TELECONFERENCE/VIRTUAL MEETING

BOARD OF NURSING

Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
November 27, 2017

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

B. Approval of Minutes of November 9, 2017

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 Skarlapka – 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. Legislation and Administrative Rules Matters – Discussion and Consideration
   1) AB 568 Relating to Advanced Practice Registered Nurses
   2) Update on Pending and Possible Rulemaking Projects

E. Public Comments

ADJOURNMENT

NEXT MEETING DATE: DECEMBER 14, 2017

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held 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.
# AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:

Laura Smith, Bureau Assistant, on behalf of Sharon Henes, Administrative Rules Coordinator

2) Date When Request Submitted:

21 November 2017

Items will be considered late if submitted after 12:00 p.m. on the deadline date:
- 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:

27 November 2017

5) Attachments:

☐ Yes
☐ No

6) How should the item be titled on the agenda page?

Legislation and Rule Matters – Discussion and Consideration
1. AB 568 Relating to Advanced Practice Registered Nurses
2. Update on Pending Legislation and Pending and Possible Rulemaking Projects

7) Place Item in:

☒ Open Session
☐ Closed Session
☐ Both

8) Is an appearance before the Board being scheduled?

☐ Yes *(Fill out Board Appearance Request)*
☒ No

9) Name of Case Advisor(s), if required:

10) Describe the issue and action that should be addressed:

11) Authorization

Laura Smith

Signature of person making this request

21 November 2017

Date

Supervisor (if required)

Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda)

Date

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.
LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING
MEETING MINUTES
November 21, 2017

PRESENT: Peter Kallio (Via GoToMeeting), Sheryl Krause, Luann Skarlupka

STAFF: Sharon Henes, Administrative Rules Coordinator; and Other Department Staff

Sheryl Krause, Chair, called the meeting to order at 8:09 a.m. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

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

LEGISLATIVE AND RULE MATTERS

AB 568 Relating to Advanced Practice Registered Nurses

(Peter Kallio left the meeting at 11:04 a.m.)

MOTION: Luann Skarlupka moved, seconded by Sheryl Krause, to recommend to the full Board that the Board consider recommending the following amendments to AB 568/SB 497, and to make the Board’s support contingent upon the accomplishment of these changes.

1. Amend 441.06 (page 39, line 11) to allow RN’s practicing or intending to practice in Wisconsin under the Nurse Licensure Compact to apply for an APRN license without holding a Wisconsin RN license
2. Expand all references to ‘licensed’ to include nurses practicing or intending to practice in Wisconsin under the Nurse Licensure Compact.
3. Add ‘in one of the four defined roles’ to the language on page 39, line 18.
4. Add to licensure requirements on page 39, line 19-22 that the Board has rulemaking authority ‘relating to certification’.
5. Clarify in the educational requirements that the person ‘has completed a Board-approved and accredited graduate-level or postgraduate-level education program’
6. Clarify requirement that applicant hold an advanced certification in one of the four roles before or at the time of initial APRN licensure.
   o On page 40, line 2, ‘…the person provides evidence of current certification by a national certifying body approved by the Board.’
7. Duplicate requirements for initial licensure under renewals including ‘current certification’.
8. Amend the bill to give the Board explicit statutory authority to define the scope of practice for an APRN and the specified roles.
9. Amend the bill to give the Board explicit statutory authority to define the scope of practice for prescriptive authorization.

10. Designate the APRN role on the APRN license.

11. The Board shall have statutory authority to grant, deny or limit the prescribing authority in addition to the APRN license and to develop rules relating to the same.

12. Add provision that the Board ‘may place specific limitations on an individual licensed advanced practice registered nurse as a condition of licensure’

13. Require that an applicant for APRN licensure or renewal ‘meet any other criteria established by the board by rule relating to the education, training, or experience for each of the specified roles’.

14. Remove the requirement for continuing education specific to ‘best practices in prescribing controlled substances’ (page 42, lines 14-16), and grant authorization to determine continuing education topics by rule.

15. Retain in statute that an APRN may comply with requirements for malpractice insurance ‘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.

16. Amend bills to allow for rule-making ahead of the effective date, and to provide for emergency rule-making authority.

Motion carried unanimously.

**MOTION:** Luann Skarlupka moved, seconded by Sheryl Krause, to state that the Legislation and Rule Committee discussed the issue of collaboration as written in the proposed legislation and declined to make a recommendation. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Luann Skarlupka moved, seconded by Sheryl Krause, to adjourn the Legislation and Rules Committee meeting. Motion carried unanimously.

The meeting adjourned at 12:44 p.m.
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) 12. 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m)
ASSEMBLY BILL 568

... and (b), 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.
ASSEMBLY BILL 568

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 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 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...
SECTION 42. 252.01 (1c) of the statutes is repealed.

SECTION 43. 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 44. 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 45. 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 46. 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:
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
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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 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 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 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 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.
(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 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.
APRNs are important practitioners in hospital and health systems’ efforts to provide high-quality, efficient health care in team-based care models, and WHA supports efforts to modernize Wisconsin’s laws governing the practice of APRNs. WHA offers several amendments to SB 497 in support of that effort which are summarized below and which WHA offers specific statutory language to address (with additional rationale and explanation) in the attached document.

As discussed in greater detail below, WHA offers the following key suggested amendments to SB 497:

Licensure by APRN role - WHA proposes that each of the 4 recognized APRN roles should each have their own license utilizing the nationally recognized names for each of the roles. Under our proposal, an APRN is defined as a professional licensed in any of the four roles. We believe that our proposal is significantly simpler than the regulatory structure in the current draft of SB 497, and is easier for the public to understand. We believe that having licensure by role is consistent with the “National Consensus Model,” is consistent with how advanced practice nurses currently present themselves, and will allow Wisconsin to participate in the APRN Interstate Licensure Compact should it choose to do so.

Define scope of practice for each of the 4 APRN roles - Although CRNAs, CNMs, NPs, and CNSs are all APRNs, each of their scopes of practice are different. WHA proposes that each licensed role – CRNA, CNM, NP, and CNS – each have their own statutory scope of practice to help regulators, payers, hospitals, nurses, employers, and the public understand what a nurse’s scope of practice is and to help comply with obligations to ensure a nurse’s service is within his or her scope of practice. For comparison, Minnesota’s recent change to its APRN licensure statute specified scopes of practice specific to NPs, CNMs, and CNSs.

Make it explicitly clear that physician supervision not required - WHA proposes adding explicit statutory language consistent with current law that physician supervision is not required for an APRN to issue prescription orders for drugs, items and services.

Licensure Authority Does Not Preempt Employer, Health Plan, Hospital Policies - Employers, hospitals, health plans, and others that have a relationship with a licensed health care professional must be free to determine the scope of their relationship so long as the relationship is within the grant of practice authority conferred by the state to the licensee. WHA proposes adding language to SB 497 to make 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, and others with a relationship with the nurse from setting their own policies with a nurse as a condition of their relationship.

Eliminate Special Barriers to Delegation to RNs – Team Based Care Reform - The provisions in current law prohibiting an APRN from delegating the issuance of a prescriptive order to any nurse have resulted in different standards for nurses in hospitals between physician orders and APRN orders. This current law has been carried over into SB 497. WHA has previously identified this as an unintended barrier to team-based care practice and proposes aligning APRN delegation authority with MD/DO delegation authority.

Other Team Based Care Reforms - Although SB 497 addresses the licensure of APRNs and their licensed scope of practice, it does not address various outdated limitations on APRN practice scattered throughout the statutes. WHA recommends that SB 497 also make changes to several statutes outside of Chapter 441 that will permit an APRN to practice to the top of their licensed practice.

Malpractice Insurance - WHA proposes maintaining current law regarding medical liability and Injured Patients and Families Compensation Fund coverage for all APRNs. However, to provide more clarity, WHA proposes modifying SB 497
to more specifically enunciate the existing requirements in statute rather than leaving the requirements solely to rulemaking.

Certified Nurse-Midwife Collaboration — WHA proposes moving from a collaborative agreement requirement to a documented collaborative relationship requirement for certified nurse-midwives delivering babies solely in a hospital setting, and retaining collaboration and practice setting requirements for certified nurse-midwives in statute rather deferring to rulemaking. WHA also proposes explicit language making it clear that collaboration is not supervision.

CRNA Non-Supervised Anesthesia — Consistent with Wisconsin’s “opt out” declination to the federal government, and consistent with current Wisconsin rules governing CRNAs, WHA proposes explicitly providing in statute that a CRNA may administer anesthesia without physician supervision. This helps make clear that a CRNA working in a collaborative relationship with a physician is not working under the physician’s supervision.

Nurse Practitioner Collaboration — WHA proposes retaining the current Wisconsin law requirement that an APRN have a collaborative relationship with a physician and that the relationship be documented by the nurse. We propose stating that requirement in statute rather than deferring to rulemaking. It is important to note that this is consistent with the Board of Nursing’s 2015 rulemaking removing the requirement that a nurse have a written collaborative agreement with a physician and changing the requirement to the nurse must merely document the collaborative relationship. This documented collaborative relationship requirement set by the Board of Nursing in 2015 is the same requirement for federal Medicare reimbursement for services rendered by an NP. WHA also proposes explicit language making it clear that collaboration is not supervision.

Other amendments - WHA proposes other technical amendments relating to continuing education and RN sick notes.

WHA looks forward to working with all of the provider stakeholders and the legislative authors of SB 467 on this important bill. A more detailed summary of WHA’s proposals and specific proposed amendment text is attached.
SB497 Proposed APRN Licensure Equation

WHA Proposed APRN Licensure Equation Consistent with National Consensus Model
Licensure by APRN Role

APRNs are important practitioners in hospital and health systems’ efforts to provide high-quality, efficient health care in team-based care models. We support licensure as opposed to current “certification” recognition of nurses practicing in the 4 nationally recognized APRN roles.

WHA proposes that each of the 4 recognized APRN roles should each have their own license utilizing the nationally recognized names for each of the roles. Under our proposal, an APRN is defined as a person licensed in any of the four roles. We believe that our proposal is significantly simpler than the regulatory structure in the current draft of SB 497, and is easier for the public to understand.

We also believe that having licensure by role is consistent with the “National Consensus Model,” is consistent with how advanced practice nurses currently present themselves, and will allow Wisconsin to participate in the APRN Interstate Licensure Compact should it choose to do so.

WHA proposal:

CRNA role: Licensed CRNA/Certified Registered Nurse Anesthetist**

CNM role: Licensed CNM/Certified Nurse-Midwife**

NP role: Licensed NP/Nurse Practitioner**

CNS role: Licensed CNS/Clinical Nurse Specialist PLUS Board granted prescriptive authority.

*The statutes are amended to utilize the term “APRN/Advance Practice Registered Nurse” to mean any of the above licensed roles.

**Different from SB 497, we propose that prescriptive authority automatically be a part of the scope of practice of a licensed CNRA, CNM, or NP.

Current law:

CRNA role: Certified APNP/Advanced Practice Nurse Prescriber

CNM role: Certified CNM/Certified Nurse Midwife

NP role: Certified APNP/Advanced Practice Nurse Prescriber

CNS role: Certified APNP/Advanced Practice Nurse Prescriber

SB 497:

CRNA role: Licensed APRN/Advanced Practice Registered Nurse PLUS Board of Nursing certification as CRNA/Certified Registered Nurse Anesthetist PLUS Board of Nursing special grant of authority to prescribe

CNM role: Licensed APRN/Advanced Practice Registered Nurse PLUS Board of Nursing certification as CNM/Certified Nurse Midwife PLUS Board of Nursing special grant of authority to prescribe

NP role: Licensed APRN/Advanced Practice Registered Nurse PLUS Board of Nursing certification as NP/Nurse Practitioner Certified Nurse Midwife PLUS Board of Nursing special grant of authority to prescribe

CNS role: Licensed APRN/Advanced Practice Registered Nurse PLUS Board of Nursing certification as CNS/Certified Nurse Specialist PLUS Board of Nursing special grant of authority to prescribe.
Defining Scope of Practice

Although CRNAs, CNMs, NPs, and CNSs are all APRNs, each of their scopes of practice are different. WHA proposes that each licensed role – CRNA, CNM, NP, and CNS – each have their own statutory scope of practice to help regulators, payers, hospitals, nurses, employers, and the public understand what a nurse’s scope of practice is and to help comply with obligations to ensure a nurse’s service is within his or her scope of practice. For comparison, Minnesota’s recent change to its APRN licensure statute specified scopes of practice specific to NPs, CNMs, and CNSs.

We believe that having scopes of practice for each role is consistent with the “National Consensus Model” and as drafted will allow Wisconsin to participate in the APRN Interstate Licensure Compact should it choose to do so. In drafting WHA’s proposed general scope of practice language for each role, WHA pulled from NCSBN, AANA, AANP, NACNS materials, as well as the new Minnesota APRN statute and language provided in SB 497 regarding nurse midwife practice. Our intent was to craft language that was clear but broad enough to be applicable to modern and evolving practice.

WHA proposal:

CRNA License: 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.

CNM License: 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.

NP License: 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.

CNS License: 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.

Current law:

APNP (only applicable to prescribing advance practice nurses): No general scope of practice is specified in statute.

CNM: “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.

SB 497:

All APRNs: 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.

CNM: “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.
Licensure Authority Does Not Preempt Employer, Health Plan, Hospital Policies

Employers, hospitals, health plans, and others that have a relationship with a licensed health care professional must be free to determine the scope of their relationship so long as the relationship with within the grant of practice authority conferred by the state to the licensee.

WHA proposes adding language to SB 497 make it clear to the reader that 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.

WHA proposal:

"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."

Current law:

The statute is silent on this issue.

SB 497:

The bill is silent on this issue. However, a previous version of SB 497 contained a provision that would have created a claim of action against hospitals that would have effectively restricted hospitals' ability to limit an APRN's practice as a condition of medical staff privileges.

Eliminate Special Barriers to Delegation to RNs – Team Based Care Reform

The provisions in current law prohibiting an APRN from delegating the issuance of a prescriptive order to any nurse has resulted in different standards for nurses in hospitals between physician orders and APRN orders. This current law has been carried over into SB 497. WHA has previously identified this as an unintended barrier to team-based care practice.

As a team-based care reform, WHA proposes aligning authority of an advance practice registered nurse to delegate orders to be consistent with the delegation authority of a physician. WHA's proposed change mimics MED 10.02(1) and MED 10.03(1)(L). As a result, an RN – and employers of RNs – will no longer need to keep track of different delegation laws between MDs/DOs and APRNs.

WHA proposal compared to current law and SB 497:

(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.

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

(a) 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.
Malpractice Insurance

It is important that APRNs have malpractice liability insurance. Under current law, CNMs/certified nurse-midwives and APNPs/advanced practice nurse prescribers are required to have malpractice liability insurance. Additionally, APNPs that are CRNAs/certified registered nurse anesthetists are required to have their own individual coverage under the Injured Patients and Families Compensation Fund (the “Fund”). Under current law, all advanced practice nurses — whether prescribers or not - and CNMs are covered by the Fund as employees of Fund-covered hospitals, clinics, etc, pursuant to s. 655.005(2)(a) and INS 17.28(3h), so long as the CNM or APRN is:

- Practicing within the scope of the nurses’ license,
- Subject to a quality assurance program, peer review process, or other similar program or process that is implemented for and designed to ensure the provision of competent and quality patient care, and
- That program or process also includes participation by a physician or a nurse anesthetist.

WHA proposes maintaining current law regarding medical liability and Fund coverage for all APRNs. However, to provide more clarity, WHA proposes modifying SB 497 to more specifically enunciate the existing requirements in statute rather than leaving the requirements solely to rulemaking.

Continuing Education

WHA proposes amending AB568's provisions regarding special continuing education for the prescription of controlled substances to be limited to apply only to APRNs with prescriptive authority. Requiring prescriptive education to non-prescribers does not appear to make sense.

WHA also proposes amending AB568's provisions regarding special continuing education for the prescription of controlled substances to track the approach taken by the medical examining board. When the MEB adopted a similar special 2 credits for prescriptive drug best practices, they did not make that a permanent requirement. The MEB felt that having a permanent continuing education requirement for best practices in controlled substances would not make sense if over time general awareness regarding prescription best practices no longer merits a specific requirement for specific CE. We believe that the MEB has taken the better approach and that in the long term, the Board of Nursing should have flexibility in determining specific continuing education requirements for nurses.

Sick Notes – Team Based Care

Under current law at s. 118.15 (3) (a), an RN may write a school sick note while acting under the delegation of a physician. It appears that SB 497 inadvertently removes the ability of an RN that is not an APRN to write such a sick note. WHA recommends an amendment to SB 497 to clearly maintain the ability of RNs to write sick notes as a delegated act.

Other Team Based Care Reforms Elsewhere in the Statutes

Although SB 497 addresses the licensure of APRNs and their licensed scope of practice, it does not address various outdated limitations on APRN practice scattered throughout the statutes. WHA recommends that SB 497 also address the following reforms that will enable an APRN to practice to the top of their license (WHA can provide draft language):

- Permit APRNs to activate a power of attorney (s. 244.09(3)) and do-not-resuscitate orders (s. 154.19).
- Like physicians, chiropractors, dentists, physician assistants, and podiatrists, exclude APRNs from the applicability of the radiographer certification requirement in s. 462.02(2).
- Provide clarity that APRNs may admit a patient to a residential care facility and perform other historically “physician” duties under the long-term care facility regulations in chapter 50.
- Permit an APRN to complete a medical certification of death under s. 69.18.
- Permit APRN-Psych practitioners to complete competency examinations under ch. 50, 51, and 55.
**Issues Specific to Certified Nurse-Midwives**

Many Wisconsin hospitals — large and small — utilize certified nurse-midwives to help provide high-quality, efficient obstetrical services to women. However, obstetrical practice is one of the higher risk medical specialties. Further, when birth complications occur in a non-hospital setting, such cases often arrive at hospital emergency departments. Thus, hospitals have a particular interest in ensuring that nurse-midwifery services are high quality and collaborative.

Under current statute and rule, all certified nurse-midwives must meet the following three criteria:

- Must practice in a collaborative relationship with a physician that is a OB/GYN or family practice physician with obstetrics training (some nurses have mistakenly said that collaboration with an OB/GYN specialist is required; it is not)
- The certified nurse midwife must have a written agreement with the collaborating physician.
- The practice occurs in a health care facility approved by the board by rule.

SB 497 removes this language from the statute, but does not invalidate the existing rule requirements at N4. Thus, without additional action by the Board of Nursing, the above three criteria would remain valid law should SB 497 be enacted.

WHA proposes retaining collaboration and practice setting requirements in the statute given the high-risk status of obstetrical care. However, for certified nurse midwives delivering babies solely in a hospital setting, WHA does propose changing the standard from requiring a collaborative agreement to requiring that the nurse document the collaborative relationship. For these nurses, this would be in alignment with the N8 standard applicable to APNPs which pursuant to a rule change in 2016 only requires documented collaboration rather than a collaborative agreement.

**WHA proposal:**

**Maintain in statute the following requirements:**

- All CNMs must practice in a collaborative relationship with a physician that is a OB/GYN or family practice physician with obstetrics training
- If the CNM only delivers babies in a hospital setting, the CNM must document the collaborative relationship. If the CNM delivers babies outside of a hospital setting, the CNM must have a written collaborative agreement with the collaborating physician.
- The practice occurs in a health care facility approved by the board by rule.
- A licensed certified nurse midwife is authorized to issue prescription orders for drugs, items, and services consistent with his or her scope of practice without physician supervision.

**Current law:**

**The following requirements are both in statute and in rule:**

- All CNMs must practice in a collaborative relationship with a physician that is a OB/GYN or family practice physician with obstetrics training
- The certified nurse midwife must have a written agreement with the collaborating physician.
- The practice occurs in a health care facility approved by the board by rule.

**SB 497:**

*The bill removes all statutory provisions regarding collaboration and practice location. But by being silent and not explicitly removing Board authority to specify collaboration and practice location, the following Board of Nursing rules would be retained unless the Board chooses to remove the requirements:*

- Must practice in a collaborative relationship with a physician that is a OB/GYN or family practice physician with obstetrics training (some nurses have mistakenly said that collaboration with an OB/GYN specialist is required; it is not)
- The certified nurse midwife must have a written agreement with the collaborating physician.
- The practice occurs in a health care facility approved by the board by rule.
Issues Specific to CNRAs

CRNAs are utilized in hospitals and other health care settings to provide high-quality, efficient pain management care in rural and urban communities throughout Wisconsin. CRNAs are also subject to different CMS Medicare payment requirements. In particular, in 2001 a federal rule was published allowing states to “opt out” of the CMS federal requirement that CRNAs be supervised by a physician as it relates to reimbursement for facilities.

For a state to “opt out,” the state’s governor must send a letter of attestation to CMS stating that:

- The state’s governor has consulted with the state’s boards of medicine and nursing about issues related to access to and the quality of anesthesia services in the state; and
- That it is in the best interests of the state’s citizens to opt-out of the current federal physician supervision requirement; and
- That the opt-out is consistent with state law.

In 2005, Wisconsin became the 14th state to “opt out.” According to WIANA, in 2007, a Wisconsin administrative law judge determined:

- The administration of anesthesia is, under Wisconsin law, both part of the practice of medicine and is also within the practice of professional nursing.
- CRNAs who are certified as Advanced Practice Nurse Prescribers (APNPs) may lawfully administer anesthesia without physician supervision. As is the case for all APNPs, the CRNA must maintain and document a collaborative relationship with a physician.
- CRNAs who are not certified as APNPs may administer anesthesia only under the supervision of a physician.

Because of the importance of retaining Wisconsin’s status as an “opt out” state, WHA proposes codifying Wisconsin’s existing CRNA practice requirements that recognizes collaborative practice as non-supervised practice.

WHA also proposes incorporating the existing collaboration requirement in rule at N8, which includes a documented collaborative relationship with a physician but not a collaborative agreement with a physician.

WHA proposal:

- 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.
- A licensed certified registered nurse anesthetist is authorized to issue prescription orders for drugs, items, and services consistent with his or her scope of practice without physician supervision.
- A licensed certified registered nurse anesthetist may lawfully administer anesthesia without physician supervision.

Current law:

The nurse licensure statute is silent regarding collaboration requirements for APNPs (Advanced Practice Nurse Prescribers), but pursuant to rulemaking authority, the Board of Nursing has established collaboration requirements which include a requirement that an APNP document the collaborative relationship. In 2016, N8 was changed by the Board of Nursing to require documentation of the collaborative relationship rather than a collaborative agreement.

SB 497:

As is the case with current law, the nurse licensure is silent regarding collaboration for CRNAs. The bill does not explicitly remove Board authority to specify collaboration and practice location, thus we presume the intent of the bill is to retain in rule the existing Board of Nursing rules requiring documented collaboration with a physician.

Unlike the WHA proposal, SB 497 is silent in regards to definitively stating that a CRNA may lawfully administer anesthesia without physician supervision.
Issues Specific to NPs

NPs/Nurse Practitioners are a key part of health systems’ primary care workforce and are increasingly an important part of health systems’ specialty workforce. NPs are also important members of the hospital team, including in emerging hospitalist roles.

Under current law, NPs gain their prescriptive authority by becoming certified as an APNP (Advanced Practice Nurse Prescriber) under requirements specified in rule. In order to reduce confusion in both current law and as proposed in SB 497, WHA proposes that all licensed NPs have prescriptive authority. WHA further proposes explicitly stating that prescriptive authority in the statute.

WHA also proposes incorporating the existing collaboration requirement in rule at N8, which includes a documented collaborative relationship with a physician but not a collaborative agreement with a physician. In addition, WHA proposes adding explicit statutory language consistent with current law that physician supervision is not required for an NP to issue prescription orders for drugs, items and services. It should also be noted that this language is consistent with the collaboration requirements stated in federal law necessary for an NP to receive payment from Medicare for services rendered.

WHA proposal:

• All licensed nurse practitioner 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 certified nurse practitioner shall document this relationship.

• A licensed nurse practitioner is authorized to issue prescription orders for drugs, items, and services consistent with his or her scope of practice without physician supervision.

Current law:

The nurse licensure statute is silent regarding collaboration requirements for APNPs (Advanced Practice Nurse Prescribers), but pursuant to rulemaking authority, the Board of Nursing has established collaboration requirements which include a requirement that an APNP document the collaborative relationship. In 2016, N8 was changed by the Board of Nursing to require documentation of the collaborative relationship rather than a collaborative agreement.

SB 497:

As is the case with current law, the nurse licensure is silent regarding collaboration for NPs. The bill does not explicitly remove Board authority to specify collaboration, thus we presume the intent of the bill is to retain in rule the existing Board of Nursing rules requiring documented collaboration with a physician.

Issues Specific to CNSs

The CNS/Certified Nurse Specialist role was the first recognized advanced practice role, established nearly 60 years ago. While there are fewer practicing CNS nurses, they most typically practice in a hospital setting.

It is WHA’s understanding that the education, training, and experience of a certified CNS does not always include prescriptive authority, and that many CNSs in Wisconsin have not sought prescriptive authority as an APNP under current law.

Thus consistent with the approach taken in SB 497, WHA is 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).
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.
COMMENT: (1) AND (1m) WERE REMOVED IN ORDER TO ENSURE THAT COMPACT RN LICENSES ARE INCLUDED AS WELL. SEE SB417.

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 an 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.

**COMMENT:** This proposed scope of practice pulls from language the NCSBN’s description of CRNAs [here](https://www.ncsbn.org/APRN.htm) and the scope of practice paper provided by the AANA [here](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/scope-of-nurse-anesthesia-practice.pdf?sfvrsn=25004981_2).

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 AB adopted by the Board in November 2015. AB 568 appears to not change the policy articulated in AB. 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 AB does not require a "collaborative agreement" as was previously required in AB 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, preganancy, 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 post graduate 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 post-graduate 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 post-graduate 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 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 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 SB 8045(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.
COMMENT: This subd.1 has the same effect as page 39, lines 11-22 except it applies specifically to NPs.

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 subd. 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 CNM'S 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 EXPLICITLY 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, expérience, 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. (8).

(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.
WHA 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)(j), 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.