 107. 462.04 of the statutes is amended to read:

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

SECTION 108. 655.001 (7t) of the statutes is amended to read:

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

SECTION 109. 655.001 (9) of the statutes is amended to read:

655.001 (9) “Nurse anesthetist” means a nurse an individual who is licensed under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), who is certified as a nurse anesthetist by the American association of nurse anesthetists as an advanced practice registered nurse and possesses a certified registered nurse anesthetist endorsement under s. 441.09.

SECTION 110. 655.005 (2) (a) of the statutes is amended to read:

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

SECTION 111. 961.01 (19) (a) of the statutes is amended to read:

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

**SECTION 112.** 961.395 of the statutes is amended to read:

961.395 Limitation on advanced practice registered nurses. (1) An advanced practice registered nurse who is certified under s. 441.16 who has prescribing authority under s. 441.09 (2) (c) may prescribe controlled substances only as permitted by the rules promulgated under s. 441.16 (3) 441.09 (9).

(2) An advanced practice registered nurse certified under s. 441.16 shall include with each prescription order the advanced practice registered nurse prescriber certification number identifier issued to him or her by the board of nursing.

(3) An advanced practice registered nurse certified under s. 441.16 who has prescribing authority under s. 441.09 (2) (c) may dispense a controlled substance only by prescribing or administering the controlled substance or as otherwise permitted by the rules promulgated under s. 441.16 (3) 441.09 (9).

**SECTION 113. Effective date.**

(1) This act takes effect on March 1, 2020.
2017 SENATE BILL 497


AN ACT to repeal 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3., 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2) (a) 50., 440.08 (2) (a) 66., 440.08 (2) (a) 66., 441.11 (1), 441.11 (3), 441.15, 441.16, 448.035 (1) (a) and 450.01 (1m); to renumber and amend 253.13 (1), 255.06 (1) (d), 411.06 (7) and 441.11 (2); to amend 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (g) (intro.), 77.54 (14) (f), 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (1) (r) 8., 146.89 (6), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m)
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(intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d),
253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
(1), 343.62 (4) (a) 4., 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (7) (a) (intro.)
and 1., 441.01 (7) (b), 441.06 (3), 441.07 (1g) (intro.), (a), (c) and (e), 441.18 (2)
(a) (intro.), 441.18 (2) (b), 441.18 (3), 448.03 (2) (a), 448.035 (2), (3) and (4),
448.56 (1) and (1m) (b), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16)
(hr) 2., 450.03 (1) (e), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11
(8) (e), 450.13 (5) (b), 462.04, 655.001 (7t), 655.001 (9), 655.005 (2) (a), 961.01
(19) (a) and 961.395; and to create 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em),
255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47. and 441.09 of the statutes;
relating to: advanced practice registered nurses and granting rule-making
authority.

Analysis by the Legislative Reference Bureau

NURSING PRACTICE AND LICENSURE

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

Licensure of advanced practice registered nurses

Under current law, a person who wishes to practice professional nursing must
be licensed by the Board of Nursing as a registered nurse (RN). This bill creates an
additional system of licensure for advanced practice registered nurses (APRNs), to
be administered by the board. Under the bill, in order to apply for an APRN license,
a person must 1) hold, or concurrently apply for, an RN license, 2) have completed
an accredited graduate-level or postgraduate-level education program preparing
the person to practice as an APRN in one of four recognized roles, and 3) pay a fee
set by the Department of Safety and Professional Services. The bill also allows a
person who has not completed an accredited education program described above to
receive an APRN license if the person 1) on January 1, 2017, was both licensed as an
RN in Wisconsin and practicing in one of the four recognized roles and 2) satisfies
additional practice or education criteria established by the board. The four
recognized roles, as defined in the bill, are 1) certified nurse-midwife, 2) certified
registered nurse anesthetist, 3) clinical nurse specialist, and 4) nurse practitioner.
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The bill also requires the board, upon granting a person an APRN license, to also grant the person one or more endorsements corresponding to the recognized role or roles for which the person qualifies. The holder of an APRN license may append the title “A.P.R.N.” to his or her name, as well as a title corresponding to whichever endorsements that the person possesses.

The bill prohibits any person from using the title “A.P.R.N.,” and from otherwise indicating that he or she is an APRN, unless the person is licensed by the board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has an endorsement for that role. Under the bill, when an APRN renews his or her APRN license, the board must grant the person the renewal of both the person’s RN license and the person’s APRN license. The bill requires an APRN to complete continuing education requirements in clinical pharmacology or therapeutics relevant to the APRN’s area of practice, including a minimum number of hours regarding best practices in prescribing controlled substances. The bill also requires an APRN, when applying for a license or license renewal or upon request of the board, to submit to the board evidence that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

Practice of nurse-midwifery

This bill repeals licensure and practice requirements specific to nurse-midwives and the practice of nurse-midwifery, including specific requirements to practice with an obstetrician and maintain malpractice insurance. Under the bill, “certified nurse-midwife” is one of the four recognized roles for APRNs, and a person who practices nurse-midwifery under current law who satisfies the APRN licensure requirements may apply for and receive an APRN license and a certified nurse-midwife endorsement, except that the bill also requires that a person applying for a certified nurse-midwife endorsement be certified by the American Midwifery Certification Board. In addition, the bill prohibits the practice of nurse-midwifery, as defined under current law, without a certified nurse-midwife endorsement.

Advanced practice registered nurse prescribers

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

The bill eliminates certificates to issue prescription orders and instead provides that the board may grant an APRN who applies for licensure and who meets the education, training, and examination requirements established by the board the authority to issue prescription orders. The bill requires the board to maintain a register of all APRNs who are authorized to issue prescription orders.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs and APRN prescribers, including changing references to “advanced practice nurse” and “advanced practice nurse prescriber” in favor of the terms “advanced
practice registered nurse” and “advanced practice registered nurse who has prescribing authority.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45.40 (1g) (a) “Health care provider” means an advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under ch. 441, an audiologist licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician licensed under s. 448.02, or a podiatrist licensed under s. 448.63.

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

46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and keep current an information sheet to be distributed to a patient by a physician, physician assistant, or certified advanced practice registered nurse prescriber who has prescribing authority under s. 441.09 (2) (c) providing expedited partner therapy to that patient under s. 448.035. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person...
with questions about the information to contact his or her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

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

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

50.08 (2) A physician, an advanced practice registered nurse prescriber certified under s. 441.16 (2) who has prescribing authority under s. 441.09 (2) (c), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

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

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

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

50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses or both domestic partners under ch.770 are residents of the same facility, the spouses or domestic partners shall be permitted to share a room unless medically contraindicated as documented by the resident’s physician, physician assistant, or advanced practice registered nurse prescriber in the resident’s medical record.
SECTION 14. 50.09 (1) (h) of the statutes is amended to read:

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

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

50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician assistant, or advanced practice registered nurse prescriber for a specified and limited period of time and documented in the resident’s medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice registered nurse prescriber within 12 hours. Any use of physical restraints shall be noted in the resident’s medical records. “Physical restraints” includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

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

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

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

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

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

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

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

SECTION 20. 77.54 (14) (f) 4. of the statutes is amended to read:
77.54 (14) (f) 4. An advanced practice registered nurse who has prescribing
authority under s. 441.09 (2) (c).

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

97.59 Handling foods. No person in charge of any public eating place or other
establishment where food products to be consumed by others are handled may
knowingly employ any person handling food products who has a disease in a form
that is communicable by food handling. If required by the local health officer or any
officer of the department for the purposes of an investigation, any person who is
employed in the handling of foods or is suspected of having a disease in a form that
is communicable by food handling shall submit to an examination by the officer or
by a physician, physician assistant, or advanced practice registered nurse prescriber
designated by the officer. The expense of the examination, if any, shall be paid by the
person examined. Any person knowingly infected with a disease in a form that is
communicable by food handling who handles food products to be consumed by others
and any persons knowingly employing or permitting such a person to handle food
products to be consumed by others shall be punished as provided by s. 97.72.

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

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

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

102.13 (1) (b) (intro.) An employer or insurer who requests that an employee submit to reasonable examination under par. (a) or (am) shall tender to the employee, before the examination, all necessary expenses including transportation expenses. The employee is entitled to have a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist provided by himself or herself present at the examination and to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced practice registered nurse prescriber, or vocational expert immediately upon receipt of those reports by the employer or worker’s compensation insurer. The employee is also entitled to have a translator provided by himself or herself present at the examination if the employee has difficulty speaking or understanding the English language. The employer’s or insurer’s written request for examination shall notify the employee of all of the following:
1. The proposed date, time, and place of the examination and the identity and
area of specialization of the examining physician, chiropractor, psychologist, dentist,
podiatrist, physician assistant, advanced practice registered nurse prescriber, or
vocational expert.

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

4. The employee's right to receive a copy of all reports of the examination that
are prepared by the examining physician, chiropractor, psychologist, dentist,
podiatrist, physician assistant, advanced practice registered nurse prescriber, or
vocational expert immediately upon receipt of these reports by the employer or
worker's compensation insurer.

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

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

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

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

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

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

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

Section 26. 102.13 (2) (b) of the statutes is amended to read:

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

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

102.17 (1) (d) 1. The contents of certified medical and surgical reports by physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse-prescribers, registered nurses, and chiropractors licensed in and practicing in this state, and of certified reports by experts concerning loss of earning capacity under s. 102.44 (2) and (3), presented by a party for compensation constitute prima facie evidence as to the matter contained in those reports, subject to any rules and limitations the division prescribes. Certified reports of physicians, podiatrists, surgeons, dentists, psychologists, physician assistants, advanced practice nurse-prescribers, registered nurses, and chiropractors, wherever licensed and practicing, who have examined or treated the claimant, and of experts, if the practitioner or expert consents to being subjected to cross-examination, also constitute prima facie evidence as to the matter contained in those reports. Certified reports of doctors of dentistry, physician assistants, and advanced practice nurse-prescribers, registered nurses are
admissible as evidence of the diagnosis and necessity of treatment but not of the cause and extent of disability. Any physician, podiatrist, surgeon, dentist, psychologist, chiropractor, physician assistant, advanced practice registered nurse prescriber, or expert who knowingly makes a false statement of fact or opinion in a certified report may be fined or imprisoned, or both, under s. 943.395.

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

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

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

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

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

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

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

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

118.15 (3) (a) Any child who is excused by the school board because the child
is temporarily not in proper physical or mental condition to attend a school program
but who can be expected to return to a school program upon termination or
abatement of the illness or condition. The school attendance officer may request the
parent or guardian of the child to obtain a written statement from a licensed
physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or
nurse practitioner, as defined in s. 255.06 (1) (d), or certified advanced practice
registered nurse prescriber or Christian Science practitioner living and residing in
this state, who is listed in the Christian Science Journal, as sufficient proof of the
SECTION 31. 118.29 (1) (e) of the statutes is amended to read:

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

SECTION 32. 118.2925 (4) (c) of the statutes is amended to read:

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

**SECTION 36.** 118.2925 (5) of the statutes is amended to read:

118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF MEDICINE. A school and its designated school personnel, and a physician, advanced practice registered nurse prescriber who has prescribing authority under s. 441.09 (2) (c), or physician assistant who provides a prescription or standing protocol for school epinephrine auto-injectors, are not liable for any injury that results from the administration or self-administration of an epinephrine auto-injector under this section, regardless of whether authorization was given by the pupil’s parent or guardian or by the pupil’s physician, physician assistant, or advanced practice registered nurse prescriber, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

**SECTION 37.** 146.343 (1) (c) of the statutes is amended to read:

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

**SECTION 38.** 146.82 (3) (a) of the statutes is amended to read:

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

**SECTION 39.** 146.89 (1) (r) 1. of the statutes is amended to read:

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

**SECTION 40.** 146.89 (1) (r) 3. of the statutes is repealed.

**SECTION 41.** 146.89 (1) (r) 8. of the statutes is amended to read:

146.89 (1) (r) 8. An advanced practice registered nurse who has a certificate to issue prescription orders under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c).

**SECTION 42.** 146.89 (6) of the statutes is amended to read:

146.89 (6) (a) While serving as a volunteer health care provider under this section, an advanced practice registered nurse who has a certificate to issue prescription orders under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c) is considered to meet the requirements of s. 655.23, if required to comply with s. 655.23.

(b) While serving as a volunteer health care provider under this section, an advanced practice registered nurse who has a certificate to issue prescription orders...
under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c) is not required to
maintain in effect malpractice insurance.

SECTION 43. 252.01 (1c) of the statutes is repealed.

SECTION 44. 252.07 (8) (a) 2. of the statutes is amended to read:

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

SECTION 45. 252.07 (9) (c) of the statutes is amended to read:

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

SECTION 46. 252.10 (7) of the statutes is amended to read:

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

SECTION 47. 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read:

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

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

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

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

(10) The state laboratory of hygiene shall examine specimens for the diagnosis
of sexually transmitted diseases for any physician, physician assistant, advanced
practice registered nurse prescriber, or local health officer in the state, and shall
report the positive results of the examinations to the local health officer and to the
department. All laboratories performing tests for sexually transmitted diseases
shall report all positive results to the local health officer and to the department, with
the name of the physician, physician assistant, or advanced practice registered nurse prescriber to whom reported.

**SECTION 48.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

252.15 (3m) (d) 11. b. The coroner, medical examiner, or appointed assistant is investigating the cause of death of the subject of the HIV test and has contact with the body fluid of the subject of the HIV test that constitutes a significant exposure, if a physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the coroner, medical examiner, or appointed assistant has had a contact that constitutes a significant exposure and if the certification accompanies the request for disclosure.

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

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

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

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

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

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

(b) Notified the HIV test subject that the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure will be reported to the state epidemiologist.

SECTION 49. 252.16 (3) (c) (intro.) of the statutes is amended to read:

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

SECTION 50. 252.17 (3) (c) (intro.) of the statutes is amended to read:

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

SECTION 51. 253.07 (4) (d) of the statutes is amended to read:

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

SECTION 52. 253.115 (1) (f) of the statutes is created to read:

253.115 (1) (f) “Nurse-midwife” means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife endorsement under s. 441.09.
SECTION 53. 253.115 (4) of the statutes is amended to read:

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

SECTION 54. 253.115 (7) (a) (intro.) of the statutes is amended to read:

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

SECTION 55. 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and amended to read:

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

SECTION 56. 253.13 (1) (a) of the statutes is created to read:

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

SECTION 57. 253.15 (1) (em) of the statutes is created to read:
253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife endorsement under s. 441.09.

SECTION 58. 253.15 (2) of the statutes is amended to read:

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

SECTION 59. 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.)
and amended to read:

255.06 (1) (f) (intro.) “Nurse practitioner” “Women’s health nurse clinician”
means any of the following:

1. A registered nurse licensed under ch. 441 or in a party state, as defined in
s. 441.50 (2) (j), whose practice of professional nursing under s. 441.001 (4) includes
performance of delegated medical services under the supervision of a physician,
dentist, or podiatrist, or advanced practice registered nurse.

SECTION 60. 255.06 (1) (f) 2. of the statutes is created to read:

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

SECTION 61. 255.06 (2) (d) of the statutes is amended to read:

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

SECTION 62. 255.07 (1) (d) of the statutes is amended to read:

255.07 (1) (d) “Health care practitioner” means a physician, a physician
assistant licensed under s. 448.04 (1) (f), or an advanced practice registered nurse
who is certified to issue prescription orders under s. 441.16 has prescribing authority
under s. 441.09 (2) (c).

SECTION 63. 257.01 (5) (a) and (b) of the statutes are amended to read:
257.01 (5) (a) An individual who is licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448.

(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed practical nurse, or nurse-midwife, advanced practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2015 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448, if the individual's license or certification was never revoked, limited, suspended, or denied renewal.

SECTION 64. 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to read:

341.14 (1a) If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor
licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is owned by a nonveteran disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee shall be made for the issuance or renewal of such plates.

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

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

SECTION 65. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any
licensed operator to submit to a special examination by such persons or agencies as
the secretary may direct to determine incompetency, physical or mental disability,
disease, or any other condition that might prevent such applicant or licensed person
from exercising reasonable and ordinary control over a motor vehicle. If the
department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice registered nurse prescribed under s. 441.16 (2) licensed under s. 441.09, or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person’s operating privilege in the manner specified in s. 343.30 (1q) (d).

SEC 66. 343.51 (1) of the statutes is amended to read:

343.51 (1) Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle parked by, or under the direction of, the person, or a motor vehicle operated by or on behalf of the
organization when used to transport such a person, to parking privileges under s. 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined by the department, upon submission by the applicant, if the applicant is an individual rather than an organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

**SECTION 67.** 343.62 (4) (a) 4. of the statutes is amended to read:

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

**SECTION 68.** 440.03 (13) (b) 3. of the statutes is repealed.

**SECTION 69.** 440.03 (13) (b) 39m. of the statutes is created to read:

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

**SECTION 70.** 440.03 (13) (b) 42. of the statutes is repealed.

**SECTION 71.** 440.08 (2) (a) 4m. of the statutes is repealed.

**SECTION 72.** 440.08 (2) (a) 47. of the statutes is created to read:

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

**SECTION 73.** 440.08 (2) (a) 50. of the statutes is repealed.

**SECTION 74.** 440.981 (1) of the statutes is amended to read:

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

**SECTION 75.** 440.982 (1) of the statutes is amended to read:

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

**SECTION 76.** 440.987 (2) of the statutes is amended to read:
440.987 (2) One member who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife endorsement under s. 441.09 and who practices in an out-of-hospital setting.

**SECTION 77.** 441.01 (7) (a) (intro.) and 1. of the statutes are amended to read:

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

1. Complete and submit to the department with the application for renewal of the license, certificate, or permit a nursing workforce survey developed by the department of workforce development under s. 106.30 (2).

**SECTION 78.** 441.01 (7) (b) of the statutes is amended to read:

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

**SECTION 79.** 441.06 (3) of the statutes is amended to read:

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

**SECTION 80.** 441.06 (7) of the statutes is renumbered 441.09 (5) and amended to read:
441.09 (5) **CIVIL LIABILITY.** No person certified licensed as an advanced practice registered nurse prescriber under s. 441.16 (2) this section is liable for civil damages for any of the following:

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

(b) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient’s name and other information relevant to a physical or mental condition of the patient that in the advanced practice nurse prescriber’s registered nurse’s judgment does not impair the patient’s ability to exercise reasonable and ordinary control over a motor vehicle.

**SECTION 81.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to read:

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

(a) Fraud in the procuring or renewal of the certificate or license.
(c) Acts which show the registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs, or mental incompetency.

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

SECTION 82. 441.09 of the statutes is created to read:

441.09 Advanced practice registered nurses. (1) Definitions. In this section:

(a) “Advanced practice registered nursing” means practicing in one of the 4 recognized roles based on advanced clinical knowledge and skills focusing on direct care of individuals, greater responsibility, autonomy, and accountability for the provision of care, health promotion and maintenance, management of patient conditions, and the use and prescription of pharmacological interventions.

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

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

(d) “Recognized role” means one of the following roles:

1. Certified nurse-midwife.
2. Certified registered nurse anesthetist.
3. Clinical nurse specialist.

(2) INITIAL LICENSE. (a) Any person who satisfies all of the following requirements may apply to the department for initial licensure by the board as an advanced practice registered nurse:

1. The person holds a valid license to practice as a registered nurse issued under s. 441.06 (1) or (1m) or applies concurrently for a license under s. 441.06 (1) or (1m) with the application for a license under this paragraph.

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

   a. The person has completed an accredited graduate-level or postgraduate-level education program that prepares the person for the practice of advanced practice registered nursing.

   b. On January 1, 2017, the person was licensed as a registered nurse in this state and was practicing in a recognized role, and the person satisfies additional criteria established by the board by rule under this subd. 2. b. relating to practice or education.

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

4. The person provides evidence of malpractice liability insurance coverage as provided in sub. (7).
5. If the person is applying to receive a certified nurse-midwife endorsement under par. (b), the person provides evidence satisfactory to the board that the person is certified by the American Midwifery Certification Board.

(b) The board shall grant an advanced practice registered nurse license to a person the board determines meets the requirements under par. (a). The board shall also grant a person who receives a license under this paragraph one or more endorsements corresponding to the recognized roles for which the board determines that the person qualifies based on the person’s education and experience under par. (a) 2. a. or b. and, if applicable, the person’s certification under par. (a) 5. The board may not grant a license under this paragraph to a person applying concurrently for a license under s. 441.06 (1) or (1m), unless the board also grants the person a license to practice as a registered nurse.

(c) The board, upon application, shall also grant authority to issue prescription orders to a person who is granted a license under this subsection and who meets the education, training, and examination requirements established by the board for authority to issue prescription orders. The board shall maintain a register of all advanced practice registered nurses authorized to issue prescription orders under this paragraph. An advanced practice registered nurse with the authority to issue prescription orders under this paragraph may provide expedited partner therapy in the manner described in s. 448.035.

(3) LICENSE RENEWAL. On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under sub. (2) shall submit to the board on a form furnished by the board a statement giving his or her name and residence, the nursing workforce survey and fee required under s. 441.01 (7), evidence of having satisfied the continuing education requirements under sub. (6), evidence of
malpractice liability insurance coverage as provided in sub. (7), and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). The board shall grant to a person who satisfies the requirements under this subsection the renewal of his or her advanced practice registered nurse license and endorsements granted under sub. (2) (b) and shall grant the renewal of his or her license to practice as a registered nurse.

(4) PRACTICE; TITLES. (a) 1. The holder of a license issued under this section is an “advanced practice registered nurse” and may append to his or her name the title “A.P.R.N.” and is authorized to practice advanced practice registered nursing.

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

3. The holder of a certified nurse-midwife endorsement granted under sub. (2) (b) is a certified nurse-midwife and is authorized to engage in the practice of nurse-midwifery.

(b) 1. Except as provided in s. 257.03, no person may practice or attempt to practice advanced practice registered nursing, nor use the title “advanced practice registered nurse,” the title “A.P.R.N.,” or anything else to indicate that he or she is an advanced practice registered nurse unless he or she is licensed under this section.

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

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

   b. Engage in the practice of nurse-midwifery unless he or she has been granted a certified nurse-midwife endorsement under sub. (2) (b).
c. Use the title “certified registered nurse anesthetist,” the title “C.R.N.A.,” or anything else to indicate that he or she is a certified registered nurse anesthetist unless he or she has been granted a certified registered nurse anesthetist endorsement under sub. (2) (b).

d. Use the title “clinical nurse specialist,” the title “C.N.S.,” or anything else to indicate that he or she is a clinical nurse specialist unless he or she has been granted a clinical nurse specialist endorsement under sub. (2) (b).

e. Use the title “nurse practitioner,” the title “N.P.,” or anything else to indicate that he or she is a nurse practitioner unless he or she has been granted a nurse practitioner endorsement under sub. (2) (b).

(6) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse's area of practice. The hours required under this subsection must include at least 2 contact hours regarding best practices in prescribing controlled substances.

(7) MALPRACTICE LIABILITY INSURANCE. Every advanced practice registered nurse shall at all times have in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board. An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

(8) DELEGATION. An advanced practice registered nurse who has authority to issue prescription orders may not delegate the act of issuing a prescription order to
any nurse who is not authorized to issue prescription orders. Nothing in this section
prohibits a nurse from issuing a prescription order as an act delegated by a physician.

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

(a) Establishing the appropriate education, training, or experience
requirements that a registered nurse must satisfy to be an advanced practice
registered nurse and to qualify to be granted the authority to issue prescription
orders under sub. (2) (c).

(b) Specifying the classes of drugs, individual drugs, or devices that may not
be prescribed by an advanced practice registered nurse authorized to issue
prescription orders under sub. (2) (c).

(c) Specifying the conditions to be met for registered nurses to do the following:
1. Administer a drug prescribed by an advanced practice registered nurse.
2. Administer a drug at the direction of an advanced practice registered nurse.

SECTION 83. 441.11 (title) of the statutes is repealed.

SECTION 84. 441.11 (1) of the statutes is repealed.

SECTION 85. 441.11 (2) of the statutes is renumbered 441.09 (8m) and amended
to read:

441.09 (8m) NURSE ANESTHETISTS. The provisions of s. 448.04 (1) (g) do not apply
to a licensed advanced practice registered nurse who possesses a certified registered
nurse anesthetist endorsement under this section.

SECTION 86. 441.11 (3) of the statutes is repealed.

SECTION 87. 441.15 of the statutes is repealed.

SECTION 88. 441.16 of the statutes is repealed.

SECTION 89. 441.18 (2) (a) (intro.) of the statutes is amended to read:
441.18 (2) (a) (intro.) An advanced practice registered nurse certified to issue prescription orders under s. 441.16 who has prescribing authority under s. 441.09 (2) (c) may do any of the following:

SECTION 90. 441.18 (2) (b) of the statutes is amended to read:

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

SECTION 91. 441.18 (3) of the statutes is amended to read:

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

SECTION 92. 448.03 (2) (a) of the statutes is amended to read:

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

SECTION 93. 448.035 (1) (a) of the statutes is repealed.

SECTION 94. 448.035 (2), (3) and (4) of the statutes are amended to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician, physician assistant, or certified advanced practice registered nurse prescriber who
has prescribing authority under s. 441.09 (2) (c) may provide expedited partner
therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual
partner during which the chlamydial infection, gonorrhea, or trichomoniasis may
have been transmitted to or from the sexual partner. The physician, physician
assistant, or certified advanced practice registered nurse prescriber shall attempt to
obtain the name of the patient’s sexual partner. A prescription order for an
antimicrobial drug prepared under this subsection shall include the name and
address of the patient’s sexual partner, if known. If the physician, physician
assistant, or certified advanced practice registered nurse prescriber is unable to
obtain the name of the patient’s sexual partner, the prescription order shall include,
in ordinary bold-faced capital letters, the words, “expedited partner therapy” or the
letters “EPT.”

(3) The physician, physician assistant, or certified advanced practice
registered nurse prescriber shall provide the patient with a copy of the information
sheet prepared by the department of health services under s. 46.03 (44) and shall
request that the patient give the information sheet to the person with whom the
patient had sexual contact.
(4) (a) Except as provided in par. (b), a physician, physician assistant, or certified advanced practice registered nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

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

Section 95. 448.56 (1) and (1m) (b) of the statutes are amended to read:

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

SECTION 96. 448.67 (2) of the statutes is amended to read:

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

SECTION 97. 448.956 (1m) of the statutes is amended to read:

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

SECTION 98. 450.01 (1m) of the statutes is repealed.
SECTION 99. 450.01 (16) (h) 2. of the statutes is amended to read:

450.01 (16) (h) 2. The patient’s advanced practice registered nurse prescriber, if the advanced practice registered nurse prescriber has entered into a written agreement to collaborate with a physician has prescribing authority under s. 441.09 (2) (c).

SECTION 100. 450.01 (16) (hr) 2. of the statutes is amended to read:

450.01 (16) (hr) 2. An advanced practice registered nurse prescriber who has prescribing authority under s. 441.09 (2) (c).

SECTION 101. 450.03 (1) (e) of the statutes is amended to read:

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

SECTION 102. 450.11 (1i) (a) 1. of the statutes is amended to read:

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

SECTION 103. 450.11 (1i) (b) 2. b. of the statutes is amended to read:

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

SECTION 104. 450.11 (7) (b) of the statutes is amended to read:

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

SECTION 105. 450.11 (8) (e) of the statutes is amended to read:

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

SECTION 106. 450.13 (5) (b) of the statutes is amended to read:

450.13 (5) (b) The patient’s advanced practice registered nurse prescriber, if the
advanced practice registered nurse prescriber has entered into a written agreement
to collaborate with a physician has prescribing authority under s. 441.09 (2) (c).

SECTION 107. 462.04 of the statutes is amended to read:

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

**SECTION 108.** 655.001 (7t) of the statutes is amended to read:

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

**SECTION 109.** 655.001 (9) of the statutes is amended to read:

655.001 (9) “Nurse anesthetist” means a nurse an individual who is licensed under ch. 441 or in a party state, as defined in s. 441.50 (2) (j), who is certified as a nurse anesthetist by the American association of nurse anesthetists as an advanced practice registered nurse and possesses a certified registered nurse anesthetist endorsement under s. 441.09.

**SECTION 110.** 655.005 (2) (a) of the statutes is amended to read:

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

**SECTION 111.** 961.01 (19) (a) of the statutes is amended to read:

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

SECTION 112. 961.395 of the statutes is amended to read:

961.395 Limitation on advanced practice registered nurses. (1) An
advanced practice registered nurse who is certified under s. 441.16 who has
prescribing authority under s. 441.09 (2) (c) may prescribe controlled substances only
as permitted by the rules promulgated under s. 441.16 (3) 441.09 (9).

(2) An advanced practice registered nurse certified under s. 441.16 shall
include with each prescription order the advanced practice registered nurse
prescriber certification number identifier issued to him or her by the board of
nursing.

(3) An advanced practice registered nurse certified under s. 441.16 who has
prescribing authority under s. 441.09 (2) (c) may dispense a controlled substance only
by prescribing or administering the controlled substance or as otherwise permitted
by the rules promulgated under s. 441.16 (3) 441.09 (9).

SECTION 113. Effective date.

(1) This act takes effect on March 1, 2020.

(END)
TEXT OF RULE

SECTION 1. N 1.02 (1) is amended to read:

N 1.02 (1) “Annual pass rate” means the NCLEX pass rates for those who took the NCLEX or advanced practice certification examination between January 1 and December 31.

SECTION 2. N 1.02 (5g) is amended to read:

N 1.02 (5g) “Institutional accreditation” means that the institution conforms to the standards of education prescribed by a regional or national accrediting commission recognized by the U.S. department of education.

SECTION 3. N 1.02 (12) is repealed and recreated to read:

N 1.02 (12) “School of professional nursing” means a school preparing nursing students at the associate, bachelor’s, or graduate degree level. This includes schools granting any of the following:
   (a) Certificate of completion for practical nurse licensure or professional nurse licensure.
   (b) Postlicensure bachelor’s degree.

SECTION 4. N 1.03 (1) (c) is amended to read:

N 1.03 (1) (c) Evidence of the availability of sufficient clinical facilities and resources. No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the board.

SECTION 5. N 1.04 (1) (a) and (b) are amended to read:

N 1.04 (1) (a) Verification of employment of an educational administrator meeting the qualifications in s. N 1.08 (2) (a).
   (b) Evidence of provision employment of sufficient number of faculty meeting the qualifications in s. N 1.08 (3) to teach the courses offered for the first six months.

SECTION 6. N 1.04 (1) (d) 4. is repealed.

SECTION 7. N 1.04 (1) (dm) and (em) are created to read:

N 1.04 (1) (dm) Documentation of a school evaluation plan.
   (em) Documentation of a plan for student or prospective student access to student policies.

SECTION 8. N 1.04 (1) (f) 1. is amended to read:
N 1.04 (1) (f) 1. Letter of intent or contracts. Contracts from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients. All contracts or memoranda of understanding shall be signed and dated after the date on which the school of nursing was granted authorization to plan by the board.

SECTION 9. N 1.04 (1) (f) 3. is created to read:

N 1.04 (1) (f) 3. Clinical experiences shall represent all areas of nursing practice covered by the school of nursing’s curriculum.

SECTION 10. N 1.04 (2g) and (2r) are created to read:

(2g) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting N 1.08 (3) standards to teach the courses offered four months from the date of the report is due.

(2r) The board may review the school of nursing to determine whether s. N 1.08 standards are being met by doing any of the following:
   (a) A site survey.
   (b) A self-assessment.
   (c) A plan for improvement and any progress reports.

SECTION 11. N 1.05 (1) (intro) is amended to read:

N 1.05 (1) A school of nursing may apply for approval of the school of nursing upon graduation of the first class or eligibility to sit for the NCLEX, but may not apply later than graduation of the third class. The school of nursing shall submit all of the following:

SECTION 12. N 1.05 (1) (b) is amended to read:

N 1.05 (1) (b) The school of nursing’s ongoing systematic evaluation plan. The systematic evaluation plan shall include an evaluation of the NCLEX success annual pass rate of any graduates took the NCLEX or an advanced practice certification examination.

SECTION 13. N 1.05 (5) (c) is amended to read:

N 1.05 (5) (c) Close the school of nursing occur when the last student has transferred.

SECTION 14. N 1.07 (1) is amended to read:

N 1.07 (1) A school of nursing shall receive nursing accreditation by a board recognized nursing accreditation agency within three years of school approval. Schools of nursing which have received board approval prior to July 1, 2014 shall receive nursing accreditation by a board recognized nursing accreditation agency by July 1, 2017.

SECTION 15. N 1.08 (1) (d) is amended to read:
N 1.08 (1) (d) Have written contracts documentation between the school of nursing and institutions which offer associated academic study, clinical facilities, and agencies for related services for students.

SECTION 16. N 1.08 (2) (a) 2. is amended to read:

N 1.08 (2) (a) 2. A graduate degree with a major in nursing. A doctoral degree is required for a school of nursing offering a graduate degree nursing program.

SECTION 17. N 1.08 (2) (a) 3. is repealed and recreated to read:

N 1.08 (2) (a) 3. Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and one of the following:
   a. Two years experience as an instructor in a nursing education program within the last 5 years.
   b. One year experience as an instructor in a nursing education program within the last 5 years and the graduate degree included education preparation.

SECTION 18. N 1.08 (2) (b) is repealed and recreated to read:

N 1.08 (2) (b) The institution shall designate an interim or permanent educational administrator and notify the board within 5 business days of a vacancy in the educational administrator’s position or change in educational administrator. Failure to report by the educational administrator is considered a violation of s. N 7.03 (1) (intro.)

SECTION 19. N 1.08 (2) (c) and (d) are created to read:

N 1.08 (2) (c) The institution shall designate an interim or permanent educational administrator and notify the board within 5 business days of a vacancy in the educational administrator position. The institution may request board approval of an interim educational administrator who does not meet the qualifications in par. (a).
   (d) The interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship. The institution and new educational administrator shall notify the board within 5 business days of the institution’s hiring of the educational administrator.

SECTION 20. N 1.08 (3) (b) 2. is repealed and recreated to read:

N 1.08 (3) (b) 2. A graduate degree with a major in nursing. Doctoral degree is required for faculty teaching a graduate level course. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.

SECTION 21. N 1.08 (3) (b) 3. is created to read:
N 1.08 (3) (b) 3. Notwithstanding subdiv. 2, interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

SECTION 22. N 1.08 (3) (d) (intro.) is repealed and recreated to read:

N 1.08 (3) (d) Faculty exceptions. An educational administrator may apply to the board for exceptions to faculty requirements. A minimum of 50 percent of faculty must meet the faculty qualifications. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). The board may grant any of the following exceptions:

SECTION 23. N 1.08 (3) (d) 1m. is created to read:

N 1.08 (3) (d) 1m. ‘Graduate level course standard exception.’ A standard exception for a person teaching a graduate level course is a masters degree in nursing and is actively enrolled in a doctorate program in nursing.

SECTION 24. N 1.08 (3) (d) 2. is repealed and recreated to read:

N 1.08 (3) (d) 2. ‘Emergency exception.’ A person with a bachelor’s degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered and the extenuating circumstances to the board prior to the board approving another emergency exception.

SECTION 25. N 1.08 (3) (d) 2m. is created to read:

N 1.08 (3) (d) 2m. ‘Graduate level course emergency exception’ A person teaching a graduate level course with a masters degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. It may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered and the extenuating circumstances to the board prior to the board approving another emergency exception.

SECTION 26. N 1.08 (3) (d) 3. (intro.) is repealed and recreated to read:

N 1.08 (3) (d) 3. ‘Non-nursing masters degree exception.’ A non-nursing masters degree exception is for a person who has an unique combination of knowledge, experience and skills that will best serve the school of nursing, faculty, and students in a specific content area. The person shall meet all of the following:
SECTION 27. N 1.08 (3) (d) 3. d. is repealed.

SECTION 28. N 1.08 (3) (d) 3m. is created to read:

N 1.08 (3) (d) 3m. ‘Graduate level course non-nursing doctoral degree exception.’ A non-nursing doctoral degree exception is for a person who is teaching a graduate level course and has an unique combination of knowledge, experience and skills that will best serve the school of nursing, faculty, and students in a specific content area. The person shall meet all of the following:
   a. A bachelor’s or masters degree in nursing.
   b. A doctoral degree related to the topic of the course the person is teaching.
   c. Nursing experience in the area of teaching assignment.

SECTION 29. N 1.09 is repealed and recreated to read:

N 1.09 Annual pass rates. (1) GENERALLY. The school of nursing NCLEX pass rate includes all prelicensure students taking the NCLEX in the school of nursing. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing. A school of nursing which contains graduate programs shall include all advanced practice certification examinations related to programs offered in the school of nursing. (2) ANNUAL PASS RATE STANDARD. The annual pass rate of graduates taking the NCLEX or advanced practice certification examinations for all test takers is a minimum of 80%. (3) ANNUAL PASS RATE STANDARD NOT MET. If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contributing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and institutional plan shall be submitted to the board within 45 days of the board notifying the school of nursing of its failure to meet the annual pass rate standard and the institutional plan shall be acted on by the board no later than July 15. Failure to have a board approved plan by July 15 results in a review of the school of nursing under s. N 1.10 (4).

SECTION 30. N 1.10 (1) (a), (b) and (c) are amended to read:

N 1.10 (1) (a) Annual self-evaluation reports by February 1. (b) All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards. (c) Notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.

SECTION 31. N 1.10 (3) (c) and (d) are amended to read:

N 1.10 (3) (c) Complaints regarding the conduct of the school are received and it is necessary to validate the complaints. (d) Failure to meet NCLEX annual pass rate standard in s. N 1.09 (1) for more than 2 consecutive years.
SECTION 32. N 1.10 (4) (b) and (c) are amended to read:

N 1.10 (4) (b) A self-study self-assessment.
(c) A plan for improvement and any progress reports.

SECTION 33. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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TEXT OF RULE

SECTION 1. N 1.02 (13) is created to read:

**N 1.02 (13) “Simulation” means planned clinical experiences to develop clinical judgment and assess learning utilizing patient simulators in an environment and under conditions that provide a realistic clinical scenario.**

SECTION 2. N 1.08 (4) (intro.) is amended to read:

**N 1.08 (4) CURRICULUM. The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by a nursing faculty member with a graduate degree and designed to teach students to use a systematic approach to clinical decision-making and safe patient care. Curriculum for graduate level courses shall be developed by nursing faculty with a doctoral degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:**

SECTION 3. N 1.08 (4) (c) 3. is amended to read:

**N 1.08 (4) (c) 3. Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Prelicensure programs shall include patients across the lifespan.**

SECTION 4. N 1.08 (5) (a) (intro.) is amended to read:

**N 1.08 (5) (a) Patient experiences shall occur in a variety of clinical or simulated settings of nursing practice expected at the level of licensure and shall include all of the following:**

SECTION 5. N 1.08 (5) (a) 1. is amended is read:

**N 1.08 (5) (a) 1. Integrating patient safety principles throughout the didactic and clinical coursework, evidence based research with patient goals and values to produce optimal care.**

SECTION 6. N 1.08 (5) (a) 2. is repealed.

SECTION 7. N 1.08 (5) (a) 3. is amended to read:

**N 1.08 (5) (a) 3. Providing patient-centered culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by doing all of the following:**
SECTION 8. N 1.08 (5) (a) 3. a. is repealed.

SECTION 9. N 1.08 (5) (a) 3.b. and d. are repealed and replaced to read:

N 1.08 (5) (a) 3. b. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care.
d. Providing education at a level understandable by the patient.

SECTION 10. N 1.08 (5) (a) 4. and 5. are amended to read:

N 1.08 (5) (a) 4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality safe and effective patient care.
5. Participating in Experience quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

SECTION 11. N 1.08 (5) (b) is amended to read:

N 1.08 (5) (b) All cooperating agencies entities selected for clinical experiences shall have adhere to standards which demonstrate concern for the patient and evidence the skillful application of all measures of safe nursing practices.

SECTION 12. N 1.08 (5) (d) 1. is amended to read:

N 1.08 (5) (d) 1. Development of skills in the provision of direct patient care.

SECTION 13. N 1.08 (5) (d) 2. and 3. are repealed.

SECTION 14. N 1.08 (5) (d) 5. is created to read:

N 1.08 (5) (d) 5. Effective application of the nursing process.

SECTION 15. N 1.08 (5m) is created to read:

N. 1.08 (5m) SIMULATION (a) Simulation used to meet clinical requirements shall adhere to all of the following:
1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.
2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.
3. The simulation provides an opportunity for each student to participate while in the role of the nurse.
(b) Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

SECTION 16. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)