



BOARD OF NURSING
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Brittany Lewin (608) 266-2112
December 13, 2018

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of November 8, 2018 (5-12)

C. Introductions, Announcements and Recognition

1. Resignation of Sheryl Krause

D. Administrative Matters – Discussion and Consideration

1. Board Members – Term Expiration Dates:
 - a. Paul Abegglen – 7/1/2019
 - b. Rosemary Dolatowski – 7/1/2022 (*appointed, not yet confirmed*)
 - c. Jennifer Eklof – 7/1/2021
 - d. Elizabeth Smith Houskamp – 7/1/2020
 - e. Peter Kallio – 7/1/2022 (*reappointed, not yet confirmed*)
 - f. Sheryl Krause – 7/1/2018
 - g. Lillian Nolan – 7/1/2019
 - h. Luann Skarlupka – 7/1/2021
 - i. Pamela White – 7/1/2019
2. Department Updates
3. Appointment of Liaisons and Alternates

E. 8:00 AM PUBLIC HEARING: Clearinghouse Rule 18-050 – N 8 Relating to APNP Collaboration with Dentists (13-19)

1. Review and Respond to Public Comments and Clearinghouse Report (20)

F. Legislative and Administrative Rule Matters – Discussion and Consideration (21)

1. Review of Scope Statement for N 4 Relating to Licensure of Nurse Midwives (22-23)
2. Act 108 Report – Review of Chapters N 6 and 7 (24-27)
3. Updates on Legislation and Pending or Possible Rulemaking Projects

G. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (28-30)

H. National Council of State Boards of Nursing (NCSBN) Items – Discussion and Consideration

1. Review of Nurse Practice Act (NPA) Education Workgroup Recommendation
2. Update as to the Nurse Licensure Compact (NLC)

I. 2018 Annual Report – Discussion and Consideration

J. Speaking Engagement(s), Travel, or Public Relation Request(s) – Discussion and Consideration

1. Travel Report: Jennifer Eklof – NCLEX Item Review on October 22, 2018

K. Board of Nursing Liaison Reports – Discussion and Consideration

L. Deliberation on Items Added After Preparation of Agenda:

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

M. Public Comments

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

N. Credentialing Matters

1. Application Reviews

- a. Savannah Andryczak – R.N. Applicant **(31-63)**
- b. Rosemary Carlson – R.N. Renewal Applicant **(64-103)**

O. Deliberation on DLSC Matters

1. Attorney Elizabeth Bronson

a. Stipulations and Final Decisions and Orders

1. 17 NUR 146 and 17 NUR 418 – Tanya R. Neath, L.P.N., R.N. **(104-114)**
2. 18 NUR 065 – Sylvia L. Henry, L.P.N. **(115-121)**

2. Attorney Alicia Kennedy

a. Administrative Warnings

1. 17 NUR 592 – D.J.C. **(122-123)**
2. 18 NUR 162 – S.L.G. **(124-125)**

b. Stipulations and Final Decisions and Orders

1. 17 NUR 128 – Heidi A. Leiser, R.N. **(126-132)**
2. 17 NUR 129 – Donna M. Vorburger, R.N. **(133-139)**
3. 17 NUR 654 – Cynthia A. Orona, R.N. **(140-145)**

3. Attorney Carley Peich-Kiesling

a. Administrative Warnings

1. 17 NUR 088 – B.A.B. **(146-147)**

4. Monitoring (148-149)

a. Department Monitor Jesse Benisch

1. Sandra Graham, R.N. – Requesting Access to Controlled Substances and a Reduction in Screens **(150-182)**
2. Michael Tomkowiak, R.N. – Requesting Full Licensure **(183-222)**

b. Department Monitor Erin Graf

1. Paula Carter, R.N. – Requesting Stay of Suspension **(223-248)**
2. Jaqueline Geske, R.N. – Requesting Termination of Direct Supervision **(249-260)**
3. Kelly Hagman, R.N. – Requesting Full Licensure or a Reduction in Screens, Termination of Direct Supervision and Reduction in AA/NA Meetings **(261-293)**
4. Stephanie Hoffman, R.N. Requesting a Reduction in Screens, Termination of AA/NA and Access to Controlled Substances **(294-337)**

5. Case Closings (338)

P. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Administrative Warnings
10. Review of Administrative Warnings
11. Proposed Final Decision and Orders
12. Matters Relating to Costs/ Orders Fixing Costs
13. Case Closings
14. Board Liaison Training

- 15. Proposed Interim Orders
- 16. Petitions for Assessments and Evaluations
- 17. Petitions to Vacate Orders
- 18. Remedial Education Cases
- 19. Motions
- 20. Petitions for Re-Hearing
- 21. Appearances from Requests Received or Renewed

Q. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

S. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

- 1. Newsletter Planning

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

ADJOURNMENT

NEXT MEETING DATE: JANUARY 10, 2019

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 4822 Madison Yards Way, 2nd Floor, 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.

**BOARD OF NURSING
MEETING MINUTES
NOVEMBER 8, 2018**

PRESENT: Paul Abegglen (*via Skype /Connection issue from 10:55 a.m.–11:15 a.m.*), Rosemary Dolatowski, Peter Kallio, Sheryl Krause, Lillian Nolan, Luann Skarlupka (*arrived at 9:12 a.m. /via Skype*), Elizabeth Smith-Houskamp (*Out of the room from 12:15 p.m.–12:42 p.m.*), Pamela White

EXCUSED: Jennifer Eklof

STAFF: Brittany Lewin, Division Administrator; Amber Cardenas, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other DSPS Staff

CALL TO ORDER

Sheryl Krause, Chair, called the meeting to order at 9:08 a.m. A quorum of seven (7) members was confirmed.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- Closed Session: Under item “L. Deliberation on DLSC Matters” **ADD:**
 - 1. Attorney Elizabeth Bronson
 - Stipulations and Final Decisions and Orders
 - 1. 17 NUR 452 – Carol P. Jeuck, R.N.
 - Closed Session: Under item “L. Deliberation on DLSC Matters; 2. Attorney Alicia Kennedy; Stipulations and Final Decisions and Orders” **ADD:**
 - 16 NUR 689 – Austin A. Oldham, R.N.
 - Closed Session: Under item “L. Deliberation on DLSC Matters; 2. Attorney Leslie McKinney; Stipulations and Final Decisions and Orders” **ADD:**
 - 17 NUR 461 – Kelsey L. Schroeder, R.N.
- Closed Session: **CORRECT** item “L. Deliberation on DLSC Matters; 5. Monitoring, a. Department Monitor Erin Graf; 5. Mark Kongshaug, R.N. – Requesting...”
 - Change the spelling of “Knogshaug” to “Kongshaug”

MOTION: Peter Kallio moved, seconded by Pamela White, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF OCTOBER 11, 2018

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to approve the minutes of October 11, 2018 as published. Motion carried unanimously.

(Luann Skarlupka joined the meeting at 9:12 a.m.)

ADMINISTRATIVE MATTERS

Appointment of Liaisons and Alternates

2018 LIAISON APPOINTMENTS	
Professional Assistance Procedure (PAP)	Pamela White <i>Alternate: Peter Kallio</i>
2018-2019 SCREENING PANEL APPOINTMENTS	
December 2018	Rosemary Dolatowski, Beth Smith-Houskamp, Lillian Nolan
January–March 2019	Peter Kallio, Lillian Nolan
April 2019–June 2019	Beth Smith-Houskamp, Luann Skarlupka
July 2019–September 2019	Pamela White, Rosemary Dolatowski
October 2019–December 2019	Paul Abegglen, Jennifer Eklof

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to acknowledge the Chair's appointment of liaisons. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Lakeshore Technical College – Practical Nursing (PN) School Approval

MOTION: Pamela White moved, seconded by Peter Kallio, to acknowledge and thank Kay Avci, M.S.N., B.S.N., of Lakeshore Technical College for her appearance before the Board. Motion carried unanimously.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to conduct a site visit of Lakeland Technical College in consideration of approval for their practical nursing (PN) school. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Act 108 Report – Review of Chapters N 2 and 4

MOTION: Lillian Nolan moved, seconded by Pamela White, to request DSPS staff draft a Scope Statement for N4, Relating to Licensure of Nurse Midwives. Motion carried unanimously.

CLOSED SESSION

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

The Board convened into Closed Session at 10:31 a.m.

(Paul Abegglen experienced connection issues from 10:55 a.m.–11:15 a.m.)

RECONVENE TO OPEN SESSION

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 2:26 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Peter Kallio moved, seconded by Rosemary Dolatowski, to affirm all motions made and votes taken in closed session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

CREDENTIALING MATTERS

Application Reviews

David Lenninger – R.N. & A.P.N.P. Renewal Applicant

MOTION: Lillian Nolan moved, seconded by Beth Smith-Houskamp, to deny Applicant David Lenninger's application for renewal of his Advanced Practice Nurse Prescriber (APNP) certificate (#4611-33). Reason for Denial of License Renewal: Denial of full licensure due to conviction of an exempt offense which is substantially related to the practice of nursing and necessary to protect the public health, safety, or welfare. Wis. Stat. §§ 441.07(1g)(b), 441.07(1g)(d), 111.335(3)(a)1., 111.335(4)(c)2., 440.08(4), and Wis. Admin. Code § N 7.03(2). Motion carried.

MOTION: Rosemary Dolatowski moved, seconded by Pamela White, to deny Applicant David Lenninger's application for unrestricted renewal of his Registered Nurse (RN) license (#179959-30). Instead, the Board offers to renew the RN license with limitations. Reason for Denial of Unrestricted License Renewal: Denial of full licensure due to conviction of an exempt offense which is substantially related to the practice of nursing and necessary to protect the public health, safety, or welfare. Wis. Stat. §§ 441.07(1g)(b), 441.07(1g)(d), 111.335(3)(a)1., 111.335(4)(c)2., 440.08(4), and Wis. Admin. Code § N 7.03(2). Motion carried.

(Peter Kallio recused himself and left the room for deliberation and voting in the matter concerning David Lenninger.)

Holly Moeller – L.P.N. Applicant

MOTION: Lillian Nolan moved, seconded by Rosemary Dolatowski, to grant the Licensed Practical Nurse application of Holly Moeller. Motion carried unanimously.

Erika Palomino – R.N. Applicant

MOTION: Pamela White moved, seconded by Peter Kallio, to deny Applicant Erika Palomino's application (App #651432) for unrestricted Registered Nurse (RN) license by endorsement. Instead, the Board offers a RN license with limitations. Reason for Denial of Unrestricted License: Due to history of RN employment termination which demonstrate practice beyond the scope of the practice of an RN. Wis. Stat. §§ 441.06(1m), 441.07(1g)(b), 441.07(1g)(d), and Wis. Admin. Code §§ N 2.21(2)(e) and 7.03(1)(e). Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Attorney Elizabeth Bronson

Stipulations and Final Decisions and Orders

17 NUR 452 – Carol P. Jeuck

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Carol P. Jeuck, R.N., DLSC Case Number 17 NUR 452. Motion carried unanimously.

Attorney Alicia Kennedy

Stipulations and Final Decisions and Orders

16 NUR 689 – Austin A. Oldham, R.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Austin A. Oldham, R.N., DLSC Case Number 16 NUR 689. Motion carried unanimously.

17 NUR 357 – Angela R. Buss-Espinoza, R.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Angela R. Buss-Espinoza, R.N., DLSC Case Number 17 NUR 357. Motion carried unanimously.

17 NUR 447 – Ian W. Cummins, R.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Ian W. Cummins, R.N., DLSC Case Number 17 NUR 447. Motion carried unanimously.

17 NUR 635 – Zita M. Cooper, L.P.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Zita M. Cooper, L.P.N., DLSC Case Number 17 NUR 635. Motion carried unanimously.

18 NUR 067 – Jonathan L. Long, R.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jonathan L. Long, R.N., DLSC Case Number 18 NUR 067. Motion carried unanimously.

Attorney Lesley McKinney

Stipulations and Final Decisions and Orders

17 NUR 168 – Casey I. Kirchman, R.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Casey I. Kirchman, R.N., DLSC Case Number 17 NUR 168. Motion carried unanimously.

17 NUR 461 – Kelsey L. Schroeder, R.N.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kelsey L. Schroeder, R.N., DLSC Case Number 17 NUR 461. Motion carried unanimously.

17 NUR 482 – Kristine M. Disrud, R.N.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Kristine M. Disrud, R.N., DLSC Case Number 17 NUR 482. Motion carried unanimously.

Attorney Zachary Peters

Administrative Warnings

16 NUR 749 – S.M.B.

MOTION: Beth Smith-Houskamp moved, seconded by Peter Kallio, to issue an Administrative Warning in the matter of 16 NUR 749 (S.M.B.). Motion carried unanimously.

Monitoring

Department Monitor Erin Graf

APPEARANCE: Susan Thiel, R.N.

Requesting Access to Controlled Substances and Reduction in AA/NA Meetings

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to deny the request of Susan Thiel, R.N., for access to controlled substances, and to grant a reduction in AA/NA meetings to once per week. Reason for Denial: Respondent needs to practice nursing under the current conditions of the Board Order (6/13/2013) before the Board will consider amending other requirements. Motion carried unanimously.

(Beth Smith-Houskamp was out of the room from 12:15 p.m. – 12:42 p.m.)

Kimberly Anderson, R.N.

Requesting Ability to Pass Narcotics in NICU and Reduction in Screens

MOTION: Beth Smith-Houskamp moved, seconded by Rosemary Dolatowski, to grant the request of Kimberly Anderson, R.N., for the ability to pass narcotics in the NICU and a reduction in screens to 36 per year. Motion carried unanimously.

**Renee Bender, R.N.
Requesting Full Licensure**

MOTION: Lillian Nolan moved, seconded by Beth Smith Houskamp, to grant the request of Renee Bender, R.N., for full licensure. Motion carried unanimously.

**Heidi Hargis, R.N.
Requesting Full Licensure**

MOTION: Peter Kallio moved, seconded by Pamela White, to deny the request of Heidi Hargis, R.N., for full licensure. Reason for Denial: Failure to demonstrate continuous and successful compliance under the Board Order (7/11/2013). Motion carried unanimously.

**Mark Kongshaug, R.N.
Requesting Ability to Work in Home Health and Public Health, Termination of Direct Supervision and Reduction of AA/NA to Once Per Week**

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to deny the request of Mark Kongshaug, R.N., for the ability to work in home health and public health, termination of direct supervision and a reduction of AA/NA to once per week. Reason for Denial: Failure to demonstrate continuous and successful compliance under the terms of the Order (3/1/2007). Motion carried unanimously.

Department Monitor Jesse Benisch

**Elizabeth Watts, R.N.
Requesting Full Licensure**

MOTION: Peter Kallio moved, seconded by Pamela White, to grant the request of Elizabeth Watts, R.N., for full licensure. Motion carried unanimously.

Department Monitor Zoua Cha

**Kimberly Hughes, L.P.N.
Requesting Full Licensure**

MOTION: Luann Skarlpka moved, seconded by Lillian Nolan, to deny the request of Kimberly Hughes, L.P.N., for full licensure. Reason for Denial: Failure to demonstrate continuous and successful compliance under the terms of the Order (10/13/2016). Motion carried unanimously.

Heather Pierce, R.N.
Requesting Full Licensure or a Reduction in Drug Screens

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to deny the request of Heather Pierce, R.N., for full licensure or a reduction in drug screens. Reason for Denial: Failure to demonstrate continuous and successful compliance under the terms of the Order (5/6/2010). Motion carried unanimously.

Justine Schneider, R.N.
Violation of Board Order

MOTION: Peter Kallio moved, seconded by Lillian Nolan, to suspend the Registered Nurse (RN) license of Justine Schneider, R.N., for violations of Board Order (1/9/2014). The suspension will be in effect pending receipt of an AODA and fitness to practice assessment with an evaluator pre-approved by the Board. The Board may impose additional limitations based on the result of the assessments and evaluator's recommendations. The Board tables the request for work-site approval until the suspension is lifted. Motion carried unanimously.

Case Closures

MOTION: Peter Kallio moved, seconded by Pamela White, to close the DLSC Cases for the reasons outlined below:

1. 16 NUR 764 – C.G.N. – Prosecutorial Discretion (P2)
2. 17 NUR 074 – K.A.K. – Insufficient Evidence
3. 17 NUR 093 – K.K.O. – Insufficient Evidence
4. 17 NUR 104 – J.T.L. – Prosecutorial Discretion (P2)
5. 17 NUR 122 – D.C.D. – No Violation
6. 17 NUR 510 – T.K. – Insufficient Evidence
7. 17 NUR 623 – E.M. – No Violation
8. 17 NUR 829 – T.W.H. – Prosecutorial Discretion (P5-Flag)
9. 18 NUR 467 – L.H. – Prosecutorial Discretion (P6)

Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 2:37 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 3 December 2018 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 13 December 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Public Hearing on Clearinghouse Rule 18-050 relating to APNP Collaboration with Dentists a. Review and respond to Clearinghouse Report and Public Hearing comments	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Hold Public Hearing at 8:00 a.m. Discuss any public hearing comments. Review, discuss and respond to any Clearinghouse comments.			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"><i>Sharon Henes</i></div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;"><i>12/3/18</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;">Signature of person making this request</div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;">Supervisor (if required)</div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;">Date</div> </div>			
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.			

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 18-050)

PROPOSED ORDER

An order of the Board of Nursing to amend N 8.10 (2), (5) and (7) relating to advance practice nurse prescribers collaboration with dentists.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 441.16, Stats.

Statutory authority: ss. 15.08 (5) (b) and 441.16 (3) (b), Stats.

Explanation of agency authority:

Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession. [s. 15.08 (5) (b), Stats.]

The board shall promulgate rules necessary to administer this section, including rules for defining the scope of practice within which an advanced practice nurse may issue prescription orders. [s. 441.016 (3) (b), Stats.]

Related statute or rule: s. 441.16, Stats. and N 8, Wis. Admin. Code

Plain language analysis:

Advanced practice nurse prescribers are required to work in collaboration with other health care professions with at least one being a physician. As health care practice evolves, there are advanced practice nurse prescribers working in dental practice settings. These dental practice settings may not have a physician as part of the practice. This proposed rule amends the rule to require advanced practice nurse prescribers to work in a collaborative relationship with a physician or dentist.

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

Comparison with rules in adjacent states:

Illinois: Illinois requires an advanced practical nurse to additionally hold a separate license for the prescribing of controlled substances. In order to obtain a mid-level practitioner controlled substances license, the advanced practice nurse is required to provide the license number and controlled substances license number of the delegating or collaborating physician or podiatrist and the written notice of delegation of prescriptive authority signed by the physician or podiatrist including the schedule of controlled substances that the mid-level practitioner may dispense or prescribe.

Iowa: Iowa licenses nurses at three levels: licensed practical nurse, registered nurse and advanced registered nurse practitioner. The advanced registered nurse prescriber has a scope of practice which includes prescriptive authority. There is no equivalent certification in Iowa to the Wisconsin advanced practice nurse prescriber certificate.

Michigan: Michigan licenses nurses at two levels: licensed practical nurse and registered nurse. Michigan has specialty certifications for a nurse anesthetist, nurse midwife and nurse practitioner. There is no equivalent certification in Michigan to the Wisconsin advanced practice nurse prescriber certificate.

Minnesota: Minnesota licenses nurses at three levels: licensed practical nurse, registered nurse and advanced practice registered nurse. The advanced practice registered nurse has a scope of practice which includes prescriptive authority. There is no equivalent certification in Minnesota to the Wisconsin advanced practice nurse prescriber certificate.

Summary of factual data and analytical methodologies:

Advanced practice nurse prescribers, particularly nurse anesthetists, are working in dental offices that do not employ physicians. This proposed rule recognizes this evolving practice and allows for a collaborative relationship with a dentist.

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

This rule was posted for economic comments and none were received. This rule creates an additional option for collaboration.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received by December 13, 2018 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. N 8.10 (2), (5), and (7) are amended to read:

N 8.10 (2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician or dentist, through the use of modern communication techniques.

(5) The board shall promote communication and collaboration among advanced practice nurse prescribers, physicians, dentists and other health care professionals.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician or dentist in each other's presence when necessary, to deliver health care services within the scope of the practitioner's training, education, and experience. The advanced practice nurse prescriber shall document this relationship.

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

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date 28 June 2018
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) N 8.10	
4. Subject Advanced practice nurse prescribers collaborating with dentists	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected
7. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0.00	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule Advanced practice nurse prescribers are required to work in collaboration with other health care professions with at least one being a physician. As health care practice evolves, there are advanced practice nurse prescribers, particularly nurse anesthetists, working in dental offices that do not employ physicians. This rule amends the rule to require advanced practice nurse prescribers to work in a collaborative relationship with a physician or dentist.	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. This rule was posted for economic comments and none were received.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. Local governmental units were not contacted in the development of this EIA. The rule does not affect governmental units..	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units or the State's economy as a whole.	
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit for implementing the rule is to increase access to health care.	
16. Long Range Implications of Implementing the Rule The long range implications are recognition of changes in health care practices and to increase access to dental care.	
17. Compare With Approaches Being Used by Federal Government None	
18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)	

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

Illinois requires an advanced practical nurse to additionally hold a separate license for the prescribing of controlled substances. In order to obtain a mid-level practitioner controlled substances license, the advance practice nurse is required to provide the license number and controlled substances license number of the of the delegating or collaborating physician or podiatrist and the written notice of delegation of prescriptive authority signed by the physician or podiatrist including the schedule of controlled substances that the mid-level practitioner may dispense or prescribe.

Iowa and Minnesota license nurses at three levels: licensed practical nurse, registered nurse and advanced registered nurse practitioner. The advanced registered nurse prescriber has a scope of practice which includes prescriptive authority. There is no equivalent certification in Iowa or Minnesota to the Wisconsin advance practice nurse prescriber certificate.

Michigan licenses nurses at two levels: licensed practical nurse and registered nurse. Michigan has specialty certifications for a nurse anesthetist, nurse midwife and nurse practitioner. There is no equivalent certification in Michigan to the Wisconsin advance practice nurse prescriber certificate.

19. Contact Name Sharon Henes	20. Contact Phone Number (608) 261-2377
----------------------------------	--

This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
- Less Stringent Schedules or Deadlines for Compliance or Reporting
- Consolidation or Simplification of Reporting Requirements
- Establishment of performance standards in lieu of Design or Operational Standards
- Exemption of Small Businesses from some or all requirements
- Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
-



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Terry C. Anderson
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

Jessica Karls-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE RULE 18-050

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

2. Form, Style and Placement in Administrative Code

In s. N 8.10 (7), the first instance of the phrase “or dentist” should be underscored. [s. 1.06 (1) (a), Manual.].

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 3 December 2018 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 13 December 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration a. Review of Scope Statement for N 4 Relating to Licensure of Nurse Midwives b. Act 108 Report – Review of Chapters N 5 and 6 c. Updates on Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		12/3/18	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
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.			

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 4

Relating to: Licensure of Nurse Midwives

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to complete a comprehensive review of ch. N 4 Licensure of Nurse-Midwives and make revisions to ensure the chapters are statutorily compliant and are current with professional standards and practices

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The Board of Nursing is beginning a comprehensive review of the chapter. The Board of Nursing will make revisions to the chapter to create clarity, remove obsolete provisions, ensure statutory compliance and update to current professional standards and practices. This chapter has not been reviewed and updated in 15 years.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

s. 15.08 (5) (b) Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

s. 441.15 (3) (c) The board shall promulgate rules necessary to administer this section, including the establishment of appropriate limitations on the scope of the practice of nurse-midwifery, the facilities in which such practice may occur and the granting of temporary permits to practice nurse-midwifery pending qualification for certification.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

150 hours

6. List with description of all entities that may be affected by the proposed rule:

Nurse midwives and nurse midwife applicants

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None to minimal. The rule is not likely to have a significant economic impact on small businesses.

Contact Person: Sharon Henes (608) 261-2377

Board Chair

Date Submitted

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.
N 6.02 Definitions.
N 6.03 Standards of practice for registered nurses.

N 6.04 Standards of practice for licensed practical nurses.
N 6.05 Violations of standards.

Note: Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10-1-85.

N 6.01 Authority and intent. (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.

N 6.02 Definitions. As used in this chapter,

(1) “Advanced practice nurse prescriber” means a registered nurse who holds an advance practice nurse prescriber certificate under s. 441.16, Stats.

(1m) “Basic nursing care” means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) “Basic patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient’s clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient’s clinical condition requires only basic nursing care.

(3) “Complex patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- (a) The patient’s clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) The patient’s clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(5) “Delegated act” means acts delegated to a registered nurse or licensed practical nurse.

(6) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) “General supervision” means regularly to coordinate, direct and inspect the practice of another.

(8) “Nursing diagnosis” means a judgment made by an R.N. following a nursing assessment of a patient’s actual or potential health needs for the purpose of establishing a nursing care plan.

(9) “Patient” means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) “Protocol” means a precise and detailed written plan for a regimen of therapy.

(10m) “Provider” means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

Note: There was an inadvertent error in CR 15-099. “Advanced practice nurse provider” should be “advanced practice nurse prescriber” consistent with sub. (1) and s. 441.16, Stats. The error will be corrected in future rulemaking.

(11) “R.N.” means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.50, Stats.

(12) “L.P.N.” means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.50, Stats.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; reprinted to correct error in (7), Register, July, 1983, No. 331; am. (5) and (12), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (intro.), (3) (intro.) and (4), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: renum. (1) to (1m), cr. (1) r. (4), r. and recr. (5), cr. (10m), am. (11), (12) Register August 2016 No. 728, eff. 9-1-16; correction in (1) made under s. 35.17, Stats., Register August 2016 No. 728, eff. 9-1-16.

N 6.03 Standards of practice for registered nurses.

(1) GENERAL NURSING PROCEDURES. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.’s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) PERFORMANCE OF DELEGATED ACTS. In the performance of delegated acts an R.N. shall do all of the following:

(a) Accept only those delegated acts for which there are protocols or written or verbal orders.

(b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of provider.

(3) SUPERVISION AND DIRECTION OF DELEGATED ACTS. In the supervision and direction of delegated acts an R.N. shall do all of the following:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.

(b) Provide direction and assistance to those supervised.

(c) Observe and monitor the activities of those supervised.

(d) Evaluate the effectiveness of acts performed under supervision.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. (1) (c) and (2) (intro.), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (c) and (d), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: am. (2), (3) (intro.), (a) to (c) Register August 2016 No. 728, eff. 9-1-16.

N 6.04 Standards of practice for licensed practical nurses. (1) PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform.
- (b) Provide basic nursing care.
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient.
- (d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.
- (e) Perform the following other acts when applicable:
 1. Assist with the collection of data.
 2. Assist with the development and revision of a nursing care plan.
 3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.
 4. Participate with other health team members in meeting basic patient needs.

(2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

- (a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

(3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

- (a) Follow written protocols and procedures developed and approved by an R.N.
- (b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.
- (c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; CR 00-167: am. (1) (intro.), (d), (e) 3., (2) (a) and (b), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: am. (1) (intro.), (a) to (d), (e) (intro.), 1. to 3., am. (2) (intro.), (b), (3) (intro.), (a), (b), r. and recr. (3) Register August 2016 No. 728.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. Register, May, 1990, No. 413, eff. 6-1-90.

Chapter N 7

RULES OF CONDUCT

N 7.01 Authority and intent.
N 7.02 Definitions.

N 7.03 Grounds for denying or taking disciplinary action.

Note: Chapters N 7 and 11 as they existed on September 30, 1985 were repealed and a new Chapter N 7 was created effective October 1, 1985.

N 7.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 and 227.11, Stats., and interpret s. 441.07, Stats.

(2) The intent of the board of nursing in adopting this chapter is to specify grounds for denying an initial license or certificate or limiting, suspending, revoking, or denying renewal of a license or certificate or for reprimanding a licensee or certificate holder.

Note: The bracketed language was unintentionally omitted in the agency's order promulgating this rule, CR 13-097.

History: Cr. Register, September, 1985, No. 357, eff. 10-1-85; am. (2), Register, May, 1990, No. 413, eff. 6-1-90; correction in (1) under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 13-097; am. (2) Register July 2014 No. 703, eff. 8-1-14; CR 15-067; am. (2) Register August 2016 No. 728, eff. 9-1-16.

N 7.02 Definitions. As used in this chapter:

(1) "Board" means board of nursing.

(1m) "Certificate" means a certificate of an advanced practice nurse prescriber.

(2) "Drug" has the meaning contained in s. 450.01 (10), Stats.

(3) "License" means a license of a registered nurse, licensed practical nurse or nurse-midwife.

(4) "Licensee" means a person licensed as a registered nurse, licensed practical nurse under s. 441.10, Stats., or nurse-midwife.

(5) "Patient" means any person receiving nursing care for which the nurse is compensated.

Note: The board office is located at 1400 East Washington Avenue, Madison, Wisconsin. The board's mailing address is P.O. Box 8935, Madison, Wisconsin 53708-8935.

History: Cr. Register, September, 1985, No. 357, eff. 10-1-85; CR 13-097; cr. (1m) Register July 2014 No. 703, eff. 8-1-14; correction in (2) made under s. 13.92 (4) (b) 7., Stats., Register August 2015 No. 716.

N 7.03 Grounds for denying or taking disciplinary action. The grounds for denying or taking disciplinary action on a license or certificate are any of the following:

(1) Noncompliance with federal, jurisdictional, or reporting requirements including any of the following:

(a) Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results.

(b) Having a license to practice nursing or a nurse licensure compact privilege to practice denied, revoked, suspended, limited, or having the credential holder otherwise disciplined in another state, territory, or country. A certified copy of the record of the board is conclusive evidence of the final action.

(c) After a request of the board, failing to cooperate in a timely manner, with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has failed to cooperate in a timely manner.

(d) Practicing without an active license.

(e) Practicing beyond the scope of practice permitted by law.

(f) Failing to inform the board of the advanced practice nurse prescriber's change in certification status with a national certifying body as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

(g) Violating any term, provision, or condition of any order of the board.

(h) Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction, including the date, place, and nature of the conviction or finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.

(i) Failing to report to the board or institutional supervisory personnel any violation of the rules of this chapter by a licensee. This provision does not require a nurse to report treatment information which would fall within the nurse-patient privilege set forth in s. 905.04 (1) (b), Stats.

(2) Violating or aiding and abetting a violation of any law substantially related to the practice of nursing or being convicted of any crime substantially related to the practice of nursing. A certified copy of a judgment of conviction is prima facie evidence of a violation.

(3) Confidentiality, patient privacy, consent, or disclosure violations, including any of the following:

(a) Failing to safeguard the patient's dignity, or the right to privacy.

(b) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(c) Making statements or disclosures that create a risk of compromising a patient's privacy, confidentiality, or dignity, including statements or disclosures via electronic or social media.

(4) Misconduct or abuse, including any of the following:

(a) Soliciting, borrowing, misappropriating, obtaining, or attempting to obtain money or property from a patient or a patient's family.

(b) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit, duress, or undue influence in the course of nursing practice.

(c) Abusing a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain, injury, mental anguish, or fear.

(d) Engaging in repeated or significant disruptive behavior or interaction with health care personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(e) 1. Violating principles of professional boundaries, including any of the following:

a. Failing to establish, maintain, or communicate professional boundaries with the patient.

b. Engaging in relationships with patients that could impair the nurse's professional judgment.

c. Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit.

d. Engaging in dual relationships if the nurse's ability to provide appropriate care would be compromised due to the nature of the additional relationship with the patient.

e. Engaging in any dual relationship in mental health nursing.

f. Engaging in self-disclosure to a patient which creates a risk or adversely impacts the patient's care and well-being.

g. Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.

h. Accepting gifts which are more than minimal value or any cash from a patient or patient's family.

2. This paragraph does not include providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of or potential for exploiting the patient and contact that is necessary for a health care purpose that meets the standards of the profession.

(f) 1. Engaging in sexual misconduct, including any of the following:

a. Sexually explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient.

b. Conduct that may reasonably be interpreted by a patient as sexual or any verbal behavior that is sexually harassing to a patient.

c. Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.

d. Transmitting information about a patient via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.

e. Engaging or attempting to engage in sexual or seductive conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

2. For the purpose of this paragraph, due to the unique vulnerability of mental health patients, including patients with substance use disorders, nurses are prohibited from engaging in or attempting to engage in sexual or seductive conduct with such former patients, a former patient's immediate family or person responsible for the patient's welfare, for a period of at least 2 years after the termination of nursing services.

(5) Fraud, deception or misrepresentation, including any of the following:

(a) Falsifying or inappropriately altering reports, patient documentation, agency records, or other health documents.

(b) Intentionally making incorrect entries in a patient's medical record or other related documents.

(c) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.

(d) Submitting false claims.

(e) Fraud, deceit, or material omission in obtaining a license or certification or in the renewal of the license or certification.

(f) Impersonating another licensee or allowing another person to use the licensee's credential for any purpose.

(g) Submitting false information in the course of an investigation.

(h) Misrepresentation of credentials.

(i) Misleading, false, or deceptive advertising or marketing.

(6) Unsafe practice or substandard care, including any of the following:

(a) Failing to perform nursing with reasonable skill and safety.

(b) Lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.

(c) Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety. Actual injury to a patient need not be established.

(d) Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.

(e) Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.

(f) Unable to practice safely by reason of alcohol or other substance use.

(g) Unable to practice safely by reason of psychological impairment or mental disorder.

(h) Unable to practice safely by reason of physical illness or impairment.

(i) Failure to consult or delay in consultation for clinical care beyond scope of practice

(j) Failure to treat.

(k) Inadequate or improper infection control practices.

(L) Failure to provide medically necessary items or services.

(m) Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status, or disability while providing nursing services.

(n) Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient.

(o) Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person.

(p) Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person.

(7) Improper supervision or allowing unlicensed practice, including any of the following:

(a) Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.

(b) Knowingly aiding, assisting, advising, or allowing a person to engage in the unlawful practice of nursing.

(c) Inappropriate or inadequate supervision or delegation.

(d) Failing to supervise assigned student experiences

(8) Improper prescribing, dispensing, or administering medication or drug related offenses, including any of the following:

(a) Prescribing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(b) Dispensing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(c) Administering any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(d) Error in prescribing, dispensing, or administering medication.

(e) Obtaining, possessing or attempting to obtain or possess a drug without lawful authority.

History: Cr. Register, September, 1985, No. 357, eff. 10-1-85; am. (1) (intro.), (d) to (g), (2) and (3), Register, May, 1990, No. 413, eff. 6-1-90; CR 13-097: r. and recr. Register July 2014 No. 703, eff. 8-1-14; corrections in (intro.), (1) (intro.), (3) (intro.), (4) (intro.), (e) (intro.), (f) (intro.), (5) (intro.), (6) (intro.), (7) (intro.), and (8) (intro.) made under s. 35.17, Stats., and renumbering in (4) (e) and (f) made under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703; CR 15-067: am. (intro.) Register August 2016 No. 728, eff. 9-1-16; correction in (title) under s. 13.92 (4) (b) 2. Register August 2016 No. 728.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Andrea Magermans and Sarah Bradley		2) Date When Request Submitted: 12/3/2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 12/13/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes, by PDMP staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p style="margin-left: 40px;">Results of targeted outreach pursuant to the following motion from the 9/13/18 meeting: MOTION: Pamela White moved, seconded by Peter Kallio, to direct DSPS PDMP staff to conduct targeted outreach for prescribers with estimated ePDMP usage of less than 50% to educate these prescribers about use of the PDMP and tools available in the PDMP that can help promote safe controlled substance prescribing practices. Motion carried unanimously.</p> <p style="margin-left: 40px;">Number of APNPs with estimated ePDMP usage of less than 50% who will be receiving outreach letter: 818</p> <ul style="list-style-type: none"> • ePDMP usage 1/1/18-10/31/18 • 3,180 APNPs with prescriptions during the time period • Average Query Percentage of 66.4% • For targeted outreach, only consider APNPs with at least 10 prescriptions written in the 10-month time period <p style="margin-left: 40px;">Targeted outreach letter attached, for reference.</p>			
11) Signature of person making this request Andrea Magermans 12/3/18		Authorization _____ Supervisor (if required)	
_____ 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.			

December 4, 2018

[NAME]
Address 1
Address 2
Address 3

Dear [NAME]:

This letter serves as a reminder of the requirement under Wis. Stat. § 961.385 for practitioners to review patient records in the Wisconsin Enhanced Prescription Drug Monitoring Program (WI ePDMP) prior to issuing a prescription order for a controlled substance. The Wisconsin Department of Safety and Professional Services (DSPS) would also like to take this opportunity to highlight some of the features of the WI ePDMP, a valuable tool to address prescription drug abuse by helping healthcare professionals evaluate their patients' use of controlled substance prescription drugs to make more informed prescribing, treatment, and dispensing decisions.

Patient Reports

WI ePDMP patient reports contain two years of a patient's controlled substance prescription history and include a chart indicating the patient's opioid and benzodiazepine prescriptions over time. Each patient report also shows a map that acts as a quick snapshot to help a provider identify a patient who obtains controlled substance prescriptions from multiple prescribers or pharmacies or who travels long distances to obtain controlled substance prescriptions. When logged in to the WI ePDMP website, dispensing data can also be requested from the PDMP of neighboring states.

Alerts

Alerts on the patient report inform prescribers of concerning prescription patterns or potential harmful interactions. Alerts can be data driven, based on analytics of the dispensing detail, such as indicating when there is a daily opioid dose over 90 morphine milligram equivalents or concurrent opioid and benzodiazepine prescriptions, both of which increase the risk of an overdose event. Other alerts are entered by law enforcement as a mechanism for notifying providers of suspected opioid overdose events, controlled substance violations, and stolen controlled substance prescriptions.

Alerts may also be entered by prescribers in order to inform other healthcare users of the WI ePDMP about the following patient events:

- 1) Treatment Agreement
- 2) Violation of Treatment Agreement
- 3) Overdose Incident

Prescribing Practice Assessment

Beyond the clinical decision support tool in the patient reports, the WI ePDMP provides valuable prescribing practice assessment tools for prescribers of controlled substances and those who oversee them. These tools include the Patients Panel and the Prescriber Metrics Report, which are accessible by logging in to the WI ePDMP website at <https://pdmp.wi.gov> and clicking on the appropriate icon. These features are currently not available via single sign-on EHR integration.

Patients Panel

The Patients Panel displays a summary of information about patients to whom a prescriber has recently prescribed a controlled substance, including whether the patients have any data-driven or law-enforcement-reported alerts. The Patients Panel also provides one-click access to view a patient report.

Prescriber Metrics Report

This self-assessment tool for prescribers contains an individual prescriber's metrics for the last 100 days in comparison to other prescribers of the same specialty. The report provides a summary of prescription orders dispensed, estimated WI ePDMP usage, and number of patients with alerts, including the ability for prescribers to view the patient names associated with data-driven and law-enforcement-entered concerning patient history alerts. A map plots the home address of patients, allowing prescribers to see the distance their patients travel to receive controlled substance prescriptions. The report contains a full list of controlled substance prescription orders associated with the prescriber's DEA number, which can be useful for identifying fraudulent use of a prescriber's credentials.

Medical Coordinator Role

The Medical Coordinator role allows staff who medically coordinate Wisconsin prescribers to access the Prescriber Metrics Report of the prescribers they oversee. The Medical Coordinator role does not have access to the patient level detail in the prescriber's Prescriber Metrics Report, nor do they have access to view a prescriber's metrics until the prescriber accepts the coordinator's request in the WI ePDMP.

A Comprehensive Tool in the Fight Against Prescription Opioid Abuse

The information and tools available in the WI ePDMP are all part of an effort to promote safe, informed prescribing decisions of opioids and other controlled substances. The reported 32% decline in opioid prescriptions dispensed in Wisconsin since 2015 shows that progress is being made. By combining our efforts and using all available tools, we can continue to make strides toward fewer overdose deaths and ending the opioid epidemic.