WHA proposes replacing Section 82 with the following:

(1) Definitions.

(a) An "advanced practice registered nurse" means any of the following:

1. An individual licensed under sub. (3) as a certified registered nurse anesthetist.

2. An individual licensed under sub. (4) as a certified nurse-midwife.

3. An individual licensed under sub. (5) as a nurse practitioner.

4. An individual licensed under sub. (6) as a clinical nurse specialist.

Comment: Under the bill an advance practice nurse must be first licensed by the board as an APRN and then receive separate "endorsement" from the board in one of the recognized roles, and then receive separate authorization to prescribe. We propose simplifying that process and also explicitly recognizing each of the roles as having its own "license" rather than an "endorsement." Under this simplified proposal, any licensed CRNA, NP, CNM, or CNS is an APRN under the statutes. Further, with the exception of Clinical Nurse Specialists, we propose simply including prescriptive authority within the scope of practice of a licensed CRNA, NP, or CNM.

Comment: It is our understanding that unlike the other three APRN roles, the CNS role often does not include prescriptive authority, thus consistent with the approach taken in AB 568, we are proposing that a CNS scope of practice not automatically include prescriptive authority, but that a CNS can receive special authority from the board to issue prescription orders which is delineated below at sub (6)(d).

Comment: Text highlighted in red is used below to highlight specific concepts different than or not included in AB 568.

(b) Any advance practice registered nurse may utilize the term "advance practice registered nurse" or the title "A.P.R.N." No person may use such title or anything else to indicate that he or she is an advance practitioner unless he or she is one of the licensed individuals described in sub. (a).

(2) Licensure requirements applicable to all Advance Practice Registered Nurse licenses. The following paragraphs apply to all individuals licensed as or seeking licensure as an Advanced Practice Registered Nurse.

(a) Initial License An applicant for any advanced practice registered nurse license shall meet all of the following requirements:

Comment: The requirements in sub. (a) are pulled from the requirements in AB 568. Not all of the requirements in AB 568 appear in this subparagraph, because some of them are moved to initial licensure requirements under sub. (3), (4), (5), and (6) for each of the respective licensed roles.

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 as a Clinical Nurse Specialist, Certified Nurse Midwife, Certified Nurse Anesthetist, or Nurse Practitioner.

b. On January 1, 2017, the person was licensed as a registered nurse in this state and was practicing as a Clinical Nurse Specialist, Certified Nurse Midwife, Certified Nurse Anesthetist, Nurse Practitioner, 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).

Comment: At this time, no change to fees is made in this proposal compared to AB 568. Is it correct that currently, a CNM or an APNP does not have to pay a fee in addition to their fee to be credentialed as an RN? Under AB 568, would an APRN have to pay two fees – one to be an RN as required by the statute, and another to be a licensed APRN? Would the Board be taking on significantly different duties under AB 568 compared to current law?

4. The person provides evidence of malpractice liability insurance coverage as provided in sub. (8).

(b) Licensure as a Registered Nurse is Required. The board may not grant a license to practice as an advance practice registered nurse 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. [see page 40, lines 9-12]

Comment: The requirements in sub. (b) are pulled from the requirements in AB 568. See page 40, lines 11-13]

(c) License Renewal. On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued an advanced practice registered nurse license under sub. (2) this section 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)(7), evidence of malpractice liability insurance coverage as provided in sub. (7)(8), any other information or evidence required of the nurse under sub. (d), 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 license to practice as an 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.

Comment: The text in red indicates changes to the text in AB 568 beginning on page 40, line 21. We do not believe these changes change the substance of the intent of AB 568.
(d) CONDITIONS OF LICENSURE. The board may place specific limitations on an individual licensed advance practice registered nurse as a condition of licensure, including but not limited to a requirement for direct physician supervision for some or all services provided by the licensed advance practice registered nurse.

COMMENT: THIS PROPOSED SUB. (d) DOES NOT APPEAR TO HAVE A COROLLARY IN AB 568, BUT THIS IS AN IMPORTANT CLARIFICATION THAT SHOULD NOT CHANGE THE SUBSTANCE OF THE INTENT OF AB 568 OR CURRENT BOARD AUTHORITY.

(3) CERTIFIED REGISTERED NURSE ANESTHETIST LICENSURE

COMMENT: THIS PROPOSED SUB. (3) SETS FORTH LICENSURE REQUIREMENTS AND PROVISIONS SPECIFIC TO THE ROLE OF CRNAs. UNDER THIS PROPOSAL, A CRNA WOULD SIMPLY BE LICENSED AS A CRNA. UNDER AB 568, A CRNA WOULD BE LICENSED AS A APRN, “ENDORSED” AS A CRNA, AND HAVE TO RECEIVE SPECIAL AUTHORIZATION TO PRESCRIBE.

(a) SCOPE OF PRACTICE.

COMMENT: ALTHOUGH BOTH ARE APRNs, THE SCOPE OF PRACTICE OF A CRNA IS DIFFERENT FROM THE SCOPE OF PRACTICE OF AN NP. WE PROPOSE THAT EACH LICENSED ROLE – CRNA, CNM, NP, AND CNS – EACH HAVE THEIR OWN STATUTORY SCOPE OF PRACTICE TO HELP REGULATORS, PAYERS, HOSPITALS, AND EMPLOYERS COMPLY WITH OBLIGATIONS TO ENSURE AN INDIVIDUAL’S SERVICE IS WITHIN THEIR SCOPE OF PRACTICE. FOR COMPARISON, MINNESOTA’S RECENT CHANGE TO ITS APRN LICENSURE STATUTE SPECIFIED SCOPEs OF PRACTICE SPECIFIC TO NPs, CNMs, AND CNSs.

1. A licensed Certified Registered Nurse Anesthetist may consistent with rules established by the board and his or her education, training, and experience provide anesthesia care, pain management care and care related to anesthesia and pain management for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illness or injury, in diverse settings, including, but not limited to, hospitals, ambulatory surgery centers, and outpatient clinics.


2. Except as provided by subd. (2)(d), a licensed certified registered nurse anesthetist is authorized to issue prescription orders for drugs, items, and services consistent with his or her care provided under subd. 1 without physician supervision.

COMMENT: RATHER THAN HAVING A SEPARATE BOARD AUTHORIZATION TO PRESCRIBE, WE PROPOSE SIMPLY INCLUDING PRESCRIPTIVE AUTHORITY AS BEING INCLUDED IN THE SCOPE OF PRACTICE OF A LICENSED CRNA.
3. Except as provided by subd. (2)(d), a licensed certified registered nurse anesthetist may lawfully administer anesthesia without physician supervision. All licensed certified registered nurse anesthetists must practice in a collaborative relationship with a physician. The collaborative relationship is a process in which a licensed certified registered nurse anesthetist is working with a physician, in each other’s presence when necessary, to deliver health care services within the scope of the scope of his or her licensed practice. The licensed certified registered nurse anesthetist shall document this relationship.

COMMENT: This language is consistent with N8 adopted by the Board in November 2015. AB 568 appears to not change the policy articulated in N8. For added clarity, we in addition propose adding the first sentence to make it clear that physician supervision is not required. Also note, that the language in N8 does not require a “collaborative agreement” as was previously required in N8 prior to 2016 but instead simply requires that the CRNA “document” this relationship. Thus, this language enshrines in statute, the current law regarding collaboration and CRNAs.

4. The permissions provided in sub. (a) are permissions granted by the State of Wisconsin authorizing the licensed practice of certified registered nurse anesthetists. Nothing in this sub. (a) prohibits an employer, hospital, health plan, or other similar entity with a relationship with a licensed certified nurse midwife from establishing additional or different practice requirements on a licensed certified nurse midwife as a condition of their relationship.

COMMENT: This section makes it clear to the reader that licensure is a grant of authority by the state, but that licensure authority does not preempt the authority of employers, health plans, hospitals, etc., from setting their own policies with a nurse as a condition of their relationship.

5. The provisions of s. 448.04(1)(g) do not apply to a licensed certified registered nurse anesthetist.

COMMENT: This subd. 5. replaces section 85 of AB 568 and has the same effect.

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

1. 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 the board has determined prepares the person for practice as a certified registered nurse anesthetist.

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

COMMENT: This subd. 1 has the same effect as page 39, lines 11-22 except it applies specifically to CRNAs.

2. The person provides evidence of current certification as a certified registered nurse anesthetist by a national certifying body approved by the board.
COMMENT: This subd. 2 maintains current law under N8.03(2). AB 568 requires this evidence of CNMs at page 40, lines 1-4. It is not clear why this requirement should not apply to all of the APRN roles being licensed under AB 568.

3. The person meets any other criteria established by the board by rule relating to the education, training, or experience of a certified registered nurse anesthetist.

COMMENT: This requirement proposed in this subd. 3 does not appear to be addressed in AB 568, but it appears to be important to explicitly provide this authority to the board.

(c) LICENSE RENEWAL. A person renewing his or her certified registered nurse anesthetist license under sub. (2)(c) shall provide evidence of current certification as a certified registered nurse anesthetist by a national certifying body approved by the board.

COMMENT: This requirement applicable to license renewal does not appear to be addressed in AB 568, but it is currently required by N8.045(4).

(d) TITLE. Except as provided in s. 257.03, no person may 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 license as a certified registered nurse anesthetist under this section.

COMMENT: Sub. (d) uses the same protected title for CRNAs as page 42, lines 1-4 of AB 568.

(4) CERTIFIED NURSE MIDWIFE LICENSURE

(a) SCOPE OF PRACTICE.

1. A licensed certified nurse midwife may consistent with rules established by the board and his or her education, training, and experience practice in 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.

COMMENT: This is the same scope of practice as AB 568 beginning on page 38, line 22 and under current law at s. 441.15(1)(b).

2. Except as provided by subd. (2)(d), a licensed certified nurse midwife may lawfully issue prescription orders for drugs, items, and services consistent with his or her care provided under subd. 1 without physician supervision. The practice of a licensed certified nurse midwife under subd. 1 may only occur in a health care facility approved by the board by rule under sub. (e).

COMMENT: Rather than having a separate board authorization to prescribe, we propose simply including prescriptive authority as being included in the scope of practice of a licensed CNM.

COMMENT: The addition in red is added to preserve an important authority of the board at s. 441.15(3)(c) to specify where certified nurse mid-wives’ practice may occur. The board has promulgated such rules at N4.09.
3. All licensed certified nurse midwives must practice in a collaborative relationship with a physician with postgraduate training in obstetrics. The collaborative relationship is a process in which a licensed certified nurse midwife is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the scope of his or her licensed practice. All licensed certified nurse midwives shall have a written agreement with the collaborating physician document this relationship. The previous two sentences are the language in N8 adopted by the BON in 2015. If a licensed certified nurse midwife performs deliveries outside of a hospital approved by the Department of Health services under s. 50.32, then the nurse midwife may only practice certified nurse midwifery pursuant to a written agreement with the nurse midwife's collaborating physician with postgraduate training in obstetrics.

**COMMENT:** We propose changing the collaboration requirements for CNMs who exclusively deliver babies in a licensed hospital to be in alignment with the collaboration requirements adopted in N8 for APNPs. Thus, such CNMs would not have to have a written collaborative “agreement” as the do under current law but would merely have to “document” the collaborative relationship. CNMs who deliver babies outside of a licensed hospital would be required to continue to have a collaborative “agreement” as is required currently. Although AB 568 deletes the requirement for collaboration and a collaborative agreement in the statute, AB 568 preserves the board's existing N4 rules which requires written collaborative agreements. Thus, we are enshrining in statute, collaborative requirements for CNMs that would be less stringent that what is proposed under AB 568.

**COMMENT:** We propose retaining current law that the collaborative relationship must be with a physician with postgraduate training in obstetrics. We disagree with the LRB summary of AB 568 which indicates current law requires collaboration only with an “obstetrician.” While obstetrician specialists would qualify, current law also permits collaboration with a family practice physician with obstetrical training which are more common in rural areas.

4. The permissions provided in sub. (a) are permissions granted by the State of Wisconsin authorizing the licensed practice of certified nurse midwives. Nothing in this sub. (a) prohibits an employer, hospital, health plan, or other similar entity with a relationship with a licensed certified nurse midwife from establishing additional or different practice requirements on a licensed certified nurse midwife as a condition of their relationship.

**COMMENT:** This section makes it clear to the reader that licensure is a grant of authority by the state, but that licensure authority does not preempts the authority of employers, health plans, hospitals, etc., from setting their own policies with a nurse as a condition of their relationship.

(b) Initial License. Any person who satisfies all of the following requirements may apply to the department for initial licensure by the board as a certified nurse midwife:

1. 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 the board has determined prepares the person for practice as a certified nurse midwife.

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

COMMENT: This subd. 1 has the same effect as page 39, lines 11-22 except it applies specifically to CNMs.

2. The person provides evidence of current certification as a certified nurse midwife by the American Midwifery Certification Board.

COMMENT: This subd. 2. has the same effect as page 40, lines 1-4.

3. The person meets any other criteria established by the board by rule relating to the education, training, or experience of a certified registered nurse anesthetist.

COMMENT: This requirement proposed in this subd. 3 does not appear to be addressed in AB 568, but it appears to be important to explicitly provide this authority to the board.

(c) LICENSE RENEWAL. A person renewing his or her certified nurse midwife license under sub. (2)(c) shall provide evidence of current certification as a certified nurse midwife by the American Midwifery Certification Board.

COMMENT: This requirement applicable to license renewal does not appear to be addressed in AB 568, but it is currently required for APNPs under N8.045(4). N4.04(4) requires applicants for renewal to inform the board whether the certification has been suspended or revoked.

(d) TITLE. Except as provided in s. 257.03, no person may 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 license as a certified nurse-midwife under this section. [Uses same protected titles as page 41, lines 19-22.]

COMMENT: Sub. (d) uses the same protected title for CNMs as page 42, lines 21-23 of AB 568.

(e) HEALTH CARE FACILITIES WHERE PRACTICE MAY OCCUR. The board shall promulgate rules establishing the facilities in which the practice of certified nurse midwifery may occur.

COMMENT: Current law at s. 441.15(3)(c) requires the board to promulgate rules on where certified nurse-midwives may occur, and the board has promulgated such rules at N4.09. This language and the language at sub. (4)(A)3. above explicitly preserves those important rules.

(5) NURSE PRACTITIONER

(a) SCOPE OF PRACTICE.

1. A licensed nurse practitioner may consistent with rules established by the board and his or her education, training, and experience practice in ambulatory, acute and long-term care settings as primary and specialty care providers who assess, diagnose, treat, and manage acute episodic and chronic illnesses.
2. Except as provided by sub. (2)(d), a licensed nurse practitioner is authorized to issue prescription orders for drugs, items, and services consistent with his or her care provided under subd. 1. without physician supervision.

COMMENT: RATHER THAN HAVING A SEPARATE BOARD AUTHORIZATION TO PRESCRIBE, WE PROPOSE SIMPLY INCLUDING PRESCRIPTIVE AUTHORITY AS BEING INCLUDED IN THE SCOPE OF PRACTICE OF A LICENSED NP.

3. All licensed nurse practitioners must practice in a collaborative relationship with a physician. The collaborative relationship is a process in which a licensed nurse practitioner is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the scope of his or her licensed practice. The licensed nurse practitioner shall document this relationship. [This is the language in N8 adopted by the BON in 2015].

COMMENT: THIS LANGUAGE IS CONSISTENT WITH N8 ADOPTED BY THE BOARD IN NOVEMBER 2015. AB 568 APPEARS TO NOT CHANGE THE POLICY ARTICULATED IN N8. NOTE THAT WE HAVE ADDED ADDITIONAL CLARITY IN SUBD. 2. ABOVE MAKING IT CLEAR THAT PHYSICIAN SUPERVISION IS NOT REQUIRED. ALSO NOTE, THAT THE LANGUAGE IN N8 DOES NOT REQUIRE A "COLLABORATIVE AGREEMENT" AS WAS PREVIOUSLY REQUIRED IN N8 PRIOR TO 2016 BUT INSTEAD SIMPLY REQUIRES THAT THE APNP "DOCUMENT" THIS RELATIONSHIP. THUS, THIS LANGUAGE ENSHRINES IN STATUTE, THE CURRENT LAW REGARDING COLLABORATION AND NPs.

4. The permissions provided in sub. (a) are permissions granted by the State of Wisconsin authorizing the licensed practice of a nurse practitioner. Nothing in this sub. (a) prohibits an employer, hospital, health plan, or other similar entity with a relationship with a licensed nurse practitioner from establishing additional or different practice requirements on a licensed nurse practitioner as a condition of their relationship.

COMMENT: THIS SUB. 4. MAKES IT CLEAR TO THE READER THAT LICENSURE IS A GRANT OF AUTHORITY BY THE STATE, BUT THAT LICENSURE AUTHORITY DOES NOT PREEMPT THE AUTHORITY OF EMPLOYERS, HEALTH PLANS, HOSPITALS, ETC., FROM SETTING THEIR OWN POLICIES WITH A NURSE AS A CONDITION OF THEIR RELATIONSHIP.

(b) INITIAL LICENSE. Any person who satisfies all of the following requirements may apply to the department for initial licensure by the board as a nurse practitioner:

1. 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 the board has determined prepares the person for practice as a nurse practitioner.

   b. On January 1, 2017, the person was licensed as a registered nurse in this state practicing as a nurse practitioner, and the person satisfies additional criteria established by the board by rule under this subd. 1.b. relating to practice or education of a licensed nurse practitioner.
2. The person provides evidence of current certification as a nurse practitioner by a national certifying body approved by the board. [N8.03(2)]

**COMMENT:** This subd. 2 maintains current law under N8.03(2). AB 568 requires this evidence of CNMs at page 40, lines 1-4. It is not clear why this requirement should not apply to all of the APRN roles being licensed under AB 568.

3. The person meets any other criteria established by the board by rule relating to the education, training, or experience of a nurse practitioner.

**COMMENT:** This requirement proposed in this subd. 3 does not appear to be addressed in AB 568, but it appears to be important to explicitly provide this authority to the board.

(c) License Renewal. A person renewing his or her nurse practitioner license under sub. (3)(c) shall provide evidence of current certification as a certified registered nurse anesthetist by a national certifying body approved by the board.

**COMMENT:** This requirement applicable to license renewal does not appear to be addressed in AB 568, but it is currently required by N8.045(4).

(d) Title. Except as provided in s. 257.03, no person may 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 license as a nurse practitioner under this section.

**COMMENT:** Sub. (d) uses the same protected title for NPs as page 42, lines 8-10 of AB 568.

6. Licensure requirements applicable to Clinical Nurse Specialists. The following paragraphs apply to Clinical Nurse Specialists.

(a) Scope of Practice.

1. A licensed Clinical Nurse Specialist may consistent with rules established by the board and his or her education, training, and experience provide advanced nursing care, including the diagnosis and treatment of illness, and as provided by sub. (d), issue prescription orders.

**COMMENT:** We reviewed both the Minnesota APRN law definition of CNS practice and the National Association of Clinical Nurse Specialists’ “Statement on Clinical Nurse Specialist Practice and Education,” to create a simple and general statement of scope of practice for CNSs.

http://nacns.org/wp-content/uploads/2016/11/NACNS-Statement.pdf It is our understanding that unlike the other three APRN roles, the CNS role often does not include prescriptive authority, thus consistent with the approach taken in AB 568, we are proposing that a CNS scope of practice not automatically include prescriptive authority, but that a CNS can receive special authority from the board to issue prescription orders which is delineated below at sub (d).

2. The permissions provided in sub. (a) are permissions granted by the State of Wisconsin authorizing the licensed practice of clinical nurse specialists. Nothing in this sub. (a) prohibits an employer, hospital, health plan, or other similar entity with a relationship with a licensed clinical nurse specialist from
establishing additional or different practice requirements on a licensed clinical nurse specialist as a condition of their relationship.

**COMMENT:** **THIS SECTION MAKES IT CLEAR TO THE READER THAT LICENSURE IS A GRANT OF AUTHORITY BY THE STATE, BUT THAT LICENSURE AUTHORITY DOES NOT PREEMPT THE AUTHORITY OF EMPLOYERS, HEALTH PLANS, HOSPITALS, ETC., FROM SETTING THEIR OWN POLICIES WITH A NURSE AS A CONDITION OF THEIR RELATIONSHIP.**

(b) INITIAL LICENSE. Any person who satisfies all of the following requirements may apply to the department for initial licensure by the board as a clinical nurse specialist:

1. 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 the board has determined prepares the person for clinical nurse specialist practice.

   b. On January 1, 2017, the person was licensed as a registered nurse in this state practicing as a clinical nurse specialist, and the person satisfies additional criteria established by the board by rule under this subdiv. 1.b. relating to practice or education of a person engaging in clinical nurse specialist practice.

   **COMMENT:** **THIS SUBD.1 HAS THE SAME EFFECT AS PAGE 39, LINES 11-22 EXCEPT IT APPLIES SPECIFICALLY TO CNSs.**

2. The person provides evidence of current certification as a clinical nurse specialist by a national certifying body approved by the board.

   **COMMENT:** **THIS SUBD.2 MAINTAINS CURRENT LAW UNDER N8.03(2). AB 568 REQUIRES THIS EVIDENCE OF CNMS AT PAGE 40, LINES 1-4. IT IS NOT CLEAR WHY THIS REQUIREMENT SHOULD NOT APPLY TO ALL OF THE APRN ROLES BEING LICENSED UNDER AB 568.**

3. The person meets any other criteria established by the board by rule relating to the education, training, or experience of a clinical nurse specialist.

   **COMMENT:** **THIS REQUIREMENT PROPOSED IN THIS SUBD. 3 DOES NOT APPEAR TO BE ADDRESSED IN AB 568, BUT IT APPEARS TO BE IMPORTANT TO EXPICITLY PROVIDE THIS AUTHORITY TO THE BOARD.**

(c) LICENSE RENEWAL. A person renewing his or her clinical nurse specialist license under sub. (3)(c) shall provide evidence of current certification as a clinical nurse specialist by a national certifying body approved by the board.

   **COMMENT:** **THIS REQUIREMENT APPLICABLE TO LICENSE RENEWAL DOES NOT APPEAR TO BE ADDRESSED IN AB 568, BUT IT IS CURRENTLY REQUIRED BY N8.045(4).**

(d) CLINICAL NURSE SPECIALIST AUTHORITY TO ISSUE PRESCRIPTION ORDERS.

1. The board, upon application shall also grant a clinical nurse specialist licensed under this section additional authorization to issue prescription orders if the person meets the following:

   i. The person meets education, training, experience, and examination requirements established by the board necessary for a clinical nurse specialist to issue prescriptive orders.
ii. The person provides evidence satisfactory to the board that he or she meets the malpractice liability insurance requirements in sub. (8).

**COMMENT: This requirement is consistent with existing s. 441.16(4).**

2. The board shall maintain a register of all clinical nurse specialists authorized to issue prescription orders under this sub. (d). A clinical nurse specialist authorized to issue prescription orders may provide expedited partner therapy in the manner described in s. 448.035.

**COMMENT: This requirement is the same registration language in AB 568 at page 40, lines 16-20.**

3. Except as provided by subd. (2)(d), a clinical nurse specialist with authorization to issue prescription orders is authorized to issue prescription orders for drugs, items, and services consistent with his or her care provided under sub.(a)1. and the authorization provided under this sub. (d) without physician supervision. All licensed clinical nurse specialists with authorization to issue prescription orders must practice in a collaborative relationship with a physician. The collaborative relationship is a process in which a licensed clinical nurse specialist with authorization to issue prescription orders is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the scope of his or her licensed practice. The licensed clinical nurse specialist with authorization to issue prescription orders shall document this relationship.

**COMMENT: This language is consistent with N8 adopted by the Board in November 2015. AB 568 appears to not change the policy articulated in N8. Note that we have added additional clarity making it clear that physician supervision is not required. Also note, that the language in N8 does not require a "collaborative agreement" as was previously required in N8 prior to 2016 but instead simply requires that the APNP "document" this relationship. Thus, this language enshrines in statute, the current law regarding collaboration and CNSs with prescriptive authority.**

4. The Board shall promulgate rules establishing the appropriate education, training, or experience requirements that a licensed clinical nurse specialist must satisfy to be granted the authority to issue prescription orders under this sub. (d). [borrowed from page 43, lines 3-8, bill]

**COMMENT: This language is borrowed from page 43, lines 3-8 of AB 568.**

(7) **Continuing Education.** Every licensed 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. For all license renewals of Clinical Nurse Specialists granted prescriptive authorization, Nurse Practitioners, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists occurring in 2020, at least 2 of the 16 contact hours shall be regarding best practices in prescribing controlled substances. The Board may promulgate rules requiring continuing education regarding best practices in prescribing controlled substances for such license renewals after 2020.

_COMMENT:_ THE REDLINE INDICATES CHANGE TO PAGE 42, LINES 11-16 OF AB 568 BILL. THE INTENT OF THIS LANGUAGE IS TO TRACK THE APPROACH TAKEN BY THE MEDICAL EXAMINING BOARD. WE ARE CONCERNED ABOUT HAVING A PERMANENT CE REQUIREMENT FOR BEST PRACTICES IN CONTROLLED SUBSTANCES IF OVER TIME GENERAL AWARENESS REGARDING PRESCRIPTION BEST PRACTICES NO LONGER MERITS A SPECIFIC REQUIREMENT FOR SPECIFIC CE. IN THE LONG TERM, THE BOARD SHOULD HAVE FLEXIBILITY IN DETERMINING SPECIFIC CONTINUING EDUCATION REQUIREMENTS FOR NURSES.

(8) MALPRACTICE LIABILITY INSURANCE.

(a) Except as provided in sub. (b), Every licensed 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. That is either:

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

2. Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), stats.

_COMMENT:_ THE TWO OPTIONS ARE THE SAME TWO OPTIONS CURRENTLY ARTICULATED IN N 8.08 AND N4.10. WE RECOMMEND ENSHRINING THESE IN STATUTE.

(b) In circumstances specified by the board by rule, the board may exempt licensed advanced practice registered nurses from the requirements in sub. (a).

_COMMENT:_ UNDER CURRENT LAW BOTH STATUTE AND RULE PROVIDE FOR EXCEPTIONS TO THE REQUIREMENTS FOR CNMS AND APNPS TO HAVE MALPRACTICE LIABILITY INSURANCE. WE RECOMMEND THAT THE BOARD RETAIN THAT FLEXIBILITY TO ADDRESS CERTAIN SITUATIONS, AND THUS RECOMMEND THE ADDITION OF THIS EXCEPTION ARTICULATED IN SUB. (b).

(c) An advanced practice registered nurse may comply with sub. (a) if the person’s employer has in effect malpractice liability insurance that provides malpractice liability coverage for the person in an amount that is at least the minimum amount specified in s. 655.23 (4), Stats.

_COMMENT:_ THIS LANGUAGE MIRRORS CURRENT LAW AT S. 441.15(5)(a)3. IT IS IMPORTANT TO MAKE CLEAR THAT AN APRN DOES NOT NEED THEIR OWN INDIVIDUAL COVERAGE IF THEIR EMPLOYER’S COVERAGE COVERS THE APRN MADE IN THE COURSE OF EMPLOYMENT. WE PROPOSE INSERTING THIS LANGUAGE INTO THE STATUTE TO MAINTAIN CURRENT LAW.

(d) 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.
COMMENT: THIS LANGUAGE IS THE SAME AS PAGE 42, LINES 19-23 OF AB 568.

(9) DELEGATION. An advanced practice nurse who is certified to issue prescription orders may not delegate the act of issuing a prescription order to any nurse who is not certified to issue prescription orders medical tasks and orders to another clinically trained health care worker if the advance practice nurse is competent to perform the delegated task or order and has reasonable evidence that the clinically trained health care worker is minimally competent to perform the task or issue the order under the circumstances.

COMMENT: THIS IS A CHANGE TO BOTH AB 568 AND CURRENT LAW. WHA HAS PREVIOUSLY IDENTIFIED THIS CHANGE TO CURRENT LAW AS AN IMPORTANT TEAM-BASED CARE REFORM THAT WILL ALIGN THE AUTHORITY OF AN ADVANCE PRACTICE REGISTERED NURSE TO DELEGATE ORDERS TO BE CONSISTENT WITH THE DELEGATION AUTHORITY OF A PHYSICIAN. THE PROPOSED CHANGE MIMICS MED 10.02(1) AND MED 10.03(1)(L).

(10) 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 a licensed advanced practice registered nurse.

(b) Specifying the classes of drugs, individual drugs, or devices that may not be prescribed by a licensed advanced practice registered nurse authorized to issue prescription orders under this section.

(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.

COMMENT: THIS SUB. (10) WITH THE EXCEPTION OF THE STRIKE OUT, MAINTAINS THE EFFECT OF PAGE 43, 3-11 OF AB 568. WE RECOMMEND REMOVING THE HIGHLIGHTED LANGUAGE BECAUSE IT CREATES DIFFERING CONDITIONS THAT RNS MUST FOLLOW DEPENDING ON WHETHER A DRUG IS PRESCRIBED BY A PHYSICIAN VS. AN APNP/APRN. THIS CREATES CONFUSION IN A TEAM-BASED CARE ENVIRONMENT FOR RNS AND IT IS NOT CLEAR WHY THERE SHOULD BE A DIFFERENCE BETWEEN AN APRN AND A PHYSICIAN IN THESE CIRCUMSTANCES.
WHY PROPOSES AMENDING SECTION 31 AS FOLLOWS IN RED:

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 a registered nurse licensed under ch. 441 or in a party state, as
defined in s. 441.50(2)(i), whose practice of professional nursing under s. 441.001 (4) includes
performance of delegated medical services under the supervision of a physician, dentist,
podiatrist, or advance practice registered nurse or Christian Science practitioner living and
residing in

this state, who is listed in the Christian Science Journal, as sufficient proof of the....

COMMENT: UNDER CURRENT LAW, THE DEFINITION OF "NURSE PRACTITIONER" AS USED IN 255.06(1)(D) INCLUDED
RNS ACTING UNDER THE DELEGATION OF A PHYSICIAN. THUS, UNDER CURRENT LAW, AN RN COULD WRITE A SICK
NOTE ON A PHYSICIAN'S BEHALF. THE SUGGESTED AMENDMENT TO SECTION 31 IS WRITTEN TO CLEARLY MAINTAIN
THAT ABILITY OF RNS TO WRITE SICK NOTES AS A DELEGATED ACT.