



LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Dale Kleven (608) 266-2112
October 10, 2019

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A quorum of the Board may be present during the committee meeting.

AGENDA

8:00 A.M.

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Approval of Agenda (1)

B. Legislative and Policy Matters – Discussion and Consideration

1. Advanced Practice Registered Nurses (APRN) Legislation – Assembly Bill 267 & Senate Bill 249: Relating to Advanced Practice Registered Nurses, Extending the Time Limit for Emergency Rule Procedures, Providing an Exemption from Emergency Rule Procedures, and Granting Rule-Making Authority **(2-115)**

C. Administrative Rules Matters – Discussion and Consideration

1. N 4, Relating to Licensure of Nurse-Midwives **(116-180)**
2. N 2, Relating to Licensure of Nurses
3. Pending and Possible Rulemaking Projects

D. Public Comments

ADJOURNMENT

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, 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.



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-0429/1
MED&TJD:emw&kjf

2019 ASSEMBLY BILL 267

June 7, 2019 - Introduced by Representatives ROHRKASTE, SUBECK, MAGNAFICI, ANDERSON, BOWEN, BRANDTJEN, BROSTOFF, DUCHOW, EMERSON, GUNDRUM, HUTTON, KITCHENS, KUGLITSCH, KULP, KURTZ, L. MYERS, MURSAU, NEUBAUER, NOVAK, OTT, PETERSEN, QUINN, RIEMER, SINICKI, SKOWRONSKI, SPIROS, STEFFEN, TUSLER, VRUWINK and WICHGERS, cosponsored by Senators LEMAHIEU, RINGHAND, TESTIN, CARPENTER, HANSEN, KOOYENGA, MARKLEIN, OLSEN, RISSER, SCHACHTNER, WANGGAARD and WIRCH. Referred to Committee on Health.

1 **AN ACT** *to repeal* 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3.,
2 252.01 (1c), 440.03 (13) (b) 42., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11
3 (3), 441.15, 441.16, 441.19, 448.035 (1) (a) and 450.01 (1m); **to renumber and**
4 **amend** 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); **to amend** 14.87
5 (title), 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd)
6 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44),
7 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49
8 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 102.13
9 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4., 102.13
10 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a), 106.30
11 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c),
12 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (1) (r) 8.,
13 146.89 (6), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and
14 (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m)

ASSEMBLY BILL 267

1 (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d),
2 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
3 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
4 (1), 343.62 (4) (a) 4., 440.03 (13) (b) 3., 440.08 (2) (a) 4m., 440.981 (1), 440.982
5 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01 (7) (a) (intro.), 441.01 (7) (b),
6 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c) and (e), 441.10 (7), 441.18 (2)
7 (a) (intro.), 441.18 (2) (b), 441.18 (3), subchapter II (title) of chapter 441
8 [precedes 441.51], 441.51 (title), 448.03 (2) (a), 448.035 (2), (3) and (4), 448.56
9 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01
10 (16) (hr) 2., 450.03 (1) (e), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b),
11 450.11 (8) (e), 450.13 (5) (b), 450.135 (7) (b), 462.04, 655.001 (7t), 655.001 (9),
12 655.005 (2) (a), 961.01 (19) (a) and 961.395; **to repeal and recreate** 441.06
13 (title); and **to create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1)
14 (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47., 441.001 (1c), 441.001 (1m), 441.001
15 (5), 441.01 (7) (c) and 441.09 of the statutes; **relating to:** advanced practice
16 registered nurses, extending the time limit for emergency rule procedures,
17 providing an exemption from emergency rule procedures, and granting
18 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

ASSEMBLY BILL 267

an accredited graduate-level or postgraduate-level education program preparing the person to practice as an APRN in one of four recognized roles and hold a current national certification approved by the board; 3) possess malpractice liability insurance in an amount determined as provided in the bill; 4) pay a fee determined by the Department of Safety and Professional Services; and 5) satisfy certain other criteria specified in the bill. 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. The bill also requires the board, upon granting a person an APRN license, to also grant the person one or more specialty designations 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 specialty designations 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 a specialty designation for that role. However, the bill allows an APRN to delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN's practice, the APRN is competent to perform the task or issue the order, and the APRN has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances. The bill requires an APRN to adhere to professional standards when managing situations that are beyond the advanced practice nurse's expertise.

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 all APRNs to complete continuing education requirements each biennium in clinical pharmacology or therapeutics relevant to the APRN's area of practice and to satisfy certain other requirements when renewing a license.

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. 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 specialty designation, except that the bill also requires that a person applying for a certified nurse-midwife specialty designation be certified by a national certifying body approved by the board.

ASSEMBLY BILL 267***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. An RN holding a certificate is subject to various practice requirements and limitations 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 replaces them with permits to issue prescription orders. The bill allows the holder of an APRN license to apply for a permit or for an applicant for an APRN license to apply for a permit concurrently with his or her APRN license application. The bill requires the board to establish the appropriate education, training, or experience requirements that a registered nurse must satisfy to be granted a permit to issue prescription orders. As under current law, an APRN holding a permit is subject to various practice requirements and limitations established by the board.

The bill repeals a provision concerning the ability of advanced practice nurses who are certified to issue prescription orders and who are required to work in collaboration with or under the supervision of a physician to obtain and practice under a federal waiver to dispense narcotic drugs to individuals for addiction treatment.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs and APRN prescribers, including various terminology changes and technical changes relating to the Nurse Licensure Compact.

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:

1 **SECTION 1.** 14.87 (title) of the statutes is amended to read:

2 **14.87** (title) ~~Enhanced nurse~~ **Nurse licensure compact.**

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

4 29.193 (**1m**) (a) 2. (intro.) Has a permanent substantial loss of function in one
5 or both arms or one or both hands and fails to meet the minimum standards of any
6 one of the following standard tests, administered under the direction of a licensed
7 physician, a licensed physician assistant, a licensed chiropractor, or a certified
8 licensed advanced practice registered nurse prescriber:

ASSEMBLY BILL 267

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

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

8 **SECTION 4.** 29.193 (2) (c) 3. of the statutes is amended to read:

9 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant
10 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under
11 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the
12 applicant and the recommendation of a licensed physician, a licensed physician
13 assistant, a licensed chiropractor, a licensed podiatrist, or a ~~certified~~ licensed
14 advanced practice registered nurse ~~prescriber~~ selected by the applicant from a list
15 of licensed physicians, licensed physician assistants, licensed chiropractors, licensed
16 podiatrists, and ~~certified~~ licensed advanced practice nurse ~~prescribers~~ registered
17 nurses compiled by the department, the department finds that issuance of a permit
18 complies with the intent of this subsection. The use of this review procedure is
19 discretionary with the department and all costs of the review procedure shall be paid
20 by the applicant.

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

22 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function
23 in one or both arms and fails to meet the minimum standards of the standard upper
24 extremity pinch test, the standard grip test, or the standard nine-hole peg test,
25 administered under the direction of a licensed physician, a licensed physician

ASSEMBLY BILL 267

1 assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced practice registered
2 nurse ~~prescriber~~.

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

4 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in
5 one or both shoulders and fails to meet the minimum standards of the standard
6 shoulder strength test, administered under the direction of a licensed physician, a
7 licensed physician assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced
8 practice registered nurse ~~prescriber~~.

9 **SECTION 7.** 29.193 (2) (e) of the statutes is amended to read:

10 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this
11 subsection, except a permit under par. (c) 3., may obtain a review of that decision by
12 a licensed physician, a licensed physician assistant, a licensed chiropractor, a
13 licensed podiatrist, or a ~~certified~~ licensed advanced practice registered nurse
14 ~~prescriber~~ designated by the department and with an office located in the
15 department district in which the applicant resides. The department shall pay for the
16 cost of a review under this paragraph unless the denied application on its face fails
17 to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is
18 the only method of review of a decision to deny a permit under this subsection and
19 is not subject to further review under ch. 227.

20 **SECTION 8.** 29.193 (3) (a) of the statutes is amended to read:

21 29.193 (3) (a) Produces a certificate from a licensed physician, a licensed
22 physician assistant, a licensed optometrist, or a ~~certified~~ licensed advanced practice
23 registered nurse ~~prescriber~~ stating that his or her sight is impaired to the degree that
24 he or she cannot read ordinary newspaper print with or without corrective glasses.

25 **SECTION 9.** 45.40 (1g) (a) of the statutes is amended to read:

ASSEMBLY BILL 267

1 45.40 (1g) (a) “Health care provider” means an advanced practice registered
2 nurse ~~prescriber-certified~~ who holds a permit to issue prescription orders under s.
3 ~~441.16~~ 441.09 (2), an audiologist licensed under ch. 459, a dentist licensed under ch.
4 447, an optometrist licensed under ch. 449, a physician licensed under s. 448.02, or
5 a podiatrist licensed under s. 448.63.

6 **SECTION 10.** 46.03 (44) of the statutes is amended to read:

7 46.03 (44) **SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION.** Prepare and
8 keep current an information sheet to be distributed to a patient by a physician, a
9 physician assistant, or ~~certified~~ an advanced practice registered nurse prescriber
10 who holds a permit to issue prescription orders under s. 441.09 (2) providing
11 expedited partner therapy to that patient under s. 448.035. The information sheet
12 shall include information about sexually transmitted diseases and their treatment
13 and about the risk of drug allergies. The information sheet shall also include a
14 statement advising a person with questions about the information to contact his or
15 her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

16 **SECTION 11.** 50.01 (1b) of the statutes is repealed.

17 **SECTION 12.** 50.08 (2) of the statutes is amended to read:

18 50.08 (2) A physician, an advanced practice registered nurse ~~prescriber~~
19 ~~certified~~ who holds a permit to issue prescription orders under s. ~~441.16~~ 441.09 (2),
20 or a physician assistant licensed under ch. 448, who prescribes a psychotropic
21 medication to a nursing home resident who has degenerative brain disorder shall
22 notify the nursing home if the prescribed medication has a boxed warning under 21
23 CFR 201.57.

24 **SECTION 13.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

ASSEMBLY BILL 267

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

9 **SECTION 14.** 50.09 (1) (f) 1. of the statutes is amended to read:

10 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
11 or both domestic partners under ch. 770 are residents of the same facility, the spouses
12 or domestic partners shall be permitted to share a room unless medically
13 contraindicated as documented by the resident's physician, physician assistant, or
14 advanced practice registered nurse ~~prescriber~~ in the resident's medical record.

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

16 50.09 (1) (h) Meet with, and participate in activities of social, religious, and
17 community groups at the resident's discretion, unless medically contraindicated as
18 documented by the resident's physician, physician assistant, or advanced practice
19 registered nurse ~~prescriber~~ in the resident's medical record.

20 **SECTION 16.** 50.09 (1) (k) of the statutes is amended to read:

21 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical
22 and physical restraints except as authorized in writing by a physician, physician
23 assistant, or advanced practice registered nurse ~~prescriber~~ for a specified and
24 limited period of time and documented in the resident's medical record. Physical
25 restraints may be used in an emergency when necessary to protect the resident from

ASSEMBLY BILL 267

1 injury to himself or herself or others or to property. However, authorization for
2 continuing use of the physical restraints shall be secured from a physician, physician
3 assistant, or advanced practice registered nurse ~~prescriber~~ within 12 hours. Any use
4 of physical restraints shall be noted in the resident's medical records. "Physical
5 restraints" includes, but is not limited to, any article, device, or garment that
6 interferes with the free movement of the resident and that the resident is unable to
7 remove easily, and confinement in a locked room.

8 **SECTION 17.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

9 50.49 (1) (b) (intro.) "Home health services" means the following items and
10 services that are furnished to an individual, who is under the care of a physician,
11 physician assistant, or advanced practice registered nurse ~~prescriber~~, by a home
12 health agency, or by others under arrangements made by the home health agency,
13 that are under a plan for furnishing those items and services to the individual that
14 is established and periodically reviewed by a physician, physician assistant, or
15 advanced practice registered nurse ~~prescriber~~ and that are, except as provided in
16 subd. 6., provided on a visiting basis in a place of residence used as the individual's
17 home:

18 **SECTION 18.** 51.41 (1d) (b) 4. of the statutes is amended to read:

19 51.41 (1d) (b) 4. A psychiatric mental health advanced practice registered
20 nurse who is suggested by the Milwaukee County board of supervisors. The
21 Milwaukee County board of supervisors shall solicit suggestions from organizations
22 including the Wisconsin Nurses Association for individuals who specialize in a full
23 continuum of behavioral health and medical services including emergency
24 detention, inpatient, residential, transitional, partial hospitalization, intensive
25 outpatient, and wraparound community-based services. The Milwaukee County

ASSEMBLY BILL 267

1 board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric
2 mental health advanced practice registered nurses for this board membership
3 position.

4 **SECTION 19.** 70.47 (8) (intro.) of the statutes is amended to read:

5 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
6 appear before it in relation to the assessment. Instead of appearing in person at the
7 hearing, the board may allow the property owner, or the property owner's
8 representative, at the request of either person, to appear before the board, under
9 oath, by telephone or to submit written statements, under oath, to the board. The
10 board shall hear upon oath, by telephone, all ill or disabled persons who present to
11 the board a letter from a physician, osteopath, physician assistant, as defined in s.
12 448.01 (6), or advanced practice registered nurse ~~prescriber certified under s. 441.16~~
13 ~~(2)~~ licensed under ch. 441 that confirms their illness or disability. At the request of
14 the property owner or the property owner's representative, the board may postpone
15 and reschedule a hearing under this subsection, but may not postpone and
16 reschedule a hearing more than once during the same session for the same property.
17 The board at such hearing shall proceed as follows:

18 **SECTION 20.** 77.54 (14) (f) 3. of the statutes is repealed.

19 **SECTION 21.** 77.54 (14) (f) 4. of the statutes is amended to read:

20 77.54 (14) (f) 4. An advanced practice registered nurse who holds a permit to
21 issue prescription orders under s. 441.09 (2).

22 **SECTION 22.** 97.59 of the statutes is amended to read:

23 **97.59 Handling foods.** No person in charge of any public eating place or other
24 establishment where food products to be consumed by others are handled may
25 knowingly employ any person handling food products who has a disease in a form

ASSEMBLY BILL 267

1 that is communicable by food handling. If required by the local health officer or any
2 officer of the department for the purposes of an investigation, any person who is
3 employed in the handling of foods or is suspected of having a disease in a form that
4 is communicable by food handling shall submit to an examination by the officer or
5 by a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~
6 designated by the officer. The expense of the examination, if any, shall be paid by the
7 person examined. Any person knowingly infected with a disease in a form that is
8 communicable by food handling who handles food products to be consumed by others
9 and any persons knowingly employing or permitting such a person to handle food
10 products to be consumed by others shall be punished as provided by s. 97.72.

11 **SECTION 23.** 102.13 (1) (a) of the statutes is amended to read:

12 102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed
13 by an employee, the employee shall, upon the written request of the employee's
14 employer or worker's compensation insurer, submit to reasonable examinations by
15 physicians, chiropractors, psychologists, dentists, physician assistants, advanced
16 practice ~~nurse prescribers~~ registered nurses, or podiatrists provided and paid for by
17 the employer or insurer. No employee who submits to an examination under this
18 paragraph is a patient of the examining physician, chiropractor, psychologist,
19 dentist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
20 podiatrist for any purpose other than for the purpose of bringing an action under ch.
21 655, unless the employee specifically requests treatment from that physician,
22 chiropractor, psychologist, dentist, physician assistant, advanced practice registered
23 nurse ~~prescriber~~, or podiatrist.

24 **SECTION 24.** 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to
25 read:

ASSEMBLY BILL 267

1 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
2 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
3 before the examination, all necessary expenses including transportation expenses.
4 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
5 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist
6 provided by himself or herself present at the examination and to receive a copy of all
7 reports of the examination that are prepared by the examining physician,
8 chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced
9 practice registered nurse ~~prescriber~~, or vocational expert immediately upon receipt
10 of those reports by the employer or worker's compensation insurer. The employee is
11 also entitled to have a translator provided by himself or herself present at the
12 examination if the employee has difficulty speaking or understanding the English
13 language. The employer's or insurer's written request for examination shall notify
14 the employee of all of the following:

15 1. The proposed date, time, and place of the examination and the identity and
16 area of specialization of the examining physician, chiropractor, psychologist, dentist,
17 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
18 vocational expert.

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

22 4. The employee's right to receive a copy of all reports of the examination that
23 are prepared by the examining physician, chiropractor, psychologist, dentist,
24 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or

ASSEMBLY BILL 267

1 vocational expert immediately upon receipt of these reports by the employer or
2 worker's compensation insurer.

3 **SECTION 25.** 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read:

4 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,
5 physician assistant, advanced practice registered nurse ~~prescriber~~, or vocational
6 expert who is present at any examination under par. (a) or (am) may be required to
7 testify as to the results of the examination.

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

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

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

25 **SECTION 26.** 102.13 (2) (a) of the statutes is amended to read:

ASSEMBLY BILL 267

1 102.13 (2) (a) An employee who reports an injury alleged to be work-related
2 or files an application for hearing waives any physician-patient,
3 psychologist-patient, or chiropractor-patient privilege with respect to any condition
4 or complaint reasonably related to the condition for which the employee claims
5 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any
6 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,
7 advanced practice registered nurse ~~prescriber~~, hospital, or health care provider
8 shall, within a reasonable time after written request by the employee, employer,
9 worker's compensation insurer, department, or division, or its representative,
10 provide that person with any information or written material reasonably related to
11 any injury for which the employee claims compensation.

12 **SECTION 27.** 102.13 (2) (b) of the statutes is amended to read:

13 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,
14 physician assistant, advanced practice registered nurse ~~prescriber~~, hospital, or
15 health service provider shall furnish a legible, certified duplicate of the written
16 material requested under par. (a) in paper format upon payment of the actual costs
17 of preparing the certified duplicate, not to exceed the greater of 45 cents per page or
18 \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified
19 duplicate of that material in electronic format upon payment of \$26 per request. Any
20 person who refuses to provide certified duplicates of written material in the person's
21 custody that is requested under par. (a) shall be liable for reasonable and necessary
22 costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in
23 enforcing the requester's right to the duplicates under par. (a).

24 **SECTION 28.** 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

ASSEMBLY BILL 267

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

22 2. The record of a hospital or sanatorium in this state that is satisfactory to the
23 division, established by certificate, affidavit, or testimony of the supervising officer
24 of the hospital or sanatorium, any other person having charge of the record, or a
25 physician, podiatrist, surgeon, dentist, psychologist, physician assistant, advanced

ASSEMBLY BILL 267

1 practice registered nurse ~~prescriber~~, or chiropractor to be the record of the patient
2 in question, and made in the regular course of examination or treatment of the
3 patient, constitutes prima facie evidence as to the matter contained in the record, to
4 the extent that the record is otherwise competent and relevant.

5 **SECTION 29.** 102.29 (3) of the statutes is amended to read:

6 102.29 (3) Nothing in this chapter shall prevent an employee from taking the
7 compensation that the employee may be entitled to under this chapter and also
8 maintaining a civil action against any physician, chiropractor, psychologist, dentist,
9 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist for
10 malpractice.

11 **SECTION 30.** 102.42 (2) (a) of the statutes is amended to read:

12 102.42 (2) (a) When the employer has notice of an injury and its relationship
13 to the employment, the employer shall offer to the injured employee his or her choice
14 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced
15 practice registered nurse ~~prescriber~~, or podiatrist licensed to practice and practicing
16 in this state for treatment of the injury. By mutual agreement, the employee may
17 have the choice of any qualified practitioner not licensed in this state. In case of
18 emergency, the employer may arrange for treatment without tendering a choice.
19 After the emergency has passed the employee shall be given his or her choice of
20 attending practitioner at the earliest opportunity. The employee has the right to a
21 2nd choice of attending practitioner on notice to the employer or its insurance carrier.
22 Any further choice shall be by mutual agreement. Partners and clinics are
23 considered to be one practitioner. Treatment by a practitioner on referral from
24 another practitioner is considered to be treatment by one practitioner.

25 **SECTION 31.** 106.30 (1) of the statutes is amended to read:

ASSEMBLY BILL 267

1 106.30 (1) DEFINITION. In this section, “nurse” means a registered nurse
2 licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse
3 licensed or permitted under s. 441.10, or an advanced practice registered nurse
4 ~~prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15~~
5 441.09.

6 **SECTION 32.** 118.15 (3) (a) of the statutes is amended to read:

7 118.15 (3) (a) Any child who is excused by the school board because the child
8 is temporarily not in proper physical or mental condition to attend a school program
9 but who can be expected to return to a school program upon termination or
10 abatement of the illness or condition. The school attendance officer may request the
11 parent or guardian of the child to obtain a written statement from a licensed
12 physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or
13 ~~nurse practitioner, as defined in s. 255.06 (1) (d), or certified advanced practice~~
14 registered nurse prescriber or Christian Science practitioner living and residing in
15 this state, who is listed in the Christian Science Journal, as sufficient proof of the
16 physical or mental condition of the child. An excuse under this paragraph shall be
17 in writing and shall state the time period for which it is valid, not to exceed 30 days.

18 **SECTION 33.** 118.25 (1) (a) of the statutes is amended to read:

19 118.25 (1) (a) “Practitioner” means a person licensed as a physician or as a
20 physician assistant in any state or licensed as an advanced practice registered nurse
21 or certified as an advanced practice registered nurse prescriber in any state. In this
22 paragraph, “physician” has the meaning given in s. 448.01 (5).

23 **SECTION 34.** 118.29 (1) (e) of the statutes is amended to read:

ASSEMBLY BILL 267

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

4 **SECTION 35.** 118.2925 (1) (b) of the statutes is repealed.

5 **SECTION 36.** 118.2925 (3) of the statutes is amended to read:

6 118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice
7 registered nurse prescriber who holds a permit to issue prescription orders under s.
8 441.09 (2), or a physician assistant may prescribe epinephrine auto-injectors in the
9 name of a school that has adopted a plan under sub. (2) (a), to be maintained by the
10 school for use under sub. (4).

11 **SECTION 37.** 118.2925 (4) (c) of the statutes is amended to read:

12 118.2925 (4) (c) Administer an epinephrine auto-injector to a pupil or other
13 person who the school nurse or designated school personnel in good faith believes is
14 experiencing anaphylaxis in accordance with a standing protocol from a physician,
15 an advanced practice registered nurse prescriber who holds a permit to issue
16 prescription orders under s. 441.09 (2), or a physician assistant, regardless of
17 whether the pupil or other person has a prescription for an epinephrine
18 auto-injector. If the pupil or other person does not have a prescription for an
19 epinephrine auto-injector, or the person who administers the epinephrine
20 auto-injector does not know whether the pupil or other person has a prescription for
21 an epinephrine auto-injector, the person who administers the epinephrine
22 auto-injector shall, as soon as practicable, report the administration by dialing the
23 telephone number “911” or, in an area in which the telephone number “911” is not
24 available, the telephone number for an emergency medical service provider.

25 **SECTION 38.** 118.2925 (5) of the statutes is amended to read:

ASSEMBLY BILL 267

1 118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF
2 MEDICINE. A school and its designated school personnel, and a physician, an advanced
3 practice registered nurse prescriber who holds a permit to issue prescription orders
4 under s. 441.09 (2), or a physician assistant who provides a prescription or standing
5 protocol for school epinephrine auto-injectors, are not liable for any injury that
6 results from the administration or self-administration of an epinephrine
7 auto-injector under this section, regardless of whether authorization was given by
8 the pupil's parent or guardian or by the pupil's physician, physician assistant, or
9 advanced practice registered nurse prescriber, unless the injury is the result of an
10 act or omission that constitutes gross negligence or willful or wanton misconduct.
11 The immunity from liability provided under this subsection is in addition to and not
12 in lieu of that provided under s. 895.48.

13 **SECTION 39.** 146.343 (1) (c) of the statutes is amended to read:

14 146.343 (1) (c) "Nurse-midwife" means an individual who is licensed ~~to engage~~
15 ~~in the practice of nurse-midwifery under s. 441.15 (3) (a)~~ as an advanced practice
16 registered nurse and possesses a certified nurse-midwife specialty designation
17 under s. 441.09.

18 **SECTION 40.** 146.82 (3) (a) of the statutes is amended to read:

19 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as
20 defined in s. 448.01 (6), or advanced practice registered nurse prescriber ~~certified~~
21 ~~under s. 441.16 (2)~~ licensed under s. 441.09 who treats a patient whose physical or
22 mental condition in the physician's, physician assistant's, or advanced practice ~~nurse~~
23 ~~prescriber's~~ registered nurse's judgment affects the patient's ability to exercise
24 reasonable and ordinary control over a motor vehicle may report the patient's name

ASSEMBLY BILL 267

1 and other information relevant to the condition to the department of transportation
2 without the informed consent of the patient.

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

4 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
5 hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse-midwife~~
6 advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a
7 physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under
8 ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch.
9 III of ch. 448.

10 **SECTION 42.** 146.89 (1) (r) 3. of the statutes is repealed.

11 **SECTION 43.** 146.89 (1) (r) 8. of the statutes is amended to read:

12 146.89 (1) (r) 8. An advanced practice registered nurse who ~~has~~ holds a
13 ~~certificate permit~~ to issue prescription orders under s. ~~441.16~~ 441.09 (2).

14 **SECTION 44.** 146.89 (6) of the statutes is amended to read:

15 146.89 (6) (a) While serving as a volunteer health care provider under this
16 section, an advanced practice registered nurse who ~~has~~ holds a ~~certificate permit~~ to
17 issue prescription orders under s. ~~441.16~~ 441.09 (2) is considered to meet the
18 requirements of s. 655.23, if required to comply with s. 655.23.

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

23 **SECTION 45.** 252.01 (1c) of the statutes is repealed.

24 **SECTION 46.** 252.07 (8) (a) 2. of the statutes is amended to read:

ASSEMBLY BILL 267

1 252.07 (8) (a) 2. The department or local health officer provides to the court a
2 written statement from a physician, physician assistant, or advanced practice
3 registered nurse prescriber that the individual has infectious tuberculosis or suspect
4 tuberculosis.

5 **SECTION 47.** 252.07 (9) (c) of the statutes is amended to read:

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

13 **SECTION 48.** 252.10 (7) of the statutes is amended to read:

14 252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis
15 shall be purchased by the department from the appropriation account under s.
16 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local
17 health departments, physicians, or advanced practice ~~nurse prescribers~~ registered
18 nurses who hold a permit to issue prescription orders under s. 441.09 (2).

19 **SECTION 49.** 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read:

20 252.11 (2) An officer of the department or a local health officer having
21 knowledge of any reported or reasonably suspected case or contact of a sexually
22 transmitted disease for which no appropriate treatment is being administered, or of
23 an actual contact of a reported case or potential contact of a reasonably suspected
24 case, shall investigate or cause the case or contact to be investigated as necessary.
25 If, following a request of an officer of the department or a local health officer, a person

ASSEMBLY BILL 267

1 reasonably suspected of being infected with a sexually transmitted disease refuses
2 or neglects examination by a physician, physician assistant, or advanced practice
3 registered nurse ~~prescriber~~ or treatment, an officer of the department or a local
4 health officer may proceed to have the person committed under sub. (5) to an
5 institution or system of care for examination, treatment, or observation.

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

13 (5) Any court of record may commit a person infected with a sexually
14 transmitted disease to any institution or may require the person to undergo a system
15 of care for examination, treatment, or observation if the person ceases or refuses
16 examination, treatment, or observation under the supervision of a physician,
17 physician assistant, or advanced practice registered nurse ~~prescriber~~. The court
18 shall summon the person to appear on a date at least 48 hours, but not more than
19 96 hours, after service if an officer of the department or a local health officer petitions
20 the court and states the facts authorizing commitment. If the person fails to appear
21 or fails to accept commitment without reasonable cause, the court may cite the
22 person for contempt. The court may issue a warrant and may direct the sheriff, any
23 constable, or any police officer of the county immediately to arrest the person and
24 bring the person to court if the court finds that a summons will be ineffectual. The
25 court shall hear the matter of commitment summarily. Commitment under this

ASSEMBLY BILL 267

1 subsection continues until the disease is no longer communicable or until other
2 provisions are made for treatment that satisfy the department. The certificate of the
3 petitioning officer is prima facie evidence that the disease is no longer communicable
4 or that satisfactory provisions for treatment have been made.

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

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

23 **SECTION 50.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3.
24 and (7m) (intro.) and (b) of the statutes are amended to read:

ASSEMBLY BILL 267

1 252.15 **(3m)** (d) 11. b. The coroner, medical examiner, or appointed assistant
2 is investigating the cause of death of the subject of the HIV test and has contact with
3 the body fluid of the subject of the HIV test that constitutes a significant exposure,
4 if a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~,
5 based on information provided to the physician, physician assistant, or advanced
6 practice registered nurse ~~prescriber~~, determines and certifies in writing that the
7 coroner, medical examiner, or appointed assistant has had a contact that constitutes
8 a significant exposure and if the certification accompanies the request for disclosure.

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

14 **(5g)** (c) A physician, physician assistant, or advanced practice registered nurse
15 ~~prescriber~~, based on information provided to the physician, physician assistant, or
16 advanced practice registered nurse ~~prescriber~~, determines and certifies in writing
17 that the person has had contact that constitutes a significant exposure. The
18 certification shall accompany the request for HIV testing and disclosure. If the
19 person is a physician, physician assistant, or advanced practice registered nurse
20 ~~prescriber~~, he or she may not make this determination or certification. The
21 information that is provided to a physician, physician assistant, or advanced practice
22 registered nurse ~~prescriber~~ to document the occurrence of the contact that
23 constitutes a significant exposure and the physician's, physician assistant's, or
24 advanced practice nurse ~~prescriber's~~ registered nurse's certification that the person
25 has had contact that constitutes a significant exposure, shall be provided on a report

ASSEMBLY BILL 267

1 form that is developed by the department of safety and professional services under
2 s. 101.02 (19) (a) or on a report form that the department of safety and professional
3 services determines, under s. 101.02 (19) (b), is substantially equivalent to the report
4 form that is developed under s. 101.02 (19) (a).

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

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

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

17 **(7m)** REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,
18 validated HIV test result is obtained from a test subject, the test subject's physician,
19 physician assistant, or advanced practice registered nurse ~~prescriber~~ who maintains
20 a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist
21 the name of any person known to the physician, physician assistant, or advanced
22 practice registered nurse ~~prescriber~~ to have had contact with body fluid of the test
23 subject that constitutes a significant exposure, only after the physician, physician
24 assistant, or advanced practice registered nurse ~~prescriber~~ has done all of the
25 following:

ASSEMBLY BILL 267

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

5 **SECTION 51.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

6 252.16 (3) (c) (intro.) Has submitted to the department a certification from a
7 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
8 registered nurse ~~prescriber~~ of all of the following:

9 **SECTION 52.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

10 252.17 (3) (c) (intro.) Has submitted to the department a certification from a
11 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
12 registered nurse ~~prescriber~~ of all of the following:

13 **SECTION 53.** 253.07 (4) (d) of the statutes is amended to read:

14 253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in
15 communities of licensed registered nurses, licensed practical nurses, ~~certified~~
16 ~~nurse-midwives~~ licensed advanced practice registered nurses, or licensed physician
17 assistants who are members of a racial minority.

18 **SECTION 54.** 253.115 (1) (f) of the statutes is created to read:

19 253.115 (1) (f) "Nurse-midwife" means an individual who is licensed as an
20 advanced practice registered nurse and possesses a certified nurse-midwife
21 specialty designation under s. 441.09.

22 **SECTION 55.** 253.115 (4) of the statutes is amended to read:

23 253.115 (4) SCREENING REQUIRED. Except as provided in sub. (6), the physician,
24 nurse-midwife ~~licensed under s. 441.15~~, or certified professional midwife licensed
25 under s. 440.982 who attended the birth shall ensure that the infant is screened for

ASSEMBLY BILL 267

1 hearing loss before being discharged from a hospital, or within 30 days of birth if the
2 infant was not born in a hospital.

3 **SECTION 56.** 253.115 (7) (a) (intro.) of the statutes is amended to read:

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

7 **SECTION 57.** 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and
8 amended to read:

9 253.13 (1) (b) The attending physician or ~~nurse licensed under s. 441.15~~
10 nurse-midwife shall cause every infant born in each hospital or maternity home,
11 prior to its discharge therefrom, to be subjected to tests for congenital and metabolic
12 disorders, as specified in rules promulgated by the department. If the infant is born
13 elsewhere than in a hospital or maternity home, the attending physician, ~~nurse~~
14 licensed under s. 441.15 nurse-midwife, or birth attendant who attended the birth
15 shall cause the infant, within one week of birth, to be subjected to these tests.

16 **SECTION 58.** 253.13 (1) (a) of the statutes is created to read:

17 253.13 (1) (a) In this subsection, “nurse-midwife” means an individual who is
18 licensed as an advanced practice registered nurse and possesses a certified
19 nurse-midwife specialty designation under s. 441.09.

20 **SECTION 59.** 253.15 (1) (em) of the statutes is created to read:

21 253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an
22 advanced practice registered nurse and possesses a certified nurse-midwife
23 specialty designation under s. 441.09.

24 **SECTION 60.** 253.15 (2) of the statutes is amended to read:

ASSEMBLY BILL 267

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

24 **SECTION 61.** 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.)
25 and amended to read:

ASSEMBLY BILL 267

1 255.06 (1) (f) (intro.) “~~Nurse practitioner~~” “Women’s health nurse clinician”

2 means ~~a~~ any of the following:

3 1. A registered nurse who is licensed under ch. 441 or who holds a multistate
4 license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51
5 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes
6 performance of delegated medical services under the supervision of a physician,
7 dentist, ~~or podiatrist~~, or advanced practice registered nurse.

8 **SECTION 62.** 255.06 (1) (f) 2. of the statutes is created to read:

9 255.06 (1) (f) 2. An advanced practice registered nurse.

10 **SECTION 63.** 255.06 (2) (d) of the statutes is amended to read:

11 255.06 (2) (d) *Specialized training for rural colposcopic examinations and*
12 *activities.* Provide not more than \$25,000 in each fiscal year as reimbursement for
13 the provision of specialized training of ~~nurse practitioners~~ women’s health nurse
14 clinicians to perform, in rural areas, colposcopic examinations and follow-up
15 activities for the treatment of cervical cancer.

16 **SECTION 64.** 255.07 (1) (d) of the statutes is amended to read:

17 255.07 (1) (d) “Health care practitioner” means a physician, a physician
18 assistant licensed under s. 448.04 (1) (f), or an advanced practice registered nurse
19 who ~~is certified~~ holds a permit to issue prescription orders under s. ~~441.16~~ 441.09 (2).

20 **SECTION 65.** 257.01 (5) (a) and (b) of the statutes are amended to read:

21 257.01 (5) (a) An individual who is licensed as a physician, a physician
22 assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed
23 practical nurse, or ~~nurse-midwife~~ advanced practice registered nurse under ch. 441,
24 licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed

ASSEMBLY BILL 267

1 as a veterinarian or certified as a veterinary technician under ch. 89, or certified as
2 a respiratory care practitioner under ch. 448.

3 (b) An individual who was at any time within the previous 10 years, but is not
4 currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448,
5 licensed as a registered nurse, licensed practical nurse, or ~~nurse-midwife~~, advanced
6 practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441,
7 2017 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch.
8 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89,
9 or certified as a respiratory care practitioner under ch. 448, if the individual's license
10 or certification was never revoked, limited, suspended, or denied renewal.

11 **SECTION 66.** 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to
12 read:

13 341.14 **(1a)** If any resident of this state, who is registering or has registered an
14 automobile, or a motor truck, dual purpose motor home or dual purpose farm truck
15 which has a gross weight of not more than 8,000 pounds, a farm truck which has a
16 gross weight of not more than 12,000 pounds or a motor home, submits a statement
17 once every 4 years, as determined by the department, from a physician licensed to
18 practice medicine in any state, from an advanced practice registered nurse licensed
19 to practice nursing in any state, from a public health nurse certified or licensed to
20 practice in any state, from a physician assistant licensed or certified to practice in
21 any state, from a podiatrist licensed to practice in any state, from a chiropractor
22 licensed to practice chiropractic in any state, or from a Christian Science practitioner
23 residing in this state and listed in the Christian Science journal certifying to the
24 department that the resident is a person with a disability that limits or impairs the
25 ability to walk, the department shall procure, issue and deliver to the disabled

ASSEMBLY BILL 267

1 person plates of a special design in lieu of plates which ordinarily would be issued
2 for the vehicle, and shall renew the plates. The plates shall be so designed as to
3 readily apprise law enforcement officers of the fact that the vehicle is owned by a
4 nonveteran disabled person and is entitled to the parking privileges specified in s.
5 346.50 (2a). No charge in addition to the registration fee shall be made for the
6 issuance or renewal of such plates.

7 (1e) (a) If any resident of this state, who is registering or has registered a
8 motorcycle, submits a statement once every 4 years, as determined by the
9 department, from a physician licensed to practice medicine in any state, from an
10 advanced practice registered nurse licensed to practice nursing in any state, from a
11 public health nurse certified or licensed to practice in any state, from a physician
12 assistant licensed or certified to practice in any state, from a podiatrist licensed to
13 practice in any state, from a chiropractor licensed to practice chiropractic in any
14 state, from a Christian Science practitioner residing in this state and listed in the
15 Christian Science journal, or from the U.S. department of veterans affairs certifying
16 to the department that the resident is a person with a disability that limits or impairs
17 the ability to walk, the department shall procure, issue and deliver to the disabled
18 person a plate of a special design in lieu of the plate which ordinarily would be issued
19 for the motorcycle, and shall renew the plate. The statement shall state whether the
20 disability is permanent or temporary and, if temporary, the opinion of the physician,
21 advanced practice registered nurse, public health nurse, physician assistant,
22 podiatrist, chiropractor, practitioner, or U.S. department of veterans affairs as to the
23 duration of the disability. The plate shall be so designed as to readily apprise law
24 enforcement officers of the fact that the motorcycle is owned by a disabled person and

ASSEMBLY BILL 267

1 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
2 to the registration fee may be made for the issuance or renewal of the plate.

3 **(1m)** If any licensed driver submits to the department a statement once every
4 4 years, as determined by the department, from a physician licensed to practice
5 medicine in any state, from a public health nurse certified or licensed to practice in
6 any state, from an advanced practice registered nurse licensed to practice nursing
7 in any state, from a physician assistant licensed or certified to practice in any state,
8 from a podiatrist licensed to practice in any state, from a chiropractor licensed to
9 practice chiropractic in any state, or from a Christian Science practitioner residing
10 in this state and listed in the Christian Science journal certifying that another
11 person who is regularly dependent on the licensed driver for transportation is a
12 person with a disability that limits or impairs the ability to walk, the department
13 shall issue and deliver to the licensed driver plates of a special design in lieu of the
14 plates which ordinarily would be issued for the automobile or motor truck, dual
15 purpose motor home or dual purpose farm truck having a gross weight of not more
16 than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds
17 or motor home, and shall renew the plates. The plates shall be so designed as to
18 readily apprise law enforcement officers of the fact that the vehicle is operated by a
19 licensed driver on whom a disabled person is regularly dependent and is entitled to
20 the parking privileges specified in s. 346.50 (2a). No charge in addition to the
21 registration fee may be made for the issuance or renewal of the plates. The plates
22 shall conform to the plates required in sub. (1a).

23 **(1q)** If any employer who provides an automobile, or a motor truck, dual
24 purpose motor home or dual purpose farm truck which has a gross weight of not more
25 than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000

ASSEMBLY BILL 267

1 pounds or a motor home, for an employee's use submits to the department a
2 statement once every 4 years, as determined by the department, from a physician
3 licensed to practice medicine in any state, from an advanced practice registered
4 nurse licensed to practice nursing in any state, from a public health nurse certified
5 or licensed to practice in any state, from a physician assistant licensed or certified
6 to practice in any state, from a podiatrist licensed to practice in any state, from a
7 chiropractor licensed to practice chiropractic in any state, or from a Christian
8 Science practitioner residing in this state and listed in the Christian Science journal
9 certifying that the employee is a person with a disability that limits or impairs the
10 ability to walk, the department shall issue and deliver to such employer plates of a
11 special design in lieu of the plates which ordinarily would be issued for the vehicle,
12 and shall renew the plates. The plates shall be so designed as to readily apprise law
13 enforcement officers of the fact that the vehicle is operated by a disabled person and
14 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
15 to the registration fee may be made for the issuance or renewal of the plates. The
16 plates shall conform to the plates required in sub. (1a).

17 **SECTION 67.** 343.16 (5) (a) of the statutes is amended to read:

18 343.16 (5) (a) The secretary may require any applicant for a license or any
19 licensed operator to submit to a special examination by such persons or agencies as
20 the secretary may direct to determine incompetency, physical or mental disability,
21 disease, or any other condition that might prevent such applicant or licensed person
22 from exercising reasonable and ordinary control over a motor vehicle. If the
23 department requires the applicant to submit to an examination, the applicant shall
24 pay for the examination. If the department receives an application for a renewal or
25 duplicate license after voluntary surrender under s. 343.265 or receives a report from

ASSEMBLY BILL 267

1 a physician, physician assistant, as defined in s. 448.01 (6), advanced practice
2 registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09, or
3 optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests
4 within a one-year period for any combination of violations of s. 346.63 (1) or (5) or
5 a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally
6 recognized American Indian tribe or band in this state in conformity with s. 346.63
7 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09
8 where the offense involved the use of a vehicle, the department shall determine, by
9 interview or otherwise, whether the operator should submit to an examination under
10 this section. The examination may consist of an assessment. If the examination
11 indicates that education or treatment for a disability, disease or condition concerning
12 the use of alcohol, a controlled substance or a controlled substance analog is
13 appropriate, the department may order a driver safety plan in accordance with s.
14 343.30 (1q). If there is noncompliance with assessment or the driver safety plan, the
15 department shall revoke the person's operating privilege in the manner specified in
16 s. 343.30 (1q) (d).

17 **SECTION 68.** 343.51 (1) of the statutes is amended to read:

18 343.51 (1) Any person who qualifies for registration plates of a special design
19 under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits
20 or impairs the ability to walk may request from the department a special
21 identification card that will entitle any motor vehicle parked by, or under the
22 direction of, the person, or a motor vehicle operated by or on behalf of the
23 organization when used to transport such a person, to parking privileges under s.
24 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined
25 by the department, upon submission by the applicant, if the applicant is an

ASSEMBLY BILL 267

1 individual rather than an organization, of a statement from a physician licensed to
2 practice medicine in any state, from an advanced practice registered nurse licensed
3 to practice nursing in any state, from a public health nurse certified or licensed to
4 practice in any state, from a physician assistant licensed or certified to practice in
5 any state, from a podiatrist licensed to practice in any state, from a chiropractor
6 licensed to practice chiropractic in any state, or from a Christian Science practitioner
7 residing in this state and listed in the Christian Science journal that the person is
8 a person with a disability that limits or impairs the ability to walk. The statement
9 shall state whether the disability is permanent or temporary and, if temporary, the
10 opinion of the physician, advanced practice registered nurse, public health nurse,
11 physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the
12 disability. The department shall issue the card upon application by an organization
13 on a form prescribed by the department if the department believes that the
14 organization meets the requirements under this subsection.

15 **SECTION 69.** 343.62 (4) (a) 4. of the statutes is amended to read:

16 343.62 (4) (a) 4. The applicant submits with the application a statement
17 completed within the immediately preceding 24 months, except as provided by rule,
18 by a physician licensed to practice medicine in any state, from an advanced practice
19 registered nurse licensed to practice nursing in any state, from a physician assistant
20 licensed or certified to practice in any state, from a podiatrist licensed to practice in
21 any state, from a chiropractor licensed to practice chiropractic in any state, or from
22 a Christian Science practitioner residing in this state, and listed in the Christian
23 Science journal certifying that, in the medical care provider's judgment, the
24 applicant is physically fit to teach driving.

25 **SECTION 70.** 440.03 (13) (b) 3. of the statutes is amended to read:

ASSEMBLY BILL 267

1 440.03 (13) (b) 3. Advanced practice registered nurse ~~prescriber~~ permitted to
2 issue prescription orders.

3 **SECTION 71.** 440.03 (13) (b) 39m. of the statutes is created to read:

4 440.03 (13) (b) 39m. Nurse, advanced practice registered.

5 **SECTION 72.** 440.03 (13) (b) 42. of the statutes is repealed.

6 **SECTION 73.** 440.08 (2) (a) 4m. of the statutes is amended to read:

7 440.08 (2) (a) 4m. Advanced practice registered nurse ~~prescriber~~: ~~October~~
8 permitted to issue prescription orders: March 1 of each even-numbered year.

9 **SECTION 74.** 440.08 (2) (a) 47. of the statutes is created to read:

10 440.08 (2) (a) 47. Nurse, advanced practice registered: March 1 of each
11 even-numbered year.

12 **SECTION 75.** 440.08 (2) (a) 50. of the statutes is repealed.

13 **SECTION 76.** 440.981 (1) of the statutes is amended to read:

14 440.981 (1) No person may use the title “licensed midwife,” describe or imply
15 that he or she is a licensed midwife, or represent himself or herself as a licensed
16 midwife unless the person is granted a license under this subchapter or is licensed
17 as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and
18 possesses a certified nurse-midwife specialty designation under s. 441.09.

19 **SECTION 77.** 440.982 (1) of the statutes is amended to read:

20 440.982 (1) No person may engage in the practice of midwifery unless the
21 person is granted a license under this subchapter, is granted a temporary permit
22 pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a~~
23 ~~nurse-midwife under s. 441.15~~ an advanced practice registered nurse and possesses
24 a certified nurse-midwife specialty designation under s. 441.09.

25 **SECTION 78.** 440.987 (2) of the statutes is amended to read:

ASSEMBLY BILL 267

1 440.987 (2) One member who is licensed as ~~a nurse-midwife under s. 441.15~~
2 an advanced practice registered nurse and possesses a certified nurse-midwife
3 specialty designation under s. 441.09 and who practices in an out-of-hospital
4 setting.

5 **SECTION 79.** 441.001 (1c) of the statutes is created to read:

6 441.001 (1c) ADVANCED PRACTICE REGISTERED NURSING. “Advanced practice
7 registered nursing” means the advanced practice of nursing in one of the 4 recognized
8 roles based on advanced clinical knowledge and skills focusing on direct care of
9 individuals, greater responsibility, autonomy, and accountability for the provision of
10 care, health promotion and maintenance, including prescribing pharmacological
11 agents and therapeutics, and management of patient conditions.

12 **SECTION 80.** 441.001 (1m) of the statutes is created to read:

13 441.001 (1m) CLINICAL PHARMACOLOGY OR THERAPEUTICS. “Clinical
14 pharmacology or therapeutics” means the identification of individual and classes of
15 drugs, their indications and contraindications, their efficacy, their side effects, and
16 their interactions, as well as clinical judgment skills and decision-making based on
17 thorough interviewing, history taking, physical assessment, test selection and
18 interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation
19 of conditions, treatment decisions, case evaluation, and nonpharmacological
20 interventions.

21 **SECTION 81.** 441.001 (5) of the statutes is created to read:

22 441.001 (5) RECOGNIZED ROLE. “Recognized role” means one of the following
23 roles:

24 (a) Certified nurse-midwife.

25 (b) Certified registered nurse anesthetist.

ASSEMBLY BILL 267

1 (c) Clinical nurse specialist.

2 (d) Nurse practitioner.

3 **SECTION 82.** 441.01 (3) of the statutes is amended to read:

4 441.01 (3) The board may promulgate rules to establish minimum standards
5 for schools for professional nurses ~~and~~, schools for licensed practical nurses, and
6 schools for advanced practice registered nurses, including all related clinical units
7 and facilities, and make and provide periodic surveys and consultations to such
8 schools. ~~It~~ The board may also ~~establish~~ promulgate rules to prevent unauthorized
9 persons from practicing professional nursing. ~~It shall approve all rules for the~~
10 ~~administration of this chapter in accordance with ch. 227.~~

11 **SECTION 83.** 441.01 (4) of the statutes is amended to read:

12 441.01 (4) The board shall direct that those schools that qualify be placed on
13 a list of schools the board has approved for professional nurses ~~or~~, of schools the board
14 has approved for licensed practical nurses, or of schools the board has approved for
15 advanced practice registered nurses on application and proof of qualifications, ~~and~~
16 the board shall make a study of nursing education and ~~initiate~~ promulgate rules and
17 policies to improve it.

18 **SECTION 84.** 441.01 (7) (a) (intro.) of the statutes is amended to read:

19 441.01 (7) (a) (intro.) The board shall require each applicant for the renewal
20 of a registered nurse ~~or~~, licensed practical nurse, or advanced practice registered
21 license issued under this chapter to do all of the following as a condition for renewing
22 the license:

23 **SECTION 85.** 441.01 (7) (b) of the statutes is amended to read:

24 441.01 (7) (b) The board may not renew a registered nurse ~~or~~, licensed practical
25 nurse, or advanced practice registered license under this chapter unless the renewal

ASSEMBLY BILL 267

1 applicant has completed the nursing workforce survey to the satisfaction of the
2 board. The board shall establish standards to determine whether the survey has
3 been completed. The board shall, by no later than June 30 of each odd-numbered
4 year, submit all completed nursing workforce survey forms to the department of
5 workforce development.

6 **SECTION 86.** 441.01 (7) (c) of the statutes is created to read:

7 441.01 (7) (c) An applicant who is renewing both a registered nurse and
8 advanced practice registered nurse license under s. 441.09 (1) (d) is only required to
9 pay a single fee under par. (a) 2.

10 **SECTION 87.** 441.06 (title) of the statutes is repealed and recreated to read:

11 **441.06 (title) Registered nurses; civil liability exemption.**

12 **SECTION 88.** 441.06 (3) of the statutes is amended to read:

13 441.06 (3) ~~A~~ Except as provided in s. 441.09 (1) (d), a registered nurse
14 practicing for compensation shall, on or before the applicable renewal date specified
15 under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving
16 name, residence, and other facts that the board requires, with the nursing workforce
17 survey and fee required under s. 441.01 (7) and the applicable renewal fee
18 determined by the department under s. 440.03 (9) (a).

19 **SECTION 89.** 441.06 (4) of the statutes is amended to read:

20 441.06 (4) Except as provided in s. 257.03, no person may practice or attempt
21 to practice professional nursing, nor use the title, letters, or anything else to indicate
22 that he or she is a registered or professional nurse unless he or she is licensed under
23 this section. Except as provided in s. 257.03, no person not so licensed may use in
24 connection with his or her nursing employment or vocation any title or anything else
25 to indicate that he or she is a trained, certified or graduate nurse. This subsection

ASSEMBLY BILL 267

1 does not apply to any registered nurse who holds a multistate license, as defined in
2 s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the
3 ~~enhanced~~ nurse licensure compact under ~~s. 441.51~~.

4 **SECTION 90.** 441.06 (7) of the statutes is renumbered 441.09 (7) and amended
5 to read:

6 441.09 (7) CIVIL LIABILITY. No person ~~certified~~ licensed as an advanced practice
7 registered nurse ~~prescriber~~ under s. 441.16 (2) this section is liable for civil damages
8 for any of the following:

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

14 (b) In good faith, not reporting to the department of transportation under s.
15 146.82 (3) a patient's name and other information relevant to a physical or mental
16 condition of the patient that in the advanced practice ~~nurse-prescriber's~~ registered
17 nurse's judgment does not impair the patient's ability to exercise reasonable and
18 ordinary control over a motor vehicle.

19 **SECTION 91.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to
20 read:

21 441.07 (1g) (intro.) Subject to the rules promulgated under s. 440.03 (1), the
22 board may deny an initial license or revoke, limit, suspend, or deny the renewal of
23 a license of a registered nurse, ~~nurse-midwife~~ advanced practice registered nurse,
24 or licensed practical nurse; deny an initial ~~certificate~~ permit to issue prescription
25 orders under s. 441.09 (2) or revoke, limit, suspend, or deny the renewal of a

ASSEMBLY BILL 267

1 ~~certificate permit to prescribe drugs or devices granted under s. 441.16 issue~~
2 ~~prescription orders~~; or reprimand a registered nurse, nurse-midwife advanced
3 practice registered nurse, or licensed practical nurse, if the board finds that the
4 applicant or licensee committed any of the following:

5 (a) Fraud in the procuring or renewal of the ~~certificate permit~~ or license.

6 (c) Acts ~~which that~~ show the registered nurse, nurse-midwife advanced
7 practice registered nurse, or licensed practical nurse to be unfit or incompetent by
8 reason of negligence, abuse of alcohol or other drugs, or mental incompetency.

9 (e) A violation of any state or federal law that regulates prescribing or
10 dispensing drugs or devices, if the person has holds a ~~certificate permit~~ to prescribe
11 ~~drugs or devices under s. 441.16 issue prescription orders under s. 441.09 (2).~~

12 **SECTION 92.** 441.09 of the statutes is created to read:

13 **441.09 Advanced practice registered nurses; civil liability exemption.**

14 **(1) LICENSE.** (a) An applicant who satisfies all of the following requirements may
15 apply to the board for initial licensure by the board as an advanced practice
16 registered nurse:

17 1. The applicant satisfies one of the following criteria:

18 a. The applicant holds a valid license to practice as a registered nurse issued
19 under s. 441.06 (1), (1c), or (1m).

20 b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or
21 (1m) with the application for a license under this paragraph.

22 c. The applicant is a registered nurse who holds a multistate license, as defined
23 in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted
24 the nurse licensure compact.

ASSEMBLY BILL 267

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

3 a. The applicant has completed a graduate-level or postgraduate-level
4 education program that is approved by the board and that prepares the applicant for
5 the practice of advanced practice registered nursing in one of the 4 recognized roles,
6 and the applicant holds a current certification by a national certifying body approved
7 by the board.

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

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

13 4. The applicant provides evidence of any malpractice liability insurance
14 coverage required under sub. (5).

15 5. If the applicant is applying to receive a certified nurse-midwife specialty
16 designation under par. (c) 1. a., the applicant provides evidence satisfactory to the
17 board that the applicant is currently certified by a national certifying body approved
18 by the board.

19 6. The applicant does not have an arrest or conviction record, subject to ss.
20 111.321, 111.322, and 111.335.

21 7. The applicant meets any other criteria established by the board by rule
22 relating to the education, training, or experience required for each recognized role.

23 (b) An applicant who satisfies the requirements established by the board under
24 sub. (6) (c) may, concurrently with his or her application for an advanced practice
25 registered nurse under par. (a) and upon payment of the additional fee required for

ASSEMBLY BILL 267

1 the permit under sub. (2) (b) 3., apply for a permit to issue prescription orders under
2 sub. (2).

3 (c) 1. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced
4 practice registered nurse license to an applicant the board determines meets the
5 requirements under par. (a). The board shall also grant a person who is granted a
6 license all of the following:

7 a. One or more specialty designations corresponding to the recognized roles for
8 which the board determines that the person qualifies based on the person's
9 qualifications under par. (a).

10 b. A permit to issue prescription orders under sub. (2), if the applicant applies
11 for a permit under par. (b) and the board determines the applicant satisfies the
12 requirements under sub. (6) (c).

13 2. Each specialty designation granted under subd. 1. a. shall appear on the
14 person's advanced practice registered nurse license.

15 3. The board may not grant an advanced practice registered nurse license to
16 a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless
17 the board also grants the person the license under s. 441.06 (1), (1c), or (1m).

18 4. The board may place specific limitations on a person licensed as an advanced
19 practice registered nurse as a condition of licensure.

20 (d) On or before the applicable renewal date specified under s. 440.08 (2) (a),
21 an advanced practice registered nurse shall submit to the board on a form furnished
22 by the board a statement giving his or her name and residence, the nursing workforce
23 survey and fee required under s. 441.01 (7), evidence of having satisfied the
24 continuing education requirements under sub. (4), evidence of any malpractice
25 liability insurance coverage required under sub. (5), current evidence that the person

ASSEMBLY BILL 267

1 satisfies each of the requirements under par. (a) 1., 2., 5., and 7. that apply with
2 respect to the person, and any other information that the board requires by rule, with
3 the applicable renewal fee determined by the department under s. 440.03 (9) (a). The
4 board shall grant to a person who satisfies the requirements under this paragraph
5 the renewal of his or her advanced practice registered nurse license and specialty
6 designations granted under par. (c) 1. a. and shall, if the person holds a license under
7 s. 441.06 (1), (1c), or (1m), also grant the renewal of that license.

8 (2) PERMIT TO ISSUE PRESCRIPTION ORDERS. (a) In this subsection, “prescription
9 order” has the meaning given in s. 450.01 (21).

10 (b) Subject to s. 441.07 (1g), the board shall grant a permit to issue prescription
11 orders to an applicant who satisfies all of the following:

12 1. The applicant is licensed as an advanced practice registered nurse under
13 sub. (1) or the applicant applies for the permit under sub. (1) (b) concurrently with
14 his or her application for a license under sub. (1) (a) and is granted the license under
15 sub. (1) (c).

16 2. The applicant meets the additional requirements for granting the permit
17 established by the board under sub. (6) (c).

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

19 (c) On or before the applicable renewal date specified under s. 440.08 (2) (a),
20 a person issued a permit under par. (b) shall submit to the board on a form furnished
21 by the board a statement giving his or her name and residence and any other
22 information that the board requires by rule with the applicable renewal fee
23 determined by the department under s. 440.03 (9) (a). The board shall grant to a
24 person who satisfies the requirements under this paragraph the renewal of his or her
25 permit to issue prescription orders.

ASSEMBLY BILL 267

1 (d) An advanced practice registered nurse who holds a permit under this
2 subsection may issue prescription orders, subject to the rules promulgated under
3 sub. (6) (a) and (d), and may provide expedited partner therapy in the manner
4 described in s. 448.035.

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

8 2. The holder of a specialty designation for a recognized role granted under sub.
9 (1) (c) 1. a. may append to his or her name the title and an abbreviation corresponding
10 to that recognized role.

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

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

17 a. Use the title “certified nurse–midwife,” the title “C.N.M.,” or anything else
18 to indicate that he or she is a certified nurse–midwife unless he or she has been
19 granted a certified nurse–midwife specialty designation under sub. (1) (c) 1. a.

20 b. Use the title “certified registered nurse anesthetist,” the title “C.R.N.A.,” or
21 anything else to indicate that he or she is a certified registered nurse anesthetist
22 unless he or she has been granted a certified registered nurse anesthetist specialty
23 designation under sub. (1) (c) 1. a.

ASSEMBLY BILL 267

1 c. Use the title “clinical nurse specialist,” the title “C.N.S.,” or anything else to
2 indicate that he or she is a clinical nurse specialist unless he or she has been granted
3 a clinical nurse specialist specialty designation under sub. (1) (c) 1. a.

4 d. Use the title “nurse practitioner,” the title “N.P.,” or anything else to indicate
5 that he or she is a nurse practitioner unless he or she has been granted a nurse
6 practitioner specialty designation under sub. (1) (c) 1. a.

7 (c) An advanced practice registered nurse shall adhere to professional
8 standards when managing situations that are beyond the advanced practice nurse’s
9 expertise.

10 (d) An advanced practice registered nurse licensed under this section may
11 delegate a task or order to another clinically trained health care worker if the task
12 or order is within the scope of the advanced practice registered nurse’s practice, the
13 advanced practice registered nurse is competent to perform the task or issue the
14 order, and the advanced practice registered nurse has reasonable evidence that the
15 health care worker is minimally competent to perform the task or issue the order
16 under the circumstances.

17 **(4) CONTINUING EDUCATION.** Every advanced practice registered nurse shall
18 submit to the board evidence of having completed at least 16 contact hours per
19 biennium in clinical pharmacology or therapeutics relevant to the advanced practice
20 registered nurse’s area of practice. The board may promulgate rules regarding the
21 continuing education requirements under this subsection.

22 **(5) MALPRACTICE LIABILITY INSURANCE.** Except for a person whose employer has
23 in effect malpractice liability insurance that provides coverage for the person in the
24 amounts specified under s. 655.23 (4), no person may practice advanced practice
25 registered nursing unless he or she at all times has in effect malpractice liability

ASSEMBLY BILL 267

1 insurance coverage in the minimum amounts required by the rules of the board. An
2 advanced practice registered nurse shall submit evidence of that coverage to the
3 board when applying for an initial license under this section or a renewal of a license
4 under this section. An advanced practice registered nurse shall also submit such
5 evidence to the board upon request of the board.

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

8 (a) Further defining the scope of practice of an advanced practice registered
9 nurse, defining the scope of practice for each recognized role, and defining the scope
10 of practice within which an advanced practice registered nurse who holds a permit
11 issued under sub. (2) may issue prescription orders.

12 (b) Determining acceptable national certification for purposes of sub. (1) (a) 2.
13 a.

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

18 (d) Specifying the classes of drugs, individual drugs, or devices that may not
19 be prescribed by an advanced practice registered nurse who holds a permit to issue
20 prescription orders under sub. (2).

21 (e) Specifying the conditions to be met for registered nurses to do the following:

- 22 1. Administer a drug prescribed by an advanced practice registered nurse.
- 23 2. Administer a drug at the direction of an advanced practice registered nurse.

24 (f) Establishing the minimum amount of malpractice liability insurance
25 coverage that an advanced practice registered nurse must at all times have in effect

ASSEMBLY BILL 267

1 for purposes of sub. (5). The board shall promulgate rules under this paragraph in
2 consultation with the commissioner of insurance.

3 **SECTION 93.** 441.10 (7) of the statutes is amended to read:

4 441.10 (7) No license is required for practical nursing, but, except as provided
5 in s. 257.03, no person without a license may hold himself or herself out as a licensed
6 practical nurse or licensed attendant, use the title or letters "Trained Practical
7 Nurse" or "T.P.N.", "Licensed Practical Nurse" or "L.P.N.", "Licensed Attendant" or
8 "L.A.", "Trained Attendant" or "T.A.", or otherwise seek to indicate that he or she is
9 a licensed practical nurse or licensed attendant. No licensed practical nurse or
10 licensed attendant may use the title, or otherwise seek to act as a registered, licensed,
11 graduate or professional nurse. Anyone violating this subsection shall be subject to
12 the penalties prescribed by s. 441.13. ~~The board shall grant without examination a~~
13 ~~license as a licensed practical nurse to any person who was on July 1, 1949, a licensed~~
14 ~~attendant.~~ This subsection does not apply to any licensed practical nurse who holds
15 a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than
16 this state, that has adopted the ~~enhanced~~ nurse licensure compact under s. 441.51.

17 **SECTION 94.** 441.11 (title) of the statutes is repealed.

18 **SECTION 95.** 441.11 (1) of the statutes is repealed.

19 **SECTION 96.** 441.11 (2) of the statutes is renumbered 441.09 (5m) and amended
20 to read:

21 441.09 (5m) NURSE ANESTHETISTS. The provisions of s. 448.04 (1) (g) do not apply
22 to a an advanced practice registered nurse licensed under this section who possesses
23 a certified registered nurse anesthetist specialty designation under sub. (1) (c) 1. a.

24 **SECTION 97.** 441.11 (3) of the statutes is repealed.

25 **SECTION 98.** 441.15 of the statutes is repealed.

ASSEMBLY BILL 267**ENHANCED NURSE LICENSURE COMPACT**

SECTION 105. 441.51 (title) of the statutes is amended to read:

441.51 (title) ~~Enhanced nurse~~ Nurse licensure compact.

SECTION 106. 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 107. 448.035 (1) (a) of the statutes is repealed.

SECTION 108. 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, a physician assistant, or ~~certified~~ an advanced practice registered nurse prescriber who holds a permit to issue prescription orders under s. 441.09 (2) 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

ASSEMBLY BILL 267

1 prescriber is unable to obtain the name of the patient's sexual partner, the
2 prescription order shall include, in ordinary bold-faced capital letters, the words,
3 "expedited partner therapy" or the letters "EPT."

4 (3) The physician, physician assistant, or ~~certified~~ advanced practice
5 registered nurse prescriber shall provide the patient with a copy of the information
6 sheet prepared by the department of health services under s. 46.03 (44) and shall
7 request that the patient give the information sheet to the person with whom the
8 patient had sexual contact.

9 (4) (a) Except as provided in par. (b), a physician, physician assistant, or
10 ~~certified~~ advanced practice registered nurse prescriber is immune from civil liability
11 for injury to or the death of a person who takes any antimicrobial drug if the
12 antimicrobial drug is prescribed, dispensed, or furnished under this section and if
13 expedited partner therapy is provided as specified under this section.

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

18 **SECTION 109.** 448.56 (1) and (1m) (b) of the statutes are amended to read:

19 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
20 448.52, a person may practice physical therapy only upon the written referral of a
21 physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice
22 registered nurse prescriber ~~certified under s. 441.16 (2)~~. Written referral is not
23 required if a physical therapist provides services in schools to children with
24 disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the
25 department of public instruction; provides services as part of a home health care

ASSEMBLY BILL 267

1 agency; provides services to a patient in a nursing home pursuant to the patient's
2 plan of care; provides services related to athletic activities, conditioning, or injury
3 prevention; or provides services to an individual for a previously diagnosed medical
4 condition after informing the individual's physician, physician assistant,
5 chiropractor, dentist, podiatrist, or advanced practice registered nurse ~~prescriber~~
6 ~~certified under s. 441.16 (2)~~ who made the diagnosis. The examining board may
7 promulgate rules establishing additional services that are excepted from the written
8 referral requirements of this subsection.

9 (1m) (b) The examining board shall promulgate rules establishing the
10 requirements that a physical therapist must satisfy if a physician, physician
11 assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse
12 ~~prescriber~~ makes a written referral under sub. (1). The purpose of the rules shall be
13 to ensure continuity of care between the physical therapist and the health care
14 practitioner.

15 **SECTION 110.** 448.62 (2m) of the statutes is amended to read:

16 448.62 (2m) An advanced practice registered nurse ~~who is certified to issue~~
17 ~~prescription orders under s. 441.16 and~~ who is providing nonsurgical patient services
18 as directed, supervised, and inspected by a podiatrist who has the power to direct,
19 decide, and oversee the implementation of the patient services rendered.

20 **SECTION 111.** 448.67 (2) of the statutes is amended to read:

21 448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee
22 who renders any podiatric service or assistance, or gives any podiatric advice or any
23 similar advice or assistance, to any patient, podiatrist, physician, physician
24 assistant, advanced practice registered nurse ~~prescriber certified under s. 441.16 (2),~~
25 partnership, or corporation, or to any other institution or organization, including a

ASSEMBLY BILL 267

1 hospital, for which a charge is made to a patient, shall, except as authorized by
2 Title 18 or Title 19 of the federal Social Security Act, render an individual statement
3 or account of the charge directly to the patient, distinct and separate from any
4 statement or account by any other podiatrist, physician, physician assistant,
5 advanced practice registered nurse ~~prescriber~~, or other person.

6 **SECTION 112.** 448.956 (1m) of the statutes is amended to read:

7 448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
8 to an individual without a referral, except that a licensee may not provide athletic
9 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
10 setting unless the licensee has obtained a written referral for the individual from a
11 practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;
12 under ch. 446; or under s. ~~441.16 (2)~~ 441.09.

13 **SECTION 113.** 450.01 (1m) of the statutes is repealed.

14 **SECTION 114.** 450.01 (16) (h) 2. of the statutes is amended to read:

15 450.01 (16) (h) 2. The patient's advanced practice registered nurse ~~prescriber~~,
16 if the advanced practice registered nurse ~~prescriber~~ ~~has entered into a written~~
17 ~~agreement to collaborate with a physician~~ holds a permit to issue prescription orders
18 under s. 441.09 (2).

19 **SECTION 115.** 450.01 (16) (hr) 2. of the statutes is amended to read:

20 450.01 (16) (hr) 2. An advanced practice registered nurse ~~prescriber~~ who holds
21 a permit to issue prescription orders under s. 441.09 (2).

22 **SECTION 116.** 450.03 (1) (e) of the statutes is amended to read:

23 450.03 (1) (e) Any person lawfully practicing within the scope of a license,
24 permit, registration, certificate, or certification granted to provide home medical
25 oxygen under s. 450.076, to practice professional ~~or~~ practical, or advanced practice

ASSEMBLY BILL 267

1 registered nursing or nurse-midwifery under ch. 441, to practice dentistry or dental
2 hygiene under ch. 447, to practice medicine and surgery under ch. 448, to practice
3 optometry under ch. 449 or to practice veterinary medicine under ch. 89, or as
4 otherwise provided by statute.

5 **SECTION 117.** 450.11 (1i) (a) 1. of the statutes is amended to read:

6 450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the
7 prescription order of an advanced practice registered nurse ~~prescriber~~ under s.
8 441.18 (2) (a) 1., or of a physician or physician assistant under s. 448.037 (2) (a) 1.,
9 that complies with the requirements of sub. (1), deliver an opioid antagonist to a
10 person specified in the prescription order and may, upon and in accordance with the
11 standing order of an advanced practice registered nurse ~~prescriber~~ under s. 441.18
12 (2) (a) 2., or of a physician or physician assistant under s. 448.037 (2) (a) 2., that
13 complies with the requirements of sub. (1), deliver an opioid antagonist to an
14 individual in accordance with the order. The pharmacist shall provide a consultation
15 in accordance with rules promulgated by the board for the delivery of a prescription
16 to the person to whom the opioid antagonist is delivered.

17 **SECTION 118.** 450.11 (1i) (b) 2. b. of the statutes is amended to read:

18 450.11 (1i) (b) 2. b. An advanced practice registered nurse ~~prescriber~~ may only
19 deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in
20 accordance with his or her other legal authority to dispense prescription drugs.

21 **SECTION 119.** 450.11 (7) (b) of the statutes is amended to read:

22 450.11 (7) (b) Information communicated to a physician, physician assistant,
23 or advanced practice registered nurse ~~prescriber~~ in an effort to procure unlawfully
24 a prescription drug or the administration of a prescription drug is not a privileged
25 communication.

ASSEMBLY BILL 267

1 **SECTION 120.** 450.11 (8) (e) of the statutes is amended to read:

2 450.11 (8) (e) The board of nursing, insofar as this section applies to advanced
3 practice nurse prescribers registered nurses.

4 **SECTION 121.** 450.13 (5) (b) of the statutes is amended to read:

5 450.13 (5) (b) The patient's advanced practice registered nurse prescriber, if the
6 advanced practice registered nurse prescriber ~~has entered into a written agreement~~
7 ~~to collaborate with a physician~~ holds a permit to issue prescription orders under s.
8 441.09 (2).

9 **SECTION 122.** 450.135 (7) (b) of the statutes is amended to read:

10 450.135 (7) (b) The patient's advanced practice registered nurse prescriber, if
11 the advanced practice registered nurse prescriber ~~has entered into a written~~
12 ~~agreement to collaborate with a physician~~ holds a permit to issue prescription orders
13 under s. 441.09 (2).

14 **SECTION 123.** 462.04 of the statutes is amended to read:

15 **462.04 Prescription or order required.** A person who holds a license or
16 limited X-ray machine operator permit under this chapter may not use diagnostic
17 X-ray equipment on humans for diagnostic purposes unless authorized to do so by
18 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed
19 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed
20 under s. 446.02, an advanced practice registered nurse ~~certified~~ licensed under s.
21 ~~441.16 (2)~~ 441.09, a physician assistant licensed under s. 448.04 (1) (f), or, subject to
22 s. 448.56 (7) (a), a physical therapist licensed under s. 448.53.

23 **SECTION 124.** 655.001 (7t) of the statutes is amended to read:

24 655.001 (7t) "Health care practitioner" means a health care professional, as
25 defined in s. 180.1901 (1m), who is an employee of a health care provider described

ASSEMBLY BILL 267

1 in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care
2 services that are not in collaboration with a physician under s. 441.15 (2) (b) or under
3 the direction and supervision of a physician or nurse anesthetist.

4 **SECTION 125.** 655.001 (9) of the statutes is amended to read:

5 655.001 (9) “Nurse anesthetist” means ~~a nurse~~ an individual who is licensed
6 under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued
7 in a party state, as defined in s. 441.51 (2) (k), and who is certified as a nurse
8 anesthetist by the American association of nurse anesthetists as an advanced
9 practice registered nurse and possesses a certified registered nurse anesthetist
10 specialty designation under s. 441.09.

11 **SECTION 126.** 655.005 (2) (a) of the statutes is amended to read:

12 655.005 (2) (a) An employee of a health care provider if the employee is a
13 physician or a nurse anesthetist or is a health care practitioner who is providing
14 health care services that are not in collaboration with a physician under s. 441.15 (2)
15 (b) or under the direction and supervision of a physician or nurse anesthetist.

16 **SECTION 127.** 961.01 (19) (a) of the statutes is amended to read:

17 961.01 (19) (a) A physician, advanced practice registered nurse, dentist,
18 veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21
19 (3), a physician assistant, or other person licensed, registered, certified or otherwise
20 permitted to distribute, dispense, conduct research with respect to, administer or use
21 in teaching or chemical analysis a controlled substance in the course of professional
22 practice or research in this state.

23 **SECTION 128.** 961.395 of the statutes is amended to read:

24 **961.395 Limitation on advanced practice registered nurses.** (1) An
25 advanced practice registered nurse who is ~~certified~~ holds a permit to issue

ASSEMBLY BILL 267

1 prescription orders under s. ~~441.16~~ 441.09 (2) may prescribe controlled substances
2 only as permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (d).

3 (2) An advanced practice registered nurse ~~certified under s. 441.16~~ who holds
4 a permit to issue prescription orders under s. 441.09 (2) shall include with each
5 prescription order the ~~advanced practice nurse prescriber certification~~ permit
6 number issued to him or her by the board of nursing.

7 (3) An advanced practice registered nurse ~~certified under s. 441.16~~ who holds
8 a permit to issue prescription orders under s. 441.09 (2) may dispense a controlled
9 substance only by prescribing or administering the controlled substance or as
10 otherwise permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (d).

SECTION 129. Nonstatutory provisions.

11 (1) Using the procedure under s. 227.24, the board of nursing may promulgate
12 rules under ch. 441 that are necessary to implement the changes in this act.
13 Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide
14 evidence that promulgating a rule under this subsection as an emergency rule is
15 necessary for the preservation of the public peace, health, safety, or welfare and is
16 not required to provide a finding of emergency for a rule promulgated under this
17 subsection. Notwithstanding s. 227.24 (1) (c) and (2), the effective period of a rule
18 promulgated under this subsection is for 2 years after its promulgation, or until
19 permanent rules take effect, whichever is sooner, and the effective period may not
20 be further extended under s. 227.24 (2).

21 **SECTION 130. Effective dates.** This act takes effect on March 1, 2022, except
22 as follows:
23

24 (1) SECTION 129 (1) of this act takes effect on the day after publication.

25 (END)



2019 SENATE BILL 249

May 30, 2019 - Introduced by Senators LEMAHIEU, RINGHAND, TESTIN, CARPENTER, HANSEN, KOOYENGA, MARKLEIN, OLSEN, RISSER, SCHACHTNER, WANGGAARD and WIRCH, cosponsored by Representatives ROHRKASTE, SUBECK, MAGNAFICI, ANDERSON, BOWEN, BRANDTJEN, BROSTOFF, DUCHOW, EMERSON, GUNDRUM, HUTTON, KITCHENS, KUGLITSCH, KULP, KURTZ, L. MYERS, MURSAU, NEUBAUER, NOVAK, OTT, PETERSEN, QUINN, RIEMER, SINICKI, SKOWRONSKI, SPIROS, STEFFEN, TUSLER, VRUWINK and WICHGERS. Referred to Committee on Health and Human Services.

1 **AN ACT to repeal** 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3.,
2 252.01 (1c), 440.03 (13) (b) 42., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11
3 (3), 441.15, 441.16, 441.19, 448.035 (1) (a) and 450.01 (1m); **to renumber and**
4 **amend** 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); **to amend** 14.87
5 (title), 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd)
6 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44),
7 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49
8 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 102.13
9 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4., 102.13
10 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a), 106.30
11 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c),
12 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (1) (r) 8.,
13 146.89 (6), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and
14 (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m)

SENATE BILL 249

1 (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d),
2 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
3 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
4 (1), 343.62 (4) (a) 4., 440.03 (13) (b) 3., 440.08 (2) (a) 4m., 440.981 (1), 440.982
5 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01 (7) (a) (intro.), 441.01 (7) (b),
6 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c) and (e), 441.10 (7), 441.18 (2)
7 (a) (intro.), 441.18 (2) (b), 441.18 (3), subchapter II (title) of chapter 441
8 [precedes 441.51], 441.51 (title), 448.03 (2) (a), 448.035 (2), (3) and (4), 448.56
9 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01
10 (16) (hr) 2., 450.03 (1) (e), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b),
11 450.11 (8) (e), 450.13 (5) (b), 450.135 (7) (b), 462.04, 655.001 (7t), 655.001 (9),
12 655.005 (2) (a), 961.01 (19) (a) and 961.395; **to repeal and recreate** 441.06
13 (title); and **to create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1)
14 (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47., 441.001 (1c), 441.001 (1m), 441.001
15 (5), 441.01 (7) (c) and 441.09 of the statutes; **relating to:** advanced practice
16 registered nurses, extending the time limit for emergency rule procedures,
17 providing an exemption from emergency rule procedures, and granting
18 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

SENATE BILL 249

an accredited graduate-level or postgraduate-level education program preparing the person to practice as an APRN in one of four recognized roles and hold a current national certification approved by the board; 3) possess malpractice liability insurance in an amount determined as provided in the bill; 4) pay a fee determined by the Department of Safety and Professional Services; and 5) satisfy certain other criteria specified in the bill. 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. The bill also requires the board, upon granting a person an APRN license, to also grant the person one or more specialty designations 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 specialty designations 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 a specialty designation for that role. However, the bill allows an APRN to delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN's practice, the APRN is competent to perform the task or issue the order, and the APRN has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances. The bill requires an APRN to adhere to professional standards when managing situations that are beyond the advanced practice nurse's expertise.

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 all APRNs to complete continuing education requirements each biennium in clinical pharmacology or therapeutics relevant to the APRN's area of practice and to satisfy certain other requirements when renewing a license.

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. 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 specialty designation, except that the bill also requires that a person applying for a certified nurse-midwife specialty designation be certified by a national certifying body approved by the board.

SENATE BILL 249***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. An RN holding a certificate is subject to various practice requirements and limitations 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 replaces them with permits to issue prescription orders. The bill allows the holder of an APRN license to apply for a permit or for an applicant for an APRN license to apply for a permit concurrently with his or her APRN license application. The bill requires the board to establish the appropriate education, training, or experience requirements that a registered nurse must satisfy to be granted a permit to issue prescription orders. As under current law, an APRN holding a permit is subject to various practice requirements and limitations established by the board.

The bill repeals a provision concerning the ability of advanced practice nurses who are certified to issue prescription orders and who are required to work in collaboration with or under the supervision of a physician to obtain and practice under a federal waiver to dispense narcotic drugs to individuals for addiction treatment.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs and APRN prescribers, including various terminology changes and technical changes relating to the Nurse Licensure Compact.

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:

1 **SECTION 1.** 14.87 (title) of the statutes is amended to read:

2 **14.87** (title) ~~Enhanced nurse~~ **Nurse licensure compact.**

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

4 29.193 (**1m**) (a) 2. (intro.) Has a permanent substantial loss of function in one
5 or both arms or one or both hands and fails to meet the minimum standards of any
6 one of the following standard tests, administered under the direction of a licensed
7 physician, a licensed physician assistant, a licensed chiropractor, or a certified
8 licensed advanced practice registered nurse prescriber:

SENATE BILL 249

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

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

8 **SECTION 4.** 29.193 (2) (c) 3. of the statutes is amended to read:

9 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant
10 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under
11 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the
12 applicant and the recommendation of a licensed physician, a licensed physician
13 assistant, a licensed chiropractor, a licensed podiatrist, or a ~~certified~~ licensed
14 advanced practice registered nurse ~~prescriber~~ selected by the applicant from a list
15 of licensed physicians, licensed physician assistants, licensed chiropractors, licensed
16 podiatrists, and ~~certified~~ licensed advanced practice nurse ~~prescribers~~ registered
17 nurses compiled by the department, the department finds that issuance of a permit
18 complies with the intent of this subsection. The use of this review procedure is
19 discretionary with the department and all costs of the review procedure shall be paid
20 by the applicant.

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

22 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function
23 in one or both arms and fails to meet the minimum standards of the standard upper
24 extremity pinch test, the standard grip test, or the standard nine-hole peg test,
25 administered under the direction of a licensed physician, a licensed physician

SENATE BILL 249

1 assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced practice registered
2 nurse ~~prescriber~~.

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

4 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in
5 one or both shoulders and fails to meet the minimum standards of the standard
6 shoulder strength test, administered under the direction of a licensed physician, a
7 licensed physician assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced
8 practice registered nurse ~~prescriber~~.

9 **SECTION 7.** 29.193 (2) (e) of the statutes is amended to read:

10 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this
11 subsection, except a permit under par. (c) 3., may obtain a review of that decision by
12 a licensed physician, a licensed physician assistant, a licensed chiropractor, a
13 licensed podiatrist, or a ~~certified~~ licensed advanced practice registered nurse
14 ~~prescriber~~ designated by the department and with an office located in the
15 department district in which the applicant resides. The department shall pay for the
16 cost of a review under this paragraph unless the denied application on its face fails
17 to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is
18 the only method of review of a decision to deny a permit under this subsection and
19 is not subject to further review under ch. 227.

20 **SECTION 8.** 29.193 (3) (a) of the statutes is amended to read:

21 29.193 (3) (a) Produces a certificate from a licensed physician, a licensed
22 physician assistant, a licensed optometrist, or a ~~certified~~ licensed advanced practice
23 registered nurse ~~prescriber~~ stating that his or her sight is impaired to the degree that
24 he or she cannot read ordinary newspaper print with or without corrective glasses.

25 **SECTION 9.** 45.40 (1g) (a) of the statutes is amended to read:

SENATE BILL 249

1 45.40 (1g) (a) “Health care provider” means an advanced practice registered
2 nurse ~~prescriber-certified~~ who holds a permit to issue prescription orders under s.
3 ~~441.16~~ 441.09 (2), an audiologist licensed under ch. 459, a dentist licensed under ch.
4 447, an optometrist licensed under ch. 449, a physician licensed under s. 448.02, or
5 a podiatrist licensed under s. 448.63.

6 **SECTION 10.** 46.03 (44) of the statutes is amended to read:

7 46.03 (44) **SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION.** Prepare and
8 keep current an information sheet to be distributed to a patient by a physician, a
9 physician assistant, or ~~certified~~ an advanced practice registered nurse prescriber
10 who holds a permit to issue prescription orders under s. 441.09 (2) providing
11 expedited partner therapy to that patient under s. 448.035. The information sheet
12 shall include information about sexually transmitted diseases and their treatment
13 and about the risk of drug allergies. The information sheet shall also include a
14 statement advising a person with questions about the information to contact his or
15 her physician, pharmacist, or local health department, as defined in s. 250.01 (4).

16 **SECTION 11.** 50.01 (1b) of the statutes is repealed.

17 **SECTION 12.** 50.08 (2) of the statutes is amended to read:

18 50.08 (2) A physician, an advanced practice registered nurse ~~prescriber~~
19 ~~certified~~ who holds a permit to issue prescription orders under s. ~~441.16~~ 441.09 (2),
20 or a physician assistant licensed under ch. 448, who prescribes a psychotropic
21 medication to a nursing home resident who has degenerative brain disorder shall
22 notify the nursing home if the prescribed medication has a boxed warning under 21
23 CFR 201.57.

24 **SECTION 13.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

SENATE BILL 249

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

9 **SECTION 14.** 50.09 (1) (f) 1. of the statutes is amended to read:

10 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
11 or both domestic partners under ch. 770 are residents of the same facility, the spouses
12 or domestic partners shall be permitted to share a room unless medically
13 contraindicated as documented by the resident's physician, physician assistant, or
14 advanced practice registered nurse ~~prescriber~~ in the resident's medical record.

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

16 50.09 (1) (h) Meet with, and participate in activities of social, religious, and
17 community groups at the resident's discretion, unless medically contraindicated as
18 documented by the resident's physician, physician assistant, or advanced practice
19 registered nurse ~~prescriber~~ in the resident's medical record.

20 **SECTION 16.** 50.09 (1) (k) of the statutes is amended to read:

21 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical
22 and physical restraints except as authorized in writing by a physician, physician
23 assistant, or advanced practice registered nurse ~~prescriber~~ for a specified and
24 limited period of time and documented in the resident's medical record. Physical
25 restraints may be used in an emergency when necessary to protect the resident from

SENATE BILL 249

1 injury to himself or herself or others or to property. However, authorization for
2 continuing use of the physical restraints shall be secured from a physician, physician
3 assistant, or advanced practice registered nurse ~~prescriber~~ within 12 hours. Any use
4 of physical restraints shall be noted in the resident's medical records. "Physical
5 restraints" includes, but is not limited to, any article, device, or garment that
6 interferes with the free movement of the resident and that the resident is unable to
7 remove easily, and confinement in a locked room.

8 **SECTION 17.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

9 50.49 (1) (b) (intro.) "Home health services" means the following items and
10 services that are furnished to an individual, who is under the care of a physician,
11 physician assistant, or advanced practice registered nurse ~~prescriber~~, by a home
12 health agency, or by others under arrangements made by the home health agency,
13 that are under a plan for furnishing those items and services to the individual that
14 is established and periodically reviewed by a physician, physician assistant, or
15 advanced practice registered nurse ~~prescriber~~ and that are, except as provided in
16 subd. 6., provided on a visiting basis in a place of residence used as the individual's
17 home:

18 **SECTION 18.** 51.41 (1d) (b) 4. of the statutes is amended to read:

19 51.41 (1d) (b) 4. A psychiatric mental health advanced practice registered
20 nurse who is suggested by the Milwaukee County board of supervisors. The
21 Milwaukee County board of supervisors shall solicit suggestions from organizations
22 including the Wisconsin Nurses Association for individuals who specialize in a full
23 continuum of behavioral health and medical services including emergency
24 detention, inpatient, residential, transitional, partial hospitalization, intensive
25 outpatient, and wraparound community-based services. The Milwaukee County

SENATE BILL 249

1 board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric
2 mental health advanced practice registered nurses for this board membership
3 position.

4 **SECTION 19.** 70.47 (8) (intro.) of the statutes is amended to read:

5 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
6 appear before it in relation to the assessment. Instead of appearing in person at the
7 hearing, the board may allow the property owner, or the property owner's
8 representative, at the request of either person, to appear before the board, under
9 oath, by telephone or to submit written statements, under oath, to the board. The
10 board shall hear upon oath, by telephone, all ill or disabled persons who present to
11 the board a letter from a physician, osteopath, physician assistant, as defined in s.
12 448.01 (6), or advanced practice registered nurse ~~prescriber certified under s. 441.16~~
13 ~~(2)~~ licensed under ch. 441 that confirms their illness or disability. At the request of
14 the property owner or the property owner's representative, the board may postpone
15 and reschedule a hearing under this subsection, but may not postpone and
16 reschedule a hearing more than once during the same session for the same property.
17 The board at such hearing shall proceed as follows:

18 **SECTION 20.** 77.54 (14) (f) 3. of the statutes is repealed.

19 **SECTION 21.** 77.54 (14) (f) 4. of the statutes is amended to read:

20 77.54 (14) (f) 4. An advanced practice registered nurse who holds a permit to
21 issue prescription orders under s. 441.09 (2).

22 **SECTION 22.** 97.59 of the statutes is amended to read:

23 **97.59 Handling foods.** No person in charge of any public eating place or other
24 establishment where food products to be consumed by others are handled may
25 knowingly employ any person handling food products who has a disease in a form

SENATE BILL 249

1 that is communicable by food handling. If required by the local health officer or any
2 officer of the department for the purposes of an investigation, any person who is
3 employed in the handling of foods or is suspected of having a disease in a form that
4 is communicable by food handling shall submit to an examination by the officer or
5 by a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~
6 designated by the officer. The expense of the examination, if any, shall be paid by the
7 person examined. Any person knowingly infected with a disease in a form that is
8 communicable by food handling who handles food products to be consumed by others
9 and any persons knowingly employing or permitting such a person to handle food
10 products to be consumed by others shall be punished as provided by s. 97.72.

11 **SECTION 23.** 102.13 (1) (a) of the statutes is amended to read:

12 102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed
13 by an employee, the employee shall, upon the written request of the employee's
14 employer or worker's compensation insurer, submit to reasonable examinations by
15 physicians, chiropractors, psychologists, dentists, physician assistants, advanced
16 practice ~~nurse prescribers~~ registered nurses, or podiatrists provided and paid for by
17 the employer or insurer. No employee who submits to an examination under this
18 paragraph is a patient of the examining physician, chiropractor, psychologist,
19 dentist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
20 podiatrist for any purpose other than for the purpose of bringing an action under ch.
21 655, unless the employee specifically requests treatment from that physician,
22 chiropractor, psychologist, dentist, physician assistant, advanced practice registered
23 nurse ~~prescriber~~, or podiatrist.

24 **SECTION 24.** 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to
25 read:

SENATE BILL 249

1 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
2 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
3 before the examination, all necessary expenses including transportation expenses.
4 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
5 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist
6 provided by himself or herself present at the examination and to receive a copy of all
7 reports of the examination that are prepared by the examining physician,
8 chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced
9 practice registered nurse ~~prescriber~~, or vocational expert immediately upon receipt
10 of those reports by the employer or worker's compensation insurer. The employee is
11 also entitled to have a translator provided by himself or herself present at the
12 examination if the employee has difficulty speaking or understanding the English
13 language. The employer's or insurer's written request for examination shall notify
14 the employee of all of the following:

15 1. The proposed date, time, and place of the examination and the identity and
16 area of specialization of the examining physician, chiropractor, psychologist, dentist,
17 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
18 vocational expert.

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

22 4. The employee's right to receive a copy of all reports of the examination that
23 are prepared by the examining physician, chiropractor, psychologist, dentist,
24 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or

SENATE BILL 249

1 vocational expert immediately upon receipt of these reports by the employer or
2 worker's compensation insurer.

3 **SECTION 25.** 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read:

4 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,
5 physician assistant, advanced practice registered nurse ~~prescriber~~, or vocational
6 expert who is present at any examination under par. (a) or (am) may be required to
7 testify as to the results of the examination.

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

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

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

25 **SECTION 26.** 102.13 (2) (a) of the statutes is amended to read:

SENATE BILL 249

1 102.13 (2) (a) An employee who reports an injury alleged to be work-related
2 or files an application for hearing waives any physician-patient,
3 psychologist-patient, or chiropractor-patient privilege with respect to any condition
4 or complaint reasonably related to the condition for which the employee claims
5 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any
6 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,
7 advanced practice registered nurse ~~prescriber~~, hospital, or health care provider
8 shall, within a reasonable time after written request by the employee, employer,
9 worker's compensation insurer, department, or division, or its representative,
10 provide that person with any information or written material reasonably related to
11 any injury for which the employee claims compensation.

12 **SECTION 27.** 102.13 (2) (b) of the statutes is amended to read:

13 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,
14 physician assistant, advanced practice registered nurse ~~prescriber~~, hospital, or
15 health service provider shall furnish a legible, certified duplicate of the written
16 material requested under par. (a) in paper format upon payment of the actual costs
17 of preparing the certified duplicate, not to exceed the greater of 45 cents per page or
18 \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified
19 duplicate of that material in electronic format upon payment of \$26 per request. Any
20 person who refuses to provide certified duplicates of written material in the person's
21 custody that is requested under par. (a) shall be liable for reasonable and necessary
22 costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in
23 enforcing the requester's right to the duplicates under par. (a).

24 **SECTION 28.** 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

SENATE BILL 249

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

22 2. The record of a hospital or sanatorium in this state that is satisfactory to the
23 division, established by certificate, affidavit, or testimony of the supervising officer
24 of the hospital or sanatorium, any other person having charge of the record, or a
25 physician, podiatrist, surgeon, dentist, psychologist, physician assistant, advanced

SENATE BILL 249

1 practice registered nurse ~~prescriber~~, or chiropractor to be the record of the patient
2 in question, and made in the regular course of examination or treatment of the
3 patient, constitutes prima facie evidence as to the matter contained in the record, to
4 the extent that the record is otherwise competent and relevant.

5 **SECTION 29.** 102.29 (3) of the statutes is amended to read:

6 102.29 (3) Nothing in this chapter shall prevent an employee from taking the
7 compensation that the employee may be entitled to under this chapter and also
8 maintaining a civil action against any physician, chiropractor, psychologist, dentist,
9 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist for
10 malpractice.

11 **SECTION 30.** 102.42 (2) (a) of the statutes is amended to read:

12 102.42 (2) (a) When the employer has notice of an injury and its relationship
13 to the employment, the employer shall offer to the injured employee his or her choice
14 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced
15 practice registered nurse ~~prescriber~~, or podiatrist licensed to practice and practicing
16 in this state for treatment of the injury. By mutual agreement, the employee may
17 have the choice of any qualified practitioner not licensed in this state. In case of
18 emergency, the employer may arrange for treatment without tendering a choice.
19 After the emergency has passed the employee shall be given his or her choice of
20 attending practitioner at the earliest opportunity. The employee has the right to a
21 2nd choice of attending practitioner on notice to the employer or its insurance carrier.
22 Any further choice shall be by mutual agreement. Partners and clinics are
23 considered to be one practitioner. Treatment by a practitioner on referral from
24 another practitioner is considered to be treatment by one practitioner.

25 **SECTION 31.** 106.30 (1) of the statutes is amended to read:

SENATE BILL 249

1 106.30 (1) DEFINITION. In this section, “nurse” means a registered nurse
2 licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse
3 licensed or permitted under s. 441.10, or an advanced practice registered nurse
4 ~~prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15~~
5 441.09.

6 **SECTION 32.** 118.15 (3) (a) of the statutes is amended to read:

7 118.15 (3) (a) Any child who is excused by the school board because the child
8 is temporarily not in proper physical or mental condition to attend a school program
9 but who can be expected to return to a school program upon termination or
10 abatement of the illness or condition. The school attendance officer may request the
11 parent or guardian of the child to obtain a written statement from a licensed
12 physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or
13 ~~nurse practitioner, as defined in s. 255.06 (1) (d), or certified advanced practice~~
14 registered nurse prescriber or Christian Science practitioner living and residing in
15 this state, who is listed in the Christian Science Journal, as sufficient proof of the
16 physical or mental condition of the child. An excuse under this paragraph shall be
17 in writing and shall state the time period for which it is valid, not to exceed 30 days.

18 **SECTION 33.** 118.25 (1) (a) of the statutes is amended to read:

19 118.25 (1) (a) “Practitioner” means a person licensed as a physician or as a
20 physician assistant in any state or licensed as an advanced practice registered nurse
21 or certified as an advanced practice registered nurse prescriber in any state. In this
22 paragraph, “physician” has the meaning given in s. 448.01 (5).

23 **SECTION 34.** 118.29 (1) (e) of the statutes is amended to read:

SENATE BILL 249

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

4 **SECTION 35.** 118.2925 (1) (b) of the statutes is repealed.

5 **SECTION 36.** 118.2925 (3) of the statutes is amended to read:

6 118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice
7 registered nurse prescriber who holds a permit to issue prescription orders under s.
8 441.09 (2), or a physician assistant may prescribe epinephrine auto-injectors in the
9 name of a school that has adopted a plan under sub. (2) (a), to be maintained by the
10 school for use under sub. (4).

11 **SECTION 37.** 118.2925 (4) (c) of the statutes is amended to read:

12 118.2925 (4) (c) Administer an epinephrine auto-injector to a pupil or other
13 person who the school nurse or designated school personnel in good faith believes is
14 experiencing anaphylaxis in accordance with a standing protocol from a physician,
15 an advanced practice registered nurse prescriber who holds a permit to issue
16 prescription orders under s. 441.09 (2), or a physician assistant, regardless of
17 whether the pupil or other person has a prescription for an epinephrine
18 auto-injector. If the pupil or other person does not have a prescription for an
19 epinephrine auto-injector, or the person who administers the epinephrine
20 auto-injector does not know whether the pupil or other person has a prescription for
21 an epinephrine auto-injector, the person who administers the epinephrine
22 auto-injector shall, as soon as practicable, report the administration by dialing the
23 telephone number “911” or, in an area in which the telephone number “911” is not
24 available, the telephone number for an emergency medical service provider.

25 **SECTION 38.** 118.2925 (5) of the statutes is amended to read:

SENATE BILL 249

1 118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF
2 MEDICINE. A school and its designated school personnel, and a physician, an advanced
3 practice registered nurse prescriber who holds a permit to issue prescription orders
4 under s. 441.09 (2), or a physician assistant who provides a prescription or standing
5 protocol for school epinephrine auto-injectors, are not liable for any injury that
6 results from the administration or self-administration of an epinephrine
7 auto-injector under this section, regardless of whether authorization was given by
8 the pupil's parent or guardian or by the pupil's physician, physician assistant, or
9 advanced practice registered nurse prescriber, unless the injury is the result of an
10 act or omission that constitutes gross negligence or willful or wanton misconduct.
11 The immunity from liability provided under this subsection is in addition to and not
12 in lieu of that provided under s. 895.48.

13 **SECTION 39.** 146.343 (1) (c) of the statutes is amended to read:

14 146.343 (1) (c) "Nurse-midwife" means an individual who is licensed to engage
15 ~~in the practice of nurse-midwifery under s. 441.15 (3) (a)~~ as an advanced practice
16 registered nurse and possesses a certified nurse-midwife specialty designation
17 under s. 441.09.

18 **SECTION 40.** 146.82 (3) (a) of the statutes is amended to read:

19 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as
20 defined in s. 448.01 (6), or advanced practice registered nurse prescriber ~~certified~~
21 ~~under s. 441.16 (2)~~ licensed under s. 441.09 who treats a patient whose physical or
22 mental condition in the physician's, physician assistant's, or advanced practice ~~nurse~~
23 ~~prescriber's~~ registered nurse's judgment affects the patient's ability to exercise
24 reasonable and ordinary control over a motor vehicle may report the patient's name

SENATE BILL 249

1 and other information relevant to the condition to the department of transportation
2 without the informed consent of the patient.

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

4 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
5 hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse-midwife~~
6 advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a
7 physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under
8 ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch.
9 III of ch. 448.

10 **SECTION 42.** 146.89 (1) (r) 3. of the statutes is repealed.

11 **SECTION 43.** 146.89 (1) (r) 8. of the statutes is amended to read:

12 146.89 (1) (r) 8. An advanced practice registered nurse who ~~has~~ holds a
13 ~~certificate permit~~ to issue prescription orders under s. ~~441.16~~ 441.09 (2).

14 **SECTION 44.** 146.89 (6) of the statutes is amended to read:

15 146.89 (6) (a) While serving as a volunteer health care provider under this
16 section, an advanced practice registered nurse who ~~has~~ holds a ~~certificate permit~~ to
17 issue prescription orders under s. ~~441.16~~ 441.09 (2) is considered to meet the
18 requirements of s. 655.23, if required to comply with s. 655.23.

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

23 **SECTION 45.** 252.01 (1c) of the statutes is repealed.

24 **SECTION 46.** 252.07 (8) (a) 2. of the statutes is amended to read:

SENATE BILL 249

1 252.07 (8) (a) 2. The department or local health officer provides to the court a
2 written statement from a physician, physician assistant, or advanced practice
3 registered nurse prescriber that the individual has infectious tuberculosis or suspect
4 tuberculosis.

5 **SECTION 47.** 252.07 (9) (c) of the statutes is amended to read:

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

13 **SECTION 48.** 252.10 (7) of the statutes is amended to read:

14 252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis
15 shall be purchased by the department from the appropriation account under s.
16 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local
17 health departments, physicians, or advanced practice ~~nurse prescribers~~ registered
18 nurses who hold a permit to issue prescription orders under s. 441.09 (2).

19 **SECTION 49.** 252.11 (2), (4), (5), (7) and (10) of the statutes are amended to read:

20 252.11 (2) An officer of the department or a local health officer having
21 knowledge of any reported or reasonably suspected case or contact of a sexually
22 transmitted disease for which no appropriate treatment is being administered, or of
23 an actual contact of a reported case or potential contact of a reasonably suspected
24 case, shall investigate or cause the case or contact to be investigated as necessary.
25 If, following a request of an officer of the department or a local health officer, a person

SENATE BILL 249

1 reasonably suspected of being infected with a sexually transmitted disease refuses
2 or neglects examination by a physician, physician assistant, or advanced practice
3 registered nurse ~~prescriber~~ or treatment, an officer of the department or a local
4 health officer may proceed to have the person committed under sub. (5) to an
5 institution or system of care for examination, treatment, or observation.

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

13 (5) Any court of record may commit a person infected with a sexually
14 transmitted disease to any institution or may require the person to undergo a system
15 of care for examination, treatment, or observation if the person ceases or refuses
16 examination, treatment, or observation under the supervision of a physician,
17 physician assistant, or advanced practice registered nurse ~~prescriber~~. The court
18 shall summon the person to appear on a date at least 48 hours, but not more than
19 96 hours, after service if an officer of the department or a local health officer petitions
20 the court and states the facts authorizing commitment. If the person fails to appear
21 or fails to accept commitment without reasonable cause, the court may cite the
22 person for contempt. The court may issue a warrant and may direct the sheriff, any
23 constable, or any police officer of the county immediately to arrest the person and
24 bring the person to court if the court finds that a summons will be ineffectual. The
25 court shall hear the matter of commitment summarily. Commitment under this

SENATE BILL 249

1 subsection continues until the disease is no longer communicable or until other
2 provisions are made for treatment that satisfy the department. The certificate of the
3 petitioning officer is prima facie evidence that the disease is no longer communicable
4 or that satisfactory provisions for treatment have been made.

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

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

23 **SECTION 50.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3.
24 and (7m) (intro.) and (b) of the statutes are amended to read:

SENATE BILL 249

1 252.15 **(3m)** (d) 11. b. The coroner, medical examiner, or appointed assistant
2 is investigating the cause of death of the subject of the HIV test and has contact with
3 the body fluid of the subject of the HIV test that constitutes a significant exposure,
4 if a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~,
5 based on information provided to the physician, physician assistant, or advanced
6 practice registered nurse ~~prescriber~~, determines and certifies in writing that the
7 coroner, medical examiner, or appointed assistant has had a contact that constitutes
8 a significant exposure and if the certification accompanies the request for disclosure.

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

14 **(5g)** (c) A physician, physician assistant, or advanced practice registered nurse
15 ~~prescriber~~, based on information provided to the physician, physician assistant, or
16 advanced practice registered nurse ~~prescriber~~, determines and certifies in writing
17 that the person has had contact that constitutes a significant exposure. The
18 certification shall accompany the request for HIV testing and disclosure. If the
19 person is a physician, physician assistant, or advanced practice registered nurse
20 ~~prescriber~~, he or she may not make this determination or certification. The
21 information that is provided to a physician, physician assistant, or advanced practice
22 registered nurse ~~prescriber~~ to document the occurrence of the contact that
23 constitutes a significant exposure and the physician's, physician assistant's, or
24 advanced practice nurse ~~prescriber's~~ registered nurse's certification that the person
25 has had contact that constitutes a significant exposure, shall be provided on a report

SENATE BILL 249

1 form that is developed by the department of safety and professional services under
2 s. 101.02 (19) (a) or on a report form that the department of safety and professional
3 services determines, under s. 101.02 (19) (b), is substantially equivalent to the report
4 form that is developed under s. 101.02 (19) (a).

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

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

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

17 **(7m)** REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,
18 validated HIV test result is obtained from a test subject, the test subject's physician,
19 physician assistant, or advanced practice registered nurse ~~prescriber~~ who maintains
20 a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist
21 the name of any person known to the physician, physician assistant, or advanced
22 practice registered nurse ~~prescriber~~ to have had contact with body fluid of the test
23 subject that constitutes a significant exposure, only after the physician, physician
24 assistant, or advanced practice registered nurse ~~prescriber~~ has done all of the
25 following:

SENATE BILL 249

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

5 **SECTION 51.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

6 252.16 (3) (c) (intro.) Has submitted to the department a certification from a
7 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
8 registered nurse ~~prescriber~~ of all of the following:

9 **SECTION 52.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

10 252.17 (3) (c) (intro.) Has submitted to the department a certification from a
11 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice
12 registered nurse ~~prescriber~~ of all of the following:

13 **SECTION 53.** 253.07 (4) (d) of the statutes is amended to read:

14 253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in
15 communities of licensed registered nurses, licensed practical nurses, ~~certified~~
16 ~~nurse-midwives~~ licensed advanced practice registered nurses, or licensed physician
17 assistants who are members of a racial minority.

18 **SECTION 54.** 253.115 (1) (f) of the statutes is created to read:

19 253.115 (1) (f) "Nurse-midwife" means an individual who is licensed as an
20 advanced practice registered nurse and possesses a certified nurse-midwife
21 specialty designation under s. 441.09.

22 **SECTION 55.** 253.115 (4) of the statutes is amended to read:

23 253.115 (4) SCREENING REQUIRED. Except as provided in sub. (6), the physician,
24 nurse-midwife ~~licensed under s. 441.15~~, or certified professional midwife licensed
25 under s. 440.982 who attended the birth shall ensure that the infant is screened for

SENATE BILL 249

1 hearing loss before being discharged from a hospital, or within 30 days of birth if the
2 infant was not born in a hospital.

3 **SECTION 56.** 253.115 (7) (a) (intro.) of the statutes is amended to read:

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

7 **SECTION 57.** 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and
8 amended to read:

9 253.13 (1) (b) The attending physician or ~~nurse licensed under s. 441.15~~
10 nurse-midwife shall cause every infant born in each hospital or maternity home,
11 prior to its discharge therefrom, to be subjected to tests for congenital and metabolic
12 disorders, as specified in rules promulgated by the department. If the infant is born
13 elsewhere than in a hospital or maternity home, the attending physician, ~~nurse~~
14 ~~licensed under s. 441.15~~ nurse-midwife, or birth attendant who attended the birth
15 shall cause the infant, within one week of birth, to be subjected to these tests.

16 **SECTION 58.** 253.13 (1) (a) of the statutes is created to read:

17 253.13 (1) (a) In this subsection, “nurse-midwife” means an individual who is
18 licensed as an advanced practice registered nurse and possesses a certified
19 nurse-midwife specialty designation under s. 441.09.

20 **SECTION 59.** 253.15 (1) (em) of the statutes is created to read:

21 253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an
22 advanced practice registered nurse and possesses a certified nurse-midwife
23 specialty designation under s. 441.09.

24 **SECTION 60.** 253.15 (2) of the statutes is amended to read:

SENATE BILL 249

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

24 **SECTION 61.** 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.)
25 and amended to read:

SENATE BILL 249

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

3 1. A registered nurse who is licensed under ch. 441 or who holds a multistate
4 license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51
5 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes
6 performance of delegated medical services under the supervision of a physician,
7 dentist, ~~or podiatrist~~, or advanced practice registered nurse.

8 **SECTION 62.** 255.06 (1) (f) 2. of the statutes is created to read:

9 255.06 (1) (f) 2. An advanced practice registered nurse.

10 **SECTION 63.** 255.06 (2) (d) of the statutes is amended to read:

11 255.06 (2) (d) *Specialized training for rural colposcopic examinations and*
12 *activities.* Provide not more than \$25,000 in each fiscal year as reimbursement for
13 the provision of specialized training of ~~nurse practitioners~~ women’s health nurse
14 clinicians to perform, in rural areas, colposcopic examinations and follow-up
15 activities for the treatment of cervical cancer.

16 **SECTION 64.** 255.07 (1) (d) of the statutes is amended to read:

17 255.07 (1) (d) “Health care practitioner” means a physician, a physician
18 assistant licensed under s. 448.04 (1) (f), or an advanced practice registered nurse
19 who ~~is certified~~ holds a permit to issue prescription orders under s. ~~441.16~~ 441.09 (2).

20 **SECTION 65.** 257.01 (5) (a) and (b) of the statutes are amended to read:

21 257.01 (5) (a) An individual who is licensed as a physician, a physician
22 assistant, or a podiatrist under ch. 448, licensed as a registered nurse, licensed
23 practical nurse, or ~~nurse-midwife~~ advanced practice registered nurse under ch. 441,
24 licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed

SENATE BILL 249

1 as a veterinarian or certified as a veterinary technician under ch. 89, or certified as
2 a respiratory care practitioner under ch. 448.

3 (b) An individual who was at any time within the previous 10 years, but is not
4 currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448,
5 licensed as a registered nurse, licensed practical nurse, or ~~nurse-midwife~~, advanced
6 practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441,
7 2017 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch.
8 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89,
9 or certified as a respiratory care practitioner under ch. 448, if the individual's license
10 or certification was never revoked, limited, suspended, or denied renewal.

11 **SECTION 66.** 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to
12 read:

13 341.14 **(1a)** If any resident of this state, who is registering or has registered an
14 automobile, or a motor truck, dual purpose motor home or dual purpose farm truck
15 which has a gross weight of not more than 8,000 pounds, a farm truck which has a
16 gross weight of not more than 12,000 pounds or a motor home, submits a statement
17 once every 4 years, as determined by the department, from a physician licensed to
18 practice medicine in any state, from an advanced practice registered nurse licensed
19 to practice nursing in any state, from a public health nurse certified or licensed to
20 practice in any state, from a physician assistant licensed or certified to practice in
21 any state, from a podiatrist licensed to practice in any state, from a chiropractor
22 licensed to practice chiropractic in any state, or from a Christian Science practitioner
23 residing in this state and listed in the Christian Science journal certifying to the
24 department that the resident is a person with a disability that limits or impairs the
25 ability to walk, the department shall procure, issue and deliver to the disabled

SENATE BILL 249

1 person plates of a special design in lieu of plates which ordinarily would be issued
2 for the vehicle, and shall renew the plates. The plates shall be so designed as to
3 readily apprise law enforcement officers of the fact that the vehicle is owned by a
4 nonveteran disabled person and is entitled to the parking privileges specified in s.
5 346.50 (2a). No charge in addition to the registration fee shall be made for the
6 issuance or renewal of such plates.

7 (1e) (a) If any resident of this state, who is registering or has registered a
8 motorcycle, submits a statement once every 4 years, as determined by the
9 department, from a physician licensed to practice medicine in any state, from an
10 advanced practice registered nurse licensed to practice nursing in any state, from a
11 public health nurse certified or licensed to practice in any state, from a physician
12 assistant licensed or certified to practice in any state, from a podiatrist licensed to
13 practice in any state, from a chiropractor licensed to practice chiropractic in any
14 state, from a Christian Science practitioner residing in this state and listed in the
15 Christian Science journal, or from the U.S. department of veterans affairs certifying
16 to the department that the resident is a person with a disability that limits or impairs
17 the ability to walk, the department shall procure, issue and deliver to the disabled
18 person a plate of a special design in lieu of the plate which ordinarily would be issued
19 for the motorcycle, and shall renew the plate. The statement shall state whether the
20 disability is permanent or temporary and, if temporary, the opinion of the physician,
21 advanced practice registered nurse, public health nurse, physician assistant,
22 podiatrist, chiropractor, practitioner, or U.S. department of veterans affairs as to the
23 duration of the disability. The plate shall be so designed as to readily apprise law
24 enforcement officers of the fact that the motorcycle is owned by a disabled person and

SENATE BILL 249

1 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
2 to the registration fee may be made for the issuance or renewal of the plate.

3 **(1m)** If any licensed driver submits to the department a statement once every
4 4 years, as determined by the department, from a physician licensed to practice
5 medicine in any state, from a public health nurse certified or licensed to practice in
6 any state, from an advanced practice registered nurse licensed to practice nursing
7 in any state, from a physician assistant licensed or certified to practice in any state,
8 from a podiatrist licensed to practice in any state, from a chiropractor licensed to
9 practice chiropractic in any state, or from a Christian Science practitioner residing
10 in this state and listed in the Christian Science journal certifying that another
11 person who is regularly dependent on the licensed driver for transportation is a
12 person with a disability that limits or impairs the ability to walk, the department
13 shall issue and deliver to the licensed driver plates of a special design in lieu of the
14 plates which ordinarily would be issued for the automobile or motor truck, dual
15 purpose motor home or dual purpose farm truck having a gross weight of not more
16 than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds
17 or motor home, and shall renew the plates. The plates shall be so designed as to
18 readily apprise law enforcement officers of the fact that the vehicle is operated by a
19 licensed driver on whom a disabled person is regularly dependent and is entitled to
20 the parking privileges specified in s. 346.50 (2a). No charge in addition to the
21 registration fee may be made for the issuance or renewal of the plates. The plates
22 shall conform to the plates required in sub. (1a).

23 **(1q)** If any employer who provides an automobile, or a motor truck, dual
24 purpose motor home or dual purpose farm truck which has a gross weight of not more
25 than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000

SENATE BILL 249

1 pounds or a motor home, for an employee's use submits to the department a
2 statement once every 4 years, as determined by the department, from a physician
3 licensed to practice medicine in any state, from an advanced practice registered
4 nurse licensed to practice nursing in any state, from a public health nurse certified
5 or licensed to practice in any state, from a physician assistant licensed or certified
6 to practice in any state, from a podiatrist licensed to practice in any state, from a
7 chiropractor licensed to practice chiropractic in any state, or from a Christian
8 Science practitioner residing in this state and listed in the Christian Science journal
9 certifying that the employee is a person with a disability that limits or impairs the
10 ability to walk, the department shall issue and deliver to such employer plates of a
11 special design in lieu of the plates which ordinarily would be issued for the vehicle,
12 and shall renew the plates. The plates shall be so designed as to readily apprise law
13 enforcement officers of the fact that the vehicle is operated by a disabled person and
14 is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
15 to the registration fee may be made for the issuance or renewal of the plates. The
16 plates shall conform to the plates required in sub. (1a).

17 **SECTION 67.** 343.16 (5) (a) of the statutes is amended to read:

18 343.16 (5) (a) The secretary may require any applicant for a license or any
19 licensed operator to submit to a special examination by such persons or agencies as
20 the secretary may direct to determine incompetency, physical or mental disability,
21 disease, or any other condition that might prevent such applicant or licensed person
22 from exercising reasonable and ordinary control over a motor vehicle. If the
23 department requires the applicant to submit to an examination, the applicant shall
24 pay for the examination. If the department receives an application for a renewal or
25 duplicate license after voluntary surrender under s. 343.265 or receives a report from

SENATE BILL 249

1 a physician, physician assistant, as defined in s. 448.01 (6), advanced practice
2 registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09, or
3 optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests
4 within a one-year period for any combination of violations of s. 346.63 (1) or (5) or
5 a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally
6 recognized American Indian tribe or band in this state in conformity with s. 346.63
7 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09
8 where the offense involved the use of a vehicle, the department shall determine, by
9 interview or otherwise, whether the operator should submit to an examination under
10 this section. The examination may consist of an assessment. If the examination
11 indicates that education or treatment for a disability, disease or condition concerning
12 the use of alcohol, a controlled substance or a controlled substance analog is
13 appropriate, the department may order a driver safety plan in accordance with s.
14 343.30 (1q). If there is noncompliance with assessment or the driver safety plan, the
15 department shall revoke the person's operating privilege in the manner specified in
16 s. 343.30 (1q) (d).

17 **SECTION 68.** 343.51 (1) of the statutes is amended to read:

18 343.51 (1) Any person who qualifies for registration plates of a special design
19 under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits
20 or impairs the ability to walk may request from the department a special
21 identification card that will entitle any motor vehicle parked by, or under the
22 direction of, the person, or a motor vehicle operated by or on behalf of the
23 organization when used to transport such a person, to parking privileges under s.
24 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined
25 by the department, upon submission by the applicant, if the applicant is an

SENATE BILL 249

1 individual rather than an organization, of a statement from a physician licensed to
2 practice medicine in any state, from an advanced practice registered nurse licensed
3 to practice nursing in any state, from a public health nurse certified or licensed to
4 practice in any state, from a physician assistant licensed or certified to practice in
5 any state, from a podiatrist licensed to practice in any state, from a chiropractor
6 licensed to practice chiropractic in any state, or from a Christian Science practitioner
7 residing in this state and listed in the Christian Science journal that the person is
8 a person with a disability that limits or impairs the ability to walk. The statement
9 shall state whether the disability is permanent or temporary and, if temporary, the
10 opinion of the physician, advanced practice registered nurse, public health nurse,
11 physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the
12 disability. The department shall issue the card upon application by an organization
13 on a form prescribed by the department if the department believes that the
14 organization meets the requirements under this subsection.

15 **SECTION 69.** 343.62 (4) (a) 4. of the statutes is amended to read:

16 343.62 (4) (a) 4. The applicant submits with the application a statement
17 completed within the immediately preceding 24 months, except as provided by rule,
18 by a physician licensed to practice medicine in any state, from an advanced practice
19 registered nurse licensed to practice nursing in any state, from a physician assistant
20 licensed or certified to practice in any state, from a podiatrist licensed to practice in
21 any state, from a chiropractor licensed to practice chiropractic in any state, or from
22 a Christian Science practitioner residing in this state, and listed in the Christian
23 Science journal certifying that, in the medical care provider's judgment, the
24 applicant is physically fit to teach driving.

25 **SECTION 70.** 440.03 (13) (b) 3. of the statutes is amended to read:

SENATE BILL 249

1 440.03 (13) (b) 3. Advanced practice registered nurse ~~prescriber~~ permitted to
2 issue prescription orders.

3 **SECTION 71.** 440.03 (13) (b) 39m. of the statutes is created to read:

4 440.03 (13) (b) 39m. Nurse, advanced practice registered.

5 **SECTION 72.** 440.03 (13) (b) 42. of the statutes is repealed.

6 **SECTION 73.** 440.08 (2) (a) 4m. of the statutes is amended to read:

7 440.08 (2) (a) 4m. Advanced practice registered nurse ~~prescriber~~: ~~October~~
8 permitted to issue prescription orders: March 1 of each even-numbered year.

9 **SECTION 74.** 440.08 (2) (a) 47. of the statutes is created to read:

10 440.08 (2) (a) 47. Nurse, advanced practice registered: March 1 of each
11 even-numbered year.

12 **SECTION 75.** 440.08 (2) (a) 50. of the statutes is repealed.

13 **SECTION 76.** 440.981 (1) of the statutes is amended to read:

14 440.981 (1) No person may use the title “licensed midwife,” describe or imply
15 that he or she is a licensed midwife, or represent himself or herself as a licensed
16 midwife unless the person is granted a license under this subchapter or is licensed
17 as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and
18 possesses a certified nurse-midwife specialty designation under s. 441.09.

19 **SECTION 77.** 440.982 (1) of the statutes is amended to read:

20 440.982 (1) No person may engage in the practice of midwifery unless the
21 person is granted a license under this subchapter, is granted a temporary permit
22 pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a~~
23 ~~nurse-midwife under s. 441.15~~ an advanced practice registered nurse and possesses
24 a certified nurse-midwife specialty designation under s. 441.09.

25 **SECTION 78.** 440.987 (2) of the statutes is amended to read:

SENATE BILL 249

1 440.987 (2) One member who is licensed as ~~a nurse-midwife under s. 441.15~~
2 an advanced practice registered nurse and possesses a certified nurse-midwife
3 specialty designation under s. 441.09 and who practices in an out-of-hospital
4 setting.

5 **SECTION 79.** 441.001 (1c) of the statutes is created to read:

6 441.001 (1c) ADVANCED PRACTICE REGISTERED NURSING. “Advanced practice
7 registered nursing” means the advanced practice of nursing in one of the 4 recognized
8 roles based on advanced clinical knowledge and skills focusing on direct care of
9 individuals, greater responsibility, autonomy, and accountability for the provision of
10 care, health promotion and maintenance, including prescribing pharmacological
11 agents and therapeutics, and management of patient conditions.

12 **SECTION 80.** 441.001 (1m) of the statutes is created to read:

13 441.001 (1m) CLINICAL PHARMACOLOGY OR THERAPEUTICS. “Clinical
14 pharmacology or therapeutics” means the identification of individual and classes of
15 drugs, their indications and contraindications, their efficacy, their side effects, and
16 their interactions, as well as clinical judgment skills and decision-making based on
17 thorough interviewing, history taking, physical assessment, test selection and
18 interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation
19 of conditions, treatment decisions, case evaluation, and nonpharmacological
20 interventions.

21 **SECTION 81.** 441.001 (5) of the statutes is created to read:

22 441.001 (5) RECOGNIZED ROLE. “Recognized role” means one of the following
23 roles:

24 (a) Certified nurse-midwife.

25 (b) Certified registered nurse anesthetist.

SENATE BILL 249

1 (c) Clinical nurse specialist.

2 (d) Nurse practitioner.

3 **SECTION 82.** 441.01 (3) of the statutes is amended to read:

4 441.01 (3) The board may promulgate rules to establish minimum standards
5 for schools for professional nurses ~~and~~, schools for licensed practical nurses, and
6 schools for advanced practice registered nurses, including all related clinical units
7 and facilities, and make and provide periodic surveys and consultations to such
8 schools. ~~It~~ The board may also ~~establish~~ promulgate rules to prevent unauthorized
9 persons from practicing professional nursing. ~~It shall approve all rules for the~~
10 ~~administration of this chapter in accordance with ch. 227.~~

11 **SECTION 83.** 441.01 (4) of the statutes is amended to read:

12 441.01 (4) The board shall direct that those schools that qualify be placed on
13 a list of schools the board has approved for professional nurses ~~or~~, of schools the board
14 has approved for licensed practical nurses, or of schools the board has approved for
15 advanced practice registered nurses on application and proof of qualifications, ~~and~~
16 the board shall make a study of nursing education and ~~initiate~~ promulgate rules and
17 policies to improve it.

18 **SECTION 84.** 441.01 (7) (a) (intro.) of the statutes is amended to read:

19 441.01 (7) (a) (intro.) The board shall require each applicant for the renewal
20 of a registered nurse ~~or~~, licensed practical nurse, or advanced practice registered
21 license issued under this chapter to do all of the following as a condition for renewing
22 the license:

23 **SECTION 85.** 441.01 (7) (b) of the statutes is amended to read:

24 441.01 (7) (b) The board may not renew a registered nurse ~~or~~, licensed practical
25 nurse, or advanced practice registered license under this chapter unless the renewal

SENATE BILL 249

1 applicant has completed the nursing workforce survey to the satisfaction of the
2 board. The board shall establish standards to determine whether the survey has
3 been completed. The board shall, by no later than June 30 of each odd-numbered
4 year, submit all completed nursing workforce survey forms to the department of
5 workforce development.

6 **SECTION 86.** 441.01 (7) (c) of the statutes is created to read:

7 441.01 (7) (c) An applicant who is renewing both a registered nurse and
8 advanced practice registered nurse license under s. 441.09 (1) (d) is only required to
9 pay a single fee under par. (a) 2.

10 **SECTION 87.** 441.06 (title) of the statutes is repealed and recreated to read:

11 **441.06 (title) Registered nurses; civil liability exemption.**

12 **SECTION 88.** 441.06 (3) of the statutes is amended to read:

13 441.06 (3) ~~A~~ Except as provided in s. 441.09 (1) (d), a registered nurse
14 practicing for compensation shall, on or before the applicable renewal date specified
15 under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving
16 name, residence, and other facts that the board requires, with the nursing workforce
17 survey and fee required under s. 441.01 (7) and the applicable renewal fee
18 determined by the department under s. 440.03 (9) (a).

19 **SECTION 89.** 441.06 (4) of the statutes is amended to read:

20 441.06 (4) Except as provided in s. 257.03, no person may practice or attempt
21 to practice professional nursing, nor use the title, letters, or anything else to indicate
22 that he or she is a registered or professional nurse unless he or she is licensed under
23 this section. Except as provided in s. 257.03, no person not so licensed may use in
24 connection with his or her nursing employment or vocation any title or anything else
25 to indicate that he or she is a trained, certified or graduate nurse. This subsection

SENATE BILL 249

1 does not apply to any registered nurse who holds a multistate license, as defined in
2 s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the
3 ~~enhanced~~ nurse licensure compact under s. 441.51.

4 **SECTION 90.** 441.06 (7) of the statutes is renumbered 441.09 (7) and amended
5 to read:

6 441.09 (7) CIVIL LIABILITY. No person ~~certified~~ licensed as an advanced practice
7 registered nurse ~~prescriber~~ under s. 441.16 (2) this section is liable for civil damages
8 for any of the following:

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

14 (b) In good faith, not reporting to the department of transportation under s.
15 146.82 (3) a patient's name and other information relevant to a physical or mental
16 condition of the patient that in the advanced practice ~~nurse-prescriber's~~ registered
17 nurse's judgment does not impair the patient's ability to exercise reasonable and
18 ordinary control over a motor vehicle.

19 **SECTION 91.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to
20 read:

21 441.07 (1g) (intro.) Subject to the rules promulgated under s. 440.03 (1), the
22 board may deny an initial license or revoke, limit, suspend, or deny the renewal of
23 a license of a registered nurse, ~~nurse-midwife~~ advanced practice registered nurse,
24 or licensed practical nurse; deny an initial ~~certificate~~ permit to issue prescription
25 orders under s. 441.09 (2) or revoke, limit, suspend, or deny the renewal of a

SENATE BILL 249

1 ~~certificate permit to prescribe drugs or devices granted under s. 441.16 issue~~
2 ~~prescription orders~~; or reprimand a registered nurse, nurse-midwife advanced
3 practice registered nurse, or licensed practical nurse, if the board finds that the
4 applicant or licensee committed any of the following:

5 (a) Fraud in the procuring or renewal of the ~~certificate permit~~ or license.

6 (c) Acts ~~which that~~ show the registered nurse, nurse-midwife advanced
7 practice registered nurse, or licensed practical nurse to be unfit or incompetent by
8 reason of negligence, abuse of alcohol or other drugs, or mental incompetency.

9 (e) A violation of any state or federal law that regulates prescribing or
10 dispensing drugs or devices, if the person has holds a ~~certificate permit~~ to prescribe
11 ~~drugs or devices under s. 441.16 issue prescription orders under s. 441.09 (2).~~

12 **SECTION 92.** 441.09 of the statutes is created to read:

13 **441.09 Advanced practice registered nurses; civil liability exemption.**

14 **(1) LICENSE.** (a) An applicant who satisfies all of the following requirements may
15 apply to the board for initial licensure by the board as an advanced practice
16 registered nurse:

17 1. The applicant satisfies one of the following criteria:

18 a. The applicant holds a valid license to practice as a registered nurse issued
19 under s. 441.06 (1), (1c), or (1m).

20 b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or
21 (1m) with the application for a license under this paragraph.

22 c. The applicant is a registered nurse who holds a multistate license, as defined
23 in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted
24 the nurse licensure compact.

SENATE BILL 249

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

3 a. The applicant has completed a graduate-level or postgraduate-level
4 education program that is approved by the board and that prepares the applicant for
5 the practice of advanced practice registered nursing in one of the 4 recognized roles,
6 and the applicant holds a current certification by a national certifying body approved
7 by the board.

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

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

13 4. The applicant provides evidence of any malpractice liability insurance
14 coverage required under sub. (5).

15 5. If the applicant is applying to receive a certified nurse-midwife specialty
16 designation under par. (c) 1. a., the applicant provides evidence satisfactory to the
17 board that the applicant is currently certified by a national certifying body approved
18 by the board.

19 6. The applicant does not have an arrest or conviction record, subject to ss.
20 111.321, 111.322, and 111.335.

21 7. The applicant meets any other criteria established by the board by rule
22 relating to the education, training, or experience required for each recognized role.

23 (b) An applicant who satisfies the requirements established by the board under
24 sub. (6) (c) may, concurrently with his or her application for an advanced practice
25 registered nurse under par. (a) and upon payment of the additional fee required for

SENATE BILL 249

1 the permit under sub. (2) (b) 3., apply for a permit to issue prescription orders under
2 sub. (2).

3 (c) 1. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced
4 practice registered nurse license to an applicant the board determines meets the
5 requirements under par. (a). The board shall also grant a person who is granted a
6 license all of the following:

7 a. One or more specialty designations corresponding to the recognized roles for
8 which the board determines that the person qualifies based on the person's
9 qualifications under par. (a).

10 b. A permit to issue prescription orders under sub. (2), if the applicant applies
11 for a permit under par. (b) and the board determines the applicant satisfies the
12 requirements under sub. (6) (c).

13 2. Each specialty designation granted under subd. 1. a. shall appear on the
14 person's advanced practice registered nurse license.

15 3. The board may not grant an advanced practice registered nurse license to
16 a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless
17 the board also grants the person the license under s. 441.06 (1), (1c), or (1m).

18 4. The board may place specific limitations on a person licensed as an advanced
19 practice registered nurse as a condition of licensure.

20 (d) On or before the applicable renewal date specified under s. 440.08 (2) (a),
21 an advanced practice registered nurse shall submit to the board on a form furnished
22 by the board a statement giving his or her name and residence, the nursing workforce
23 survey and fee required under s. 441.01 (7), evidence of having satisfied the
24 continuing education requirements under sub. (4), evidence of any malpractice
25 liability insurance coverage required under sub. (5), current evidence that the person

SENATE BILL 249

1 satisfies each of the requirements under par. (a) 1., 2., 5., and 7. that apply with
2 respect to the person, and any other information that the board requires by rule, with
3 the applicable renewal fee determined by the department under s. 440.03 (9) (a). The
4 board shall grant to a person who satisfies the requirements under this paragraph
5 the renewal of his or her advanced practice registered nurse license and specialty
6 designations granted under par. (c) 1. a. and shall, if the person holds a license under
7 s. 441.06 (1), (1c), or (1m), also grant the renewal of that license.

8 (2) PERMIT TO ISSUE PRESCRIPTION ORDERS. (a) In this subsection, “prescription
9 order” has the meaning given in s. 450.01 (21).

10 (b) Subject to s. 441.07 (1g), the board shall grant a permit to issue prescription
11 orders to an applicant who satisfies all of the following:

12 1. The applicant is licensed as an advanced practice registered nurse under
13 sub. (1) or the applicant applies for the permit under sub. (1) (b) concurrently with
14 his or her application for a license under sub. (1) (a) and is granted the license under
15 sub. (1) (c).

16 2. The applicant meets the additional requirements for granting the permit
17 established by the board under sub. (6) (c).

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

19 (c) On or before the applicable renewal date specified under s. 440.08 (2) (a),
20 a person issued a permit under par. (b) shall submit to the board on a form furnished
21 by the board a statement giving his or her name and residence and any other
22 information that the board requires by rule with the applicable renewal fee
23 determined by the department under s. 440.03 (9) (a). The board shall grant to a
24 person who satisfies the requirements under this paragraph the renewal of his or her
25 permit to issue prescription orders.

SENATE BILL 249

1 (d) An advanced practice registered nurse who holds a permit under this
2 subsection may issue prescription orders, subject to the rules promulgated under
3 sub. (6) (a) and (d), and may provide expedited partner therapy in the manner
4 described in s. 448.035.

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

8 2. The holder of a specialty designation for a recognized role granted under sub.
9 (1) (c) 1. a. may append to his or her name the title and an abbreviation corresponding
10 to that recognized role.

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

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

17 a. Use the title “certified nurse–midwife,” the title “C.N.M.,” or anything else
18 to indicate that he or she is a certified nurse–midwife unless he or she has been
19 granted a certified nurse–midwife specialty designation under sub. (1) (c) 1. a.

20 b. Use the title “certified registered nurse anesthetist,” the title “C.R.N.A.,” or
21 anything else to indicate that he or she is a certified registered nurse anesthetist
22 unless he or she has been granted a certified registered nurse anesthetist specialty
23 designation under sub. (1) (c) 1. a.

SENATE BILL 249

1 c. Use the title “clinical nurse specialist,” the title “C.N.S.,” or anything else to
2 indicate that he or she is a clinical nurse specialist unless he or she has been granted
3 a clinical nurse specialist specialty designation under sub. (1) (c) 1. a.

4 d. Use the title “nurse practitioner,” the title “N.P.,” or anything else to indicate
5 that he or she is a nurse practitioner unless he or she has been granted a nurse
6 practitioner specialty designation under sub. (1) (c) 1. a.

7 (c) An advanced practice registered nurse shall adhere to professional
8 standards when managing situations that are beyond the advanced practice nurse’s
9 expertise.

10 (d) An advanced practice registered nurse licensed under this section may
11 delegate a task or order to another clinically trained health care worker if the task
12 or order is within the scope of the advanced practice registered nurse’s practice, the
13 advanced practice registered nurse is competent to perform the task or issue the
14 order, and the advanced practice registered nurse has reasonable evidence that the
15 health care worker is minimally competent to perform the task or issue the order
16 under the circumstances.

17 **(4) CONTINUING EDUCATION.** Every advanced practice registered nurse shall
18 submit to the board evidence of having completed at least 16 contact hours per
19 biennium in clinical pharmacology or therapeutics relevant to the advanced practice
20 registered nurse’s area of practice. The board may promulgate rules regarding the
21 continuing education requirements under this subsection.

22 **(5) MALPRACTICE LIABILITY INSURANCE.** Except for a person whose employer has
23 in effect malpractice liability insurance that provides coverage for the person in the
24 amounts specified under s. 655.23 (4), no person may practice advanced practice
25 registered nursing unless he or she at all times has in effect malpractice liability

SENATE BILL 249

1 insurance coverage in the minimum amounts required by the rules of the board. An
2 advanced practice registered nurse shall submit evidence of that coverage to the
3 board when applying for an initial license under this section or a renewal of a license
4 under this section. An advanced practice registered nurse shall also submit such
5 evidence to the board upon request of the board.

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

8 (a) Further defining the scope of practice of an advanced practice registered
9 nurse, defining the scope of practice for each recognized role, and defining the scope
10 of practice within which an advanced practice registered nurse who holds a permit
11 issued under sub. (2) may issue prescription orders.

12 (b) Determining acceptable national certification for purposes of sub. (1) (a) 2.
13 a.

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

18 (d) Specifying the classes of drugs, individual drugs, or devices that may not
19 be prescribed by an advanced practice registered nurse who holds a permit to issue
20 prescription orders under sub. (2).

21 (e) Specifying the conditions to be met for registered nurses to do the following:

22 1. Administer a drug prescribed by an advanced practice registered nurse.

23 2. Administer a drug at the direction of an advanced practice registered nurse.

24 (f) Establishing the minimum amount of malpractice liability insurance
25 coverage that an advanced practice registered nurse must at all times have in effect

SENATE BILL 249

1 for purposes of sub. (5). The board shall promulgate rules under this paragraph in
2 consultation with the commissioner of insurance.

3 **SECTION 93.** 441.10 (7) of the statutes is amended to read:

4 441.10 (7) No license is required for practical nursing, but, except as provided
5 in s. 257.03, no person without a license may hold himself or herself out as a licensed
6 practical nurse or licensed attendant, use the title or letters “Trained Practical
7 Nurse” or “T.P.N.”, “Licensed Practical Nurse” or “L.P.N.”, “Licensed Attendant” or
8 “L.A.”, “Trained Attendant” or “T.A.”, or otherwise seek to indicate that he or she is
9 a licensed practical nurse or licensed attendant. No licensed practical nurse or
10 licensed attendant may use the title, or otherwise seek to act as a registered, licensed,
11 graduate or professional nurse. Anyone violating this subsection shall be subject to
12 the penalties prescribed by s. 441.13. ~~The board shall grant without examination a~~
13 ~~license as a licensed practical nurse to any person who was on July 1, 1949, a licensed~~
14 ~~attendant.~~ This subsection does not apply to any licensed practical nurse who holds
15 a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than
16 this state, that has adopted the enhanced nurse licensure compact under s. 441.51.

17 **SECTION 94.** 441.11 (title) of the statutes is repealed.

18 **SECTION 95.** 441.11 (1) of the statutes is repealed.

19 **SECTION 96.** 441.11 (2) of the statutes is renumbered 441.09 (5m) and amended
20 to read:

21 441.09 (5m) NURSE ANESTHETISTS. The provisions of s. 448.04 (1) (g) do not apply
22 to a an advanced practice registered nurse licensed under this section who possesses
23 a certified registered nurse anesthetist specialty designation under sub. (1) (c) 1. a.

24 **SECTION 97.** 441.11 (3) of the statutes is repealed.

25 **SECTION 98.** 441.15 of the statutes is repealed.

SENATE BILL 249**ENHANCED NURSE LICENSURE COMPACT**

SECTION 105. 441.51 (title) of the statutes is amended to read:

441.51 (title) ~~Enhanced nurse~~ Nurse licensure compact.

SECTION 106. 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 107. 448.035 (1) (a) of the statutes is repealed.

SECTION 108. 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, a physician assistant, or ~~certified~~ an advanced practice registered nurse prescriber who holds a permit to issue prescription orders under s. 441.09 (2) 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

SENATE BILL 249

1 prescriber is unable to obtain the name of the patient's sexual partner, the
2 prescription order shall include, in ordinary bold-faced capital letters, the words,
3 "expedited partner therapy" or the letters "EPT."

4 (3) The physician, physician assistant, or ~~certified~~ advanced practice
5 registered nurse prescriber shall provide the patient with a copy of the information
6 sheet prepared by the department of health services under s. 46.03 (44) and shall
7 request that the patient give the information sheet to the person with whom the
8 patient had sexual contact.

9 (4) (a) Except as provided in par. (b), a physician, physician assistant, or
10 ~~certified~~ advanced practice registered nurse prescriber is immune from civil liability
11 for injury to or the death of a person who takes any antimicrobial drug if the
12 antimicrobial drug is prescribed, dispensed, or furnished under this section and if
13 expedited partner therapy is provided as specified under this section.

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

18 **SECTION 109.** 448.56 (1) and (1m) (b) of the statutes are amended to read:

19 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
20 448.52, a person may practice physical therapy only upon the written referral of a
21 physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice
22 registered nurse prescriber ~~certified under s. 441.16 (2)~~. Written referral is not
23 required if a physical therapist provides services in schools to children with
24 disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the
25 department of public instruction; provides services as part of a home health care

SENATE BILL 249

1 agency; provides services to a patient in a nursing home pursuant to the patient's
2 plan of care; provides services related to athletic activities, conditioning, or injury
3 prevention; or provides services to an individual for a previously diagnosed medical
4 condition after informing the individual's physician, physician assistant,
5 chiropractor, dentist, podiatrist, or advanced practice registered nurse ~~prescriber~~
6 ~~certified under s. 441.16 (2)~~ who made the diagnosis. The examining board may
7 promulgate rules establishing additional services that are excepted from the written
8 referral requirements of this subsection.

9 (1m) (b) The examining board shall promulgate rules establishing the
10 requirements that a physical therapist must satisfy if a physician, physician
11 assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse
12 ~~prescriber~~ makes a written referral under sub. (1). The purpose of the rules shall be
13 to ensure continuity of care between the physical therapist and the health care
14 practitioner.

15 **SECTION 110.** 448.62 (2m) of the statutes is amended to read:

16 448.62 (2m) An advanced practice registered nurse ~~who is certified to issue~~
17 ~~prescription orders under s. 441.16 and~~ who is providing nonsurgical patient services
18 as directed, supervised, and inspected by a podiatrist who has the power to direct,
19 decide, and oversee the implementation of the patient services rendered.

20 **SECTION 111.** 448.67 (2) of the statutes is amended to read:

21 448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee
22 who renders any podiatric service or assistance, or gives any podiatric advice or any
23 similar advice or assistance, to any patient, podiatrist, physician, physician
24 assistant, advanced practice registered nurse ~~prescriber certified under s. 441.16 (2),~~
25 partnership, or corporation, or to any other institution or organization, including a

SENATE BILL 249

1 hospital, for which a charge is made to a patient, shall, except as authorized by
2 Title 18 or Title 19 of the federal Social Security Act, render an individual statement
3 or account of the charge directly to the patient, distinct and separate from any
4 statement or account by any other podiatrist, physician, physician assistant,
5 advanced practice registered nurse ~~prescriber~~, or other person.

6 **SECTION 112.** 448.956 (1m) of the statutes is amended to read:

7 448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training
8 to an individual without a referral, except that a licensee may not provide athletic
9 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation
10 setting unless the licensee has obtained a written referral for the individual from a
11 practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;
12 under ch. 446; or under s. ~~441.16 (2)~~ 441.09.

13 **SECTION 113.** 450.01 (1m) of the statutes is repealed.

14 **SECTION 114.** 450.01 (16) (h) 2. of the statutes is amended to read:

15 450.01 (16) (h) 2. The patient's advanced practice registered nurse ~~prescriber~~,
16 if the advanced practice registered nurse ~~prescriber~~ ~~has entered into a written~~
17 ~~agreement to collaborate with a physician~~ holds a permit to issue prescription orders
18 under s. 441.09 (2).

19 **SECTION 115.** 450.01 (16) (hr) 2. of the statutes is amended to read:

20 450.01 (16) (hr) 2. An advanced practice registered nurse ~~prescriber~~ who holds
21 a permit to issue prescription orders under s. 441.09 (2).

22 **SECTION 116.** 450.03 (1) (e) of the statutes is amended to read:

23 450.03 (1) (e) Any person lawfully practicing within the scope of a license,
24 permit, registration, certificate, or certification granted to provide home medical
25 oxygen under s. 450.076, to practice professional ~~or~~ practical, or advanced practice

SENATE BILL 249

1 ~~registered nursing or nurse-midwifery~~ under ch. 441, to practice dentistry or dental
2 hygiene under ch. 447, to practice medicine and surgery under ch. 448, to practice
3 optometry under ch. 449 or to practice veterinary medicine under ch. 89, or as
4 otherwise provided by statute.

5 **SECTION 117.** 450.11 (1i) (a) 1. of the statutes is amended to read:

6 450.11 **(1i)** (a) 1. A pharmacist may, upon and in accordance with the
7 prescription order of an advanced practice registered nurse ~~prescriber~~ under s.
8 441.18 (2) (a) 1., or of a physician or physician assistant under s. 448.037 (2) (a) 1.,
9 that complies with the requirements of sub. (1), deliver an opioid antagonist to a
10 person specified in the prescription order and may, upon and in accordance with the
11 standing order of an advanced practice registered nurse ~~prescriber~~ under s. 441.18
12 (2) (a) 2., or of a physician or physician assistant under s. 448.037 (2) (a) 2., that
13 complies with the requirements of sub. (1), deliver an opioid antagonist to an
14 individual in accordance with the order. The pharmacist shall provide a consultation
15 in accordance with rules promulgated by the board for the delivery of a prescription
16 to the person to whom the opioid antagonist is delivered.

17 **SECTION 118.** 450.11 (1i) (b) 2. b. of the statutes is amended to read:

18 450.11 **(1i)** (b) 2. b. An advanced practice registered nurse ~~prescriber~~ may only
19 deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in
20 accordance with his or her other legal authority to dispense prescription drugs.

21 **SECTION 119.** 450.11 (7) (b) of the statutes is amended to read:

22 450.11 **(7)** (b) Information communicated to a physician, physician assistant,
23 or advanced practice registered nurse ~~prescriber~~ in an effort to procure unlawfully
24 a prescription drug or the administration of a prescription drug is not a privileged
25 communication.

SENATE BILL 249

1 **SECTION 120.** 450.11 (8) (e) of the statutes is amended to read:

2 450.11 (8) (e) The board of nursing, insofar as this section applies to advanced
3 practice nurse prescribers registered nurses.

4 **SECTION 121.** 450.13 (5) (b) of the statutes is amended to read:

5 450.13 (5) (b) The patient's advanced practice registered nurse prescriber, if the
6 advanced practice registered nurse prescriber ~~has entered into a written agreement~~
7 ~~to collaborate with a physician~~ holds a permit to issue prescription orders under s.
8 441.09 (2).

9 **SECTION 122.** 450.135 (7) (b) of the statutes is amended to read:

10 450.135 (7) (b) The patient's advanced practice registered nurse prescriber, if
11 the advanced practice registered nurse prescriber ~~has entered into a written~~
12 ~~agreement to collaborate with a physician~~ holds a permit to issue prescription orders
13 under s. 441.09 (2).

14 **SECTION 123.** 462.04 of the statutes is amended to read:

15 **462.04 Prescription or order required.** A person who holds a license or
16 limited X-ray machine operator permit under this chapter may not use diagnostic
17 X-ray equipment on humans for diagnostic purposes unless authorized to do so by
18 prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed
19 under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed
20 under s. 446.02, an advanced practice registered nurse ~~certified~~ licensed under s.
21 ~~441.16 (2)~~ 441.09, a physician assistant licensed under s. 448.04 (1) (f), or, subject to
22 s. 448.56 (7) (a), a physical therapist licensed under s. 448.53.

23 **SECTION 124.** 655.001 (7t) of the statutes is amended to read:

24 655.001 (7t) "Health care practitioner" means a health care professional, as
25 defined in s. 180.1901 (1m), who is an employee of a health care provider described

SENATE BILL 249

1 in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care
2 services that are not in collaboration with a physician under s. 441.15 (2) (b) or under
3 the direction and supervision of a physician or nurse anesthetist.

4 **SECTION 125.** 655.001 (9) of the statutes is amended to read:

5 655.001 (9) “Nurse anesthetist” means ~~a nurse~~ an individual who is licensed
6 ~~under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued~~
7 ~~in a party state, as defined in s. 441.51 (2) (k), and who is certified as a nurse~~
8 ~~anesthetist by the American association of nurse anesthetists~~ as an advanced
9 practice registered nurse and possesses a certified registered nurse anesthetist
10 specialty designation under s. 441.09.

11 **SECTION 126.** 655.005 (2) (a) of the statutes is amended to read:

12 655.005 (2) (a) An employee of a health care provider if the employee is a
13 physician or a nurse anesthetist or is a health care practitioner who is providing
14 health care services that are not in collaboration with a physician under s. 441.15 (2)
15 (b) or under the direction and supervision of a physician or nurse anesthetist.

16 **SECTION 127.** 961.01 (19) (a) of the statutes is amended to read:

17 961.01 (19) (a) A physician, advanced practice registered nurse, dentist,
18 veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21
19 (3), a physician assistant, or other person licensed, registered, certified or otherwise
20 permitted to distribute, dispense, conduct research with respect to, administer or use
21 in teaching or chemical analysis a controlled substance in the course of professional
22 practice or research in this state.

23 **SECTION 128.** 961.395 of the statutes is amended to read:

24 **961.395 Limitation on advanced practice registered nurses.** (1) An
25 advanced practice registered nurse who is ~~certified~~ holds a permit to issue

SENATE BILL 249

1 prescription orders under s. ~~441.16~~ 441.09 (2) may prescribe controlled substances
2 only as permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (d).

3 (2) An advanced practice registered nurse ~~certified under s. 441.16~~ who holds
4 a permit to issue prescription orders under s. 441.09 (2) shall include with each
5 prescription order the ~~advanced practice nurse prescriber certification~~ permit
6 number issued to him or her by the board of nursing.

7 (3) An advanced practice registered nurse ~~certified under s. 441.16~~ who holds
8 a permit to issue prescription orders under s. 441.09 (2) may dispense a controlled
9 substance only by prescribing or administering the controlled substance or as
10 otherwise permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (d).

SECTION 129. Nonstatutory provisions.

11 (1) Using the procedure under s. 227.24, the board of nursing may promulgate
12 rules under ch. 441 that are necessary to implement the changes in this act.
13 Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide
14 evidence that promulgating a rule under this subsection as an emergency rule is
15 necessary for the preservation of the public peace, health, safety, or welfare and is
16 not required to provide a finding of emergency for a rule promulgated under this
17 subsection. Notwithstanding s. 227.24 (1) (c) and (2), the effective period of a rule
18 promulgated under this subsection is for 2 years after its promulgation, or until
19 permanent rules take effect, whichever is sooner, and the effective period may not
20 be further extended under s. 227.24 (2).

21 **SECTION 130. Effective dates.** This act takes effect on March 1, 2022, except
22 as follows:
23

24 (1) SECTION 129 (1) of this act takes effect on the day after publication.

25 (END)

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 9/30/19 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 Legislation and Rules Committee			
4) Meeting Date: 10/10/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. N 4, Relating to Licensure of Nurse-Midwives 2. N 2, Relating to Licensure of Nurses 3. Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <div style="height: 100px;"></div>			
11) Authorization			
<i>Dale Kleven</i>		<i>September 30, 2019</i>	
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.			

under par. (c), for not more than 72 consecutive hours each year without holding a license granted by the board under this subchapter if the board determines that the requirements for the nursing credential that the person holds are substantially equivalent to the requirements for licensure under this subchapter. Except in an emergency, the person shall provide to the board, at least 7 days before practicing professional or practical nursing for the person who is specified under par. (c) 2., written notice that includes the name of the person providing notice, the type of nursing credential that the person holds and the name of the state, territory, foreign country or province that granted the nursing credential. In the event of an emergency, the person shall provide to the board written notice that includes the information otherwise required under this paragraph, as soon as practicable.

(c) A person who is permitted to practice professional or practical nursing under par. (b) may practice professional or practical nursing only for the following persons:

1. A person who is being transported through or into this state for the purpose of receiving medical care.

2. A person who is in this state temporarily, if the person is a resident of the state, territory, country or province that granted the nursing credential to the person permitted to practice professional or practical nursing under par. (b).

History: 1983 a. 189 s. 273; 1995 a. 146; 1999 a. 22; 2013 a. 124; 2017 a. 135, 364.

Cross-reference: See also ch. N 6, Wis. adm. code.

441.12 Administration; nonaccredited schools.

(1) The board shall enforce this chapter and cause the prosecution of persons violating it.

(2) No person may operate in this state a school for professional nurses or a school for practical nurses unless the school is approved by the board. No solicitation may be made in this state of the sale of, or registration in, a course by correspondence or conducted outside of the state for practical nurses unless all written material used in the solicitation plainly states in type as large as any other type on the material that the course is not approved by the board for training of practical nurses.

History: 1979 c. 34; 2013 a. 124.

441.13 Penalty. (1) Any person violating this subchapter or knowingly employing another in violation of this subchapter may be fined not more than \$250 or imprisoned not more than one year in the county jail.

(2) No action may be brought or other proceeding had to recover compensation for professional nursing services unless at the time such services were rendered the person rendering the same was a registered nurse or had a temporary permit issued under this subchapter.

(3) The remedy of injunction may be used in enforcing this subchapter.

History: 1999 a. 22.

441.15 Nurse–midwives. (1) In this section:

(a) “Collaboration” means a process that involves 2 or more health care professionals working together and, when necessary, in each other’s presence, and in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer.

(b) “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.

(2) Except as provided in sub. (2m) and s. 257.03, no person may engage in the practice of nurse–midwifery unless each of the following conditions is satisfied:

(a) The person is issued a license by the board under sub. (3) (a).

(b) The practice occurs in a health care facility approved by the board by rule under sub. (3) (c), in collaboration with a physician with postgraduate training in obstetrics, and pursuant to a written agreement with that physician.

(c) Except as provided in sub. (5) (a), the person has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(2m) Subsection (2) does not apply to a person granted a license to practice midwifery under subch. XIII of ch. 440.

(3) (a) Subject to s. 441.07 (1g), the board shall grant a license to engage in the practice of nurse–midwifery to any registered nurse who is licensed under this subchapter or who holds a multi-state license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), who does all of the following:

1. Submits evidence satisfactory to the board that he or she meets the educational and training prerequisites established by the board for the practice of nurse–midwifery.

2. Pays the initial credential fee determined by the department under s. 440.03 (9) (a).

3. If applicable, submits evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(b) On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under par. (a) and practicing nurse–midwifery shall submit to the board on furnished forms a statement giving his or her name, residence, and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). If applicable, the person shall also submit evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm). The board shall grant to a person who pays the fee determined by the department under s. 440.03 (9) (a) for renewal of a license to practice nurse–midwifery and who satisfies the requirements of this paragraph the renewal of his or her license to practice nurse–midwifery and the renewal of his or her license to practice as a registered nurse.

(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.

(4) A nurse–midwife who discovers evidence that any aspect of care involves any complication which jeopardizes the health or life of a newborn or mother shall consult with the collaborating physician under sub. (2) (b) or the physician’s designee, or make a referral as specified in a written agreement under sub. (2) (b).

(5) (a) Except for any of the following, no person may practice nurse–midwifery unless he or she has in effect malpractice liability insurance in an amount that is at least the minimum amount specified in rules promulgated under par. (bm):

1. A federal, state, county, city, village, or town employee who practices nurse–midwifery within the scope of his or her employment.

2. A person who is considered to be an employee of the federal public health service under 42 USC 233 (g).

3. A person whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount that is at least the minimum amount specified in the rules.

4. A person who does not provide care for patients.

5. The provision of services by a nurse–midwife under s. 257.03.

(bm) The board shall promulgate rules establishing the minimum amount of malpractice liability insurance that is required for

a person to practice nurse–midwifery, which shall be the same as the amount established by the board under s. 441.16 (3) (e).

History: 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22; 2001 a. 52, 105, 107; 2003 a. 321; 2005 a. 96, 292; 2007 a. 20, 97; 2009 a. 28, 42, 282; 2013 a. 114; 2017 a. 135, 329.

NOTE: Chapter 317, laws of 1979, which created this section, states legislative intent in Section 1.

441.16 Prescription privileges of nurses. (1) In this section:

(a) “Device” has the meaning given in s. 450.01 (6).
 (b) “Drug” has the meaning given in s. 450.01 (10) and includes all of the following:

1. Prescription drugs, as defined in s. 450.01 (20) (a).
2. Controlled substances, as defined in s. 961.01 (4).

(c) “Prescription order” has the meaning given in s. 450.01 (21).

(2) Subject to s. 441.07 (1g), the board shall grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training, and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1). An advanced practice nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.

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

(a) Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.

(am) Establishing the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.

(b) Defining the scope of practice within which an advanced practice nurse may issue prescription orders.

(c) Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.

(cm) Specifying the conditions to be met for a registered nurse to do the following:

1. Administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders.
2. Administer a drug at the direction of an advanced practice nurse who is certified to issue prescription orders.

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education.

(e) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice nurse shall have if he or she is certified to issue prescription orders. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

(4) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

(5) 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.

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician, and nothing in this section prohibits an advanced practice nurse certified under this section from issuing a prescription order as an act delegated by a podiatrist.

History: 1993 a. 138; 1995 a. 448; 2009 a. 28, 280; 2013 a. 114; 2017 a. 227, 329.

Cross-reference: See also ch. N 8, Wis. adm. code.

441.18 Prescriptions for and delivery of opioid antagonists. (1) In this section:

- (a) “Administer” has the meaning given in s. 450.01 (1).
- (b) “Deliver” has the meaning given in s. 450.01 (5).
- (c) “Dispense” has the meaning given in s. 450.01 (7).
- (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).
- (e) “Opioid–related drug overdose” has the meaning given in s. 256.40 (1) (d).
- (f) “Standing order” has the meaning given in s. 450.01 (21p).

(2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid–related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) An advanced practice 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.

(3) An advanced practice 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.

History: 2013 a. 200; 2015 a. 115.

441.19 Maintenance and detoxification treatment under federal waiver. (1) In this section, “waiver” means a waiver issued by the federal department of health and human services under 21 USC 823 (g) (2) (A).

(2) With respect to the ability of an advanced practice nurse who is certified to issue prescription orders to obtain and practice under a waiver, a physician who meets any of the conditions specified in 21 USC 823 (g) (2) (G) (ii) shall be considered eligible to serve as a qualifying physician for purposes of the requirement under 21 USC 823 (g) (2) (G) (iv) (III), regardless of whether the physician himself or herself holds a waiver.

History: 2017 a. 262.

SUBCHAPTER II

ENHANCED NURSE LICENSURE COMPACT

441.51 Enhanced nurse licensure compact. (1) ARTICLE I — FINDINGS AND DECLARATION OF PURPOSE. (a) The party states find all of the following:

1. That the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.

2. That violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.

3. That the expanded mobility of nurses and the use of advanced communication technologies as part of our nation’s health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.

Chapter N 4

LICENSURE OF NURSE–MIDWIVES

N 4.01 Authority and intent.

N 4.02 Definitions.

N 4.03 Qualifications for licensure.

N 4.04 Application procedures for licensure.

N 4.05 Temporary permits.

N 4.06 Scope of practice.

N 4.07 Limitations on the scope of practice.

N 4.08 Licensure and exception.

N 4.09 Health care facilities where practice shall occur.

N 4.10 Malpractice insurance coverage.

Note: Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

N 4.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse–midwives.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 03–009: am. (2), Register November 2003 No. 575, eff. 12–1–03.

N 4.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.

(2m) “Collaboration” has the meaning specified in s. 441.15 (1) (a), Stats.

(4) “Complications” means those conditions which jeopardized the health or life of the patient and which deviate from normal as defined in the written agreement consistent with the standards of practice of the American College of Nurse–Midwives.

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

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

(6) “Written agreement” means an agreement between the collaborating physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats., Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the American College of Nurse–Midwives.

(2) Holds a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(3) Is currently licensed to practice as a professional nurse in Wisconsin, or is currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.04 Application procedures for licensure. (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include all of the following:

(a) Signature of the applicant.

(b) Fee specified under s. 440.05 (1), Stats.

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American College of Nurse–Midwives and evidence of certification as a nurse–midwife from the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(d) Identification of current licensure as a professional nurse in Wisconsin or of current licensure in another state which has adopted the nurse licensure compact, including the license number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse.

(4) The applicant for renewal shall inform the board whether the certificate issued to him or her by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council has been revoked or suspended.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003.

N 4.05 Temporary permits. (1) ELIGIBILITY. An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) ISSUING A TEMPORARY PERMIT. The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) SUPERVISION REQUIRED. The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) TITLE. The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) DURATION. (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse–Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003.

N 4.06 Scope of practice. (1) The scope of practice is the overall 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.

(2) The nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) The nurse–midwife shall consult with the consulting physician regarding any complications discovered by the nurse–midwife, or refer the patient pursuant to the written agreement.

(4) Upon referral, the nurse–midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse–midwife.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003.

N 4.07 Limitations on the scope of practice. (1) The nurse–midwife shall not independently manage those complications that require referral pursuant to the written agreement.

(2) The nurse–midwife may not perform deliveries by forceps or Caesarean section. The nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) The nurse–midwife may not assume responsibilities, either by physician–delegation or otherwise, which he or she is not competent to perform by education, training or experience.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

N 4.08 Licensure and exception. (1) No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

History: Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.

N 4.10 Malpractice insurance coverage. (1) Nurse–midwives shall maintain in effect malpractice insurance evidenced by one of the following:

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

(b) Coverage under a group liability policy providing individual coverage for the nurse–midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

(a) A federal, state, county, city, village or town employee who practices nurse–midwifery within the scope of his or her employment.

(b) A nurse–midwife who practices as an employee of the federal public health service under 42 USC 233 (g).

(c) A nurse–midwife who does not provide care for patients.

(3) A nurse–midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Emerg. cr. eff. 11–05–02; CR 03–009: cr., Register November 2003 No. 575, eff. 12–1–2003.



STANDARDS FOR THE PRACTICE OF MIDWIFERY

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

STANDARD I

MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

STANDARD II

MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

STANDARD III

MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY

The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.

3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

STANDARD IV

MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.

The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

STANDARD V

MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.

The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

STANDARD VI

MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.

The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

STANDARD VII

MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.

The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.

2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
 - a) Knowledge of risks, benefits, and client selection criteria.
 - b) Process for acquisition of required skills.
 - c) Identification and management of complications.
 - d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, March 8, 2003;

Revised and Approved: ACNM Board of Directors, December 4, 2009

Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)

AMCB Rationale for Requirements

ELIGIBILITY REQUIREMENTS TO TAKE NATIONAL CERTIFICATION EXAMINATION

I. Candidates from Nurse-Midwifery Educational Programs: Candidates who successfully pass the certification examination will be awarded the CNM credential.

A. Proof of licensure, active on the date of the examination, as a U.S. Registered Nurse (i.e., in one of the fifty states, the District of Columbia, or U.S. territory)

Proof consists only of one of the following: 1) copy of license (showing expiration date) active on the date of the examination as a U.S. registered nurse; 2) written letter from a U.S. jurisdiction (i.e., one of the fifty states, the District of Columbia, or U.S. territory) containing the same information as the nursing license from that jurisdiction and indicating that the license is active as of the date of the examination. In the case of the written letter from a U.S. jurisdiction, that letter must appear on the official letterhead of that jurisdiction and be signed by an authorized agent of that jurisdiction; and 3) A copy of web verification of licensure.

Rationale: Proof of licensure as a U.S. Registered Nurse is required to show that the individual has obtained the additional education/training and licensure in nursing prior to sitting for the examination and being granted a credential as a Certified Nurse Midwife

B. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from the Accreditation Commission for Midwifery Education (ACME).

Rationale: The AMCB has aligned itself with the APRN Consensus Model in an effort to ensure practice autonomy for their certificants. The education requirements of the APRN Consensus Model state "APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)". The Accreditation Commission for Midwifery Education has been recognized by the U.S. Department of Education (under "Health Care") as a programmatic accrediting agency for nurse-midwifery education programs since 1982.

C. Verification by the director of the nurse-midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

D. Attestation by the director of the nurse-midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

Rationale for C & D: It has been an ongoing belief by the AMCB Board of Directors that the director of the nurse-midwifery program is in the best position to judge if the applicant is performing at the level of a safe, beginning practitioner, and has met the institutional requirements for a graduate degree. This requirement assures that, in addition to meeting the institutional requirements, the candidate is performing clinically at the safe beginning level. Additionally, a letter from the director of the program can come in a timelier manner than a transcript for verification of the requirements for a graduate degree.

II. Candidates from Midwifery Education Programs: Candidates who successfully pass the certification examination will be awarded the CM credential.

- A. Satisfactory completion of a graduate degree or has met the institutional requirements for a graduate degree from a program accredited by or with pre-accreditation status from ACME.

Rationale: The AMCB has aligned itself with the APRN Consensus Model in an effort to ensure practice autonomy for their certificants. The education requirements of the APRN Consensus Model state “APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master’s or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)” . The Accreditation Commission for Midwifery Education has been recognized by the U.S. Department of Education (under “Health Care”) as a programmatic accrediting agency for nurse-midwifery education programs since 1982.

B. Verification by the director of the midwifery program confirming the candidate has met the institutional requirements for a graduate degree, and the date it was completed.

C. Attestation by the director of the midwifery program that the candidate is performing at the level of a safe, beginning practitioner.

Rationale for C & D: It has been an ongoing belief by the AMCB Board of Directors that the director of the midwifery program is in the best position to judge if the applicant is performing at the level of a safe, beginning practitioner, and has met the institutional requirements for a graduate degree. This requirement assures that, in addition to meeting the institutional requirements, the candidate is performing clinically at the safe beginning level. Additionally, a letter from the director of the program can come in a timelier manner than a transcript for verification of the requirements for a graduate degree.

D. Subsequent provision of proof of current licensure as a U.S. Registered Nurse may result in awarding the CNM credential.

Rationale: The difference between the CNM and the CM credential is a nursing degree (the examination and midwifery education is the same). If at some point the CM completes a nursing program and achieves the registered nurse credential and becomes licensed in the United States or its Territories, then they may “switch” their CM credential to the CNM credential. Certificants are only permitted to “switch” once and may not “switch” back

REQUIREMENTS FOR RETAKING THE EXAMINATION

A candidate who fails the certification examination may retake the examination. The first retake may occur no sooner than 30 days after the initial examination. Subsequent retakes may occur no sooner than 90 days after the last exam. The candidate is allowed to sit for the examination a maximum of 4 times. If the candidate has not passed the examination within 24 months of the date of completion of the program or has reached the 4th examination attempt prior to the 24 month period, she/he must demonstrate successful attainment of the core competencies of midwifery practice by completing another accredited educational (basic or pre-certification) program in nurse-midwifery or midwifery. This means that an individual must repeat an ACME (Accreditation Commission for Midwifery Education) accredited program after the 24 month time limit has expired or after the 4th unsuccessful attempt, and graduate from that program to become an eligible candidate for the AMCB certification examination. There is no other mechanism.

AMCB's mission is "To protect and serve the public by leading the certification standards in midwifery". The AMCB examination assesses entry-level competencies for the practice of midwifery. It does not test clinical competencies as those are completed as part of the ACME accredited midwifery education. In 2009 a task force including representatives from the American College of Nurse-Midwives (ACNM) Board of Directors and staff, the Directors of Midwifery Education (DOME), and the Midwifery Business Network (MBN) was convened to develop "Re-Entry Guidelines for CNMs/CMs". Based upon these guidelines, the AMCB Board made a preliminary decision to limit the length of time to successfully pass the examination to a 24 month period to help assure that the candidates' clinical skills are still at the level of a safe practitioner when they pass the exam. The AMCB Board gathered input from DOME to on the 24 month period as well as the number of times to allow a candidate to sit for the exam. The final decision by the AMCB Board of Directors to allow up to 4 takes within a 24 month period was based upon a number of items including:

- 1. Encouraging the candidate not to wait too long prior to taking the exam the first time*
- 2. Encouraging the candidate to take time to study areas they may have tested poorly in prior to sitting for the exam a second, third, or fourth time*
- 3. There are three versions of the exam active at all times so after the third take the candidate has the potential to retake a version of the exam that has already been taken. A four take limit helps minimize the potential that the candidate may recognize or memorize questions on the exam, therefore protecting the public.*
- 4. Protecting the public by not allowing a candidate to be certified and begin practicing with more than a 24 month period between assurance of their clinical skills and actual certification.*
- 5. At the time the policy decision was made the pass rate for first time takers was 87.1% versus 48.1% for all repeaters with a decline in pass rate with each subsequent take.*

REQUIREMENTS FOR RECERTIFICATION

- I. Timeframe for Recertification:** According to the guidelines published in 2009 by the Consensus Model for Advanced Practice Registered Nurse Regulation (endorsed by ACNM and AMCB), re-certification processes must occur within a 5-year time frame. These guidelines provide the industry standards for re-certification of independent licensed providers such as certified nurse-midwives and certified midwives. Additional information can be found at [www.https://ncsbn.org](https://ncsbn.org)
- II. Recertification Audit:** Each year, in order to verify compliance with the continuing education requirements, an audit is performed on a random sample of 10 % of the midwives who were

recertified the previous year. According to published guidelines on conducting a compliance audit, random sampling reduces sampling risk and ensures the auditor of adequate and equal representation of the total group (or population). In addition, a 10% sample will generally meet a 95% confidence level for populations over 200. (I have a reference for this from HUD) For example, the typical number of midwives re-certified each year is approximately 1000-2000, providing a random sample of at least 100-200 midwives.

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of
Midwifery Education Programs
with
Instructions for Elaboration and Documentation**

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Page 2

ACME
ACCREDITATION
COMMISSION
for MIDWIFERY
EDUCATION

PREFACE

Accreditation Commission for Midwifery Education (ACME)

The mission of the Accreditation Commission for Midwifery Education (ACME) is to advance excellence in midwifery education. The U.S. Department of Education grants the following scope of recognition to ACME: "the accreditation and pre-accreditation of basic certificate, basic graduate nurse-midwifery, direct entry midwifery, and pre-certification nurse-midwifery education programs, including those programs that offer distance education." Programmatic accreditation is a quality assurance process combining self-assessment and peer evaluation. Institutions offering midwifery education voluntarily participate in the accreditation process with ACME to assure that standards of midwifery education are maintained, competencies and skills are learned, and graduates are appropriately qualified. To be accredited, a program is expected to meet and maintain compliance with all of the criteria in this document. Every five years, the ACME Board of Commissioners (BOC) revises the criteria seeking input from a variety of stakeholders, including midwifery educators, clinicians, and others. The last review began in 2018 and the finalized and published new criteria in May 2019. This document is the most current version of ACME's criteria.

ACME services are available to any education program that meets the eligibility requirements outlined in our Policies and Procedures Manual. For more information about the standards for programmatic accreditation agencies, visit the [U.S. Department of Education](http://www.midwife.org/acme) website or address correspondence to Staff Assistant, Accreditation Office, USDE, 1990 K Street, NW, Washington, DC 20006, 202.219.7011 or 800.872.5327.

ACME is administratively and financially autonomous from the American College of Nurse-Midwives. For more information visit, www.midwife.org/acme or call 240.485.1803.

Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation

Introduction

The Accreditation Commission for Midwifery Education (ACME) establishes the *Criteria for Programmatic Accreditation of Midwifery Education Programs*. These criteria are the basis for the programmatic accreditation process that is a joint activity involving both the midwifery education program and ACME. The purposes of the criteria include to:

- A. Provide structure for implementing peer evaluation in the assessment of the quality of midwifery education programs preparing midwives and nurse-midwives
- B. Assure all aspects of midwifery education programs lead to appropriate student outcomes and prepare competent midwives
- C. Serve as a guide to faculty in developing and improving their program and as a framework for self-evaluation

For Board of Review (BOR) action on each programmatic accreditation report, all programmatic accreditation criteria are considered and must be met. Actions that may be taken by the BOR are listed in the section titled “Board of Review” in the [ACME Policies and Procedures Manual](#). For more information and other accreditation documents, visit www.midwife.org/acme

Currently, ACME accredits programs that culminate in a certificate, master’s degree, doctoral degree or post-graduate certificate. ACME also accredits pre-certification programs. There may be multiple paths of entry into these programs. Such programs include, but are not limited to, the following examples:

- Associate degree or baccalaureate degree to master’s degree program in nurse-midwifery or midwifery
- Post baccalaureate certificate
- A midwifery education program that leads to a master’s degree in midwifery, nursing, public health or an allied health field
- Post graduate certificate
- A midwifery education program that leads to a doctoral degree

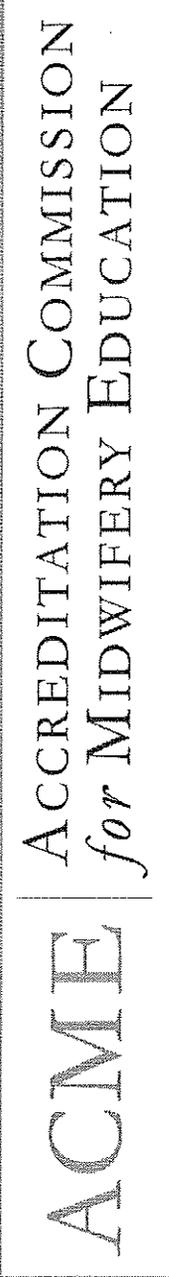
Glossary of terms can be found at [ACME Glossary of Terms](#).

Instructions for Title Page and Program Overview of the Self-Evaluation Report

Begin the Self-Evaluation Report (SER) with a title page as described in *ACME Policies and Procedures Manual*. Complete the SER Title Page and Program(s) Table form included in Appendix A: *SER Title Page* in this document. A one- to two-page overview describing the institution, its midwifery program/s and other programs as relevant must follow the title page.

The overview will include a brief description in narrative form that:

- Explains when the institution and each program began and any significant changes or milestones
 - Presents the institution's corporate or organizational structure (e.g., part of a state system or for-profit corporation corporate structure)
 - Describes the primary modalities for the delivery of education (e.g., face to face, combination or all distance education)
 - Describes the basis for credit (e.g., semester hours or quarter credit hours)
 - Lists the type/s of program/s offered
- N.B. If there is more than one clearly distinguishable midwifery program in the institution and if the way each meets a criterion is different, clearly explain both in the SER. Incorporate the responses into one PAR/SER, not separate PAR/SERs for each program. Examples: a school that has a basic master's program and a basic DNP program or a school that has a basic nurse-midwifery and basic midwifery program.
- Lists credential/s and degree level/s awarded
 - Lists URL or website address for the institution
 - Defines the PAR/SER time frame, the one-year period represented in this self-study, including type of year (academic or calendar year)
 - The two most recent completed class cohorts for student clinical experience
 - Provides a list of any abbreviations and acronyms essential for reading the PAR/SER



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

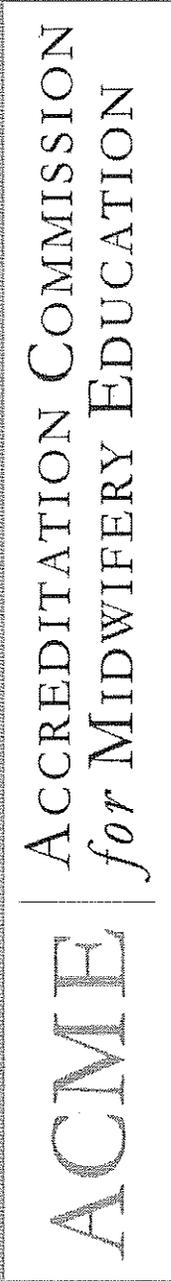
**Criterion I:
Organization & Administration**

Purpose: The purpose of Criterion 1 is to evaluate the organizational and administrative context of the midwifery program.

Criterion 1: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. This SER is an in-depth self-study written by a member/s of the midwifery program faculty with opportunity for input provided to students, faculty, and administrators.</p>	<p>A. Describe who wrote the SER. Describe the opportunity for input provided to:</p> <ul style="list-style-type: none"> • students • faculty • administrators <p>B. Describe the program's relevant constituents and method of distribution of requests for third party comment.</p>	<p>A. Provide evidence of how the students, faculty, and administrators had input into writing the SER, e.g. emails, memoranda, meeting minutes, etc.</p>
<p>B. The midwifery program provides an opportunity to its relevant constituents for third party comment in relation to the program's congruence with the accreditation criteria at least two months prior to the scheduled site visit.</p>	<p>C. "Resides within" can be documented through evidence found in academic unit publications; "affiliated with" must be documented with a copy of the affiliation agreement. Describe the relationship of the program to the accredited institution. Name the institutional accrediting body. If the midwifery program resides within or is affiliated with an institution based outside the United States, describe the relationship between the program and the international institution.</p>	<p>B. Provide evidence of notification of constituencies, e.g. emails, URLs, ACNM publications, ACME website, etc.</p>
<p>C. The midwifery program resides within or is affiliated with an institution that is currently accredited by an agency recognized by the United States Department of Education, or it meets ACME's policy requirements for institutions based outside the United States (see Appendix B: <i>ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad</i>).</p>	<p>D. Identify key administrators and their titles. Describe their support with concrete examples for both the institution and the academic unit (if different).</p>	<p>C. Provide a copy of the letter or certificate of current institutional accreditation.</p>
<p>D. There is evidence of commitment to the midwifery program from key administrators in the institution and academic unit.</p>	<p>E. Describe program financial resources, including both internal and external funding sources (grants).</p>	<p>D. Provide documentation indicating support, e.g. meeting minutes, policies, and personal communications.</p>
<p>E. The midwifery program has sufficient fiscal resources to ensure that program objectives can be met.</p>		<p>E. Provide information that demonstrates that fiscal resources are adequate to meet program objectives. This may include financial statements, grant award</p>

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Explain any financial problems facing the program that would prohibit the program from meeting its stated objectives and intended outcomes.</p> <p>If external grants are a significant source of support of the program, explain how the midwifery program would meet its objectives and outcomes if that funding were discontinued.</p>	<p>statements, program budgets, and other financial records.</p>
F. The midwifery program has input into the budget process and/or financial planning to ensure ongoing adequate program resources.	F. Describe how the midwifery program and midwifery program director provide input into the budget process and/or financial planning.	F. Provide documentation indicating input into the budgetary process, e.g. meeting minutes, email, sample budget.
G. The midwifery program is in an institutional environment that promotes and facilitates faculty scholarship and professional activities.	G. Provide the institution's and/or academic unit's policies. Describe relevant resources.	G. Provide evidence of institutional support/policies for faculty scholarship and professional activities, e.g. support for professional travel, set-aside time in the workload calculations for scholarship and/or professional activities, sabbatical.
H. The midwifery program resides within or is affiliated with an institution with policies and/or initiatives that encourages and supports diversity and inclusion of faculty, staff, and students.	H. Describe any institutional policies related to promoting a climate of diversity and inclusion as it relates to the student body, faculty, and curriculum.	H. Provide evidence for institutional initiatives, policies, email communications, or strategic planning for implementing goals of promoting diversity and climate of inclusivity.
I. Each midwifery program is a definable entity distinguishable from other education programs and services within the institution.	I. Describe where the midwifery program is identified specifically.	I. Identify references to the program in printed and online documents, e.g. catalogs, brochures/recruitment materials, or websites.
J. The midwifery program is directed by a midwife who is clearly identified by title and position, meets institutional qualifications for appointment to that position, and has management and administration capacity.	J. Document who has the responsibility for program direction. Describe the institution's requirements for the position and how the current program director meets these qualifications. Describe the management and administration capacity of the program director.	J. Provide evidence such as letter of appointment, job description or a letter from the academic unit administrator detailing these requirements. Provide the program director's current curriculum vitae (CV). Provide evidence of how the program director meets these requirements.
K. The midwifery program director has sufficient authority to ensure that the program meets all	K. Describe institutional policies that reflect the authority of the midwifery program director to insure compliance with ACME	K. Provide copies of any policies that document the authority of the program director. Provide concrete

Criterion I: Organization & Administration	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>administrative and curricular requirements for accreditation by ACME.</p> <p>L. The midwifery program displays the current ACME accreditation status accurately to the public.</p>	<p>criteria. Provide examples of administrative and curricular decisions that reflect that authority.</p> <p>L. Identify specifically where the accreditation status may be found including ACME's postal address, telephone number and electronic address.</p>	<p>examples, if any, of changes that were made by the program director that were implemented.</p> <p>L. Provide identified relevant printed or electronic documents marked where pertinent information may be found. Provide the URL where information is publicized.</p> <p>Sample language of accreditation status: The (name of midwifery program) is (status of accreditation) by the Accreditation Commission for Midwifery Education, 8403 Colesville Road, Suite 1550, Silver Spring, MD 20190, www.midwife.org/acme</p>
<p>M. The midwifery program states and describes the certificate and/or degree(s) that may be earned.</p>	<p>M. State the exact wording of the credential as it appears on the certificate or diploma. In cases in which more than one credential is awarded, all must be addressed. Identify specifically where the evidence may be found in printed and/or electronic documents. Provide evidence of legal authority to grant this/these degree(s)/credentials.</p>	<p>M. Provide evidence of the credential, such as a copy of a diploma/certificate or other document that clearly states the degree or certificate awarded.</p> <p>Provide documentation of legal authority.</p> <p>Provide the URL where information is publicized.</p>
<p>N. The midwifery program has academic policies, admission, continuation, and graduation requirements, and possible patterns of progression through the program.</p>	<p>N. Identify specifically where the evidence for each item is found in printed and/or electronic documents.</p>	<p>N. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.</p> <p>Provide the URL where information is publicized.</p>
<p>O. The midwifery program provides to the public information about the midwifery program's tuition and fees, including the relevant refund policy, and related costs, such as required texts and technology, and clinical site expenses.</p>	<p>O. Identify specifically where the evidence may be found in printed and/or electronic documents.</p>	<p>O. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.</p> <p>Provide the URL where information is publicized.</p>
<p>P. The midwifery program has a transfer of credit policy.</p>	<p>P. Identify specifically where the evidence may be found in printed and/or electronic documents. This policy must include the criteria by which the program makes a determination with regard to accepting credits from another program or institution.</p>	<p>P. Provide the identified relevant printed and/or electronic documents marked where pertinent information may be found.</p> <p>Provide the URL where information is publicized.</p>



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion II:
Faculty**

Purpose: The purpose of Criterion II is to ensure that midwifery program faculty are academically prepared and qualified to teach, are fully responsible for the instruction and management of the midwifery program and have equity with other faculty in the institution.

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. All faculty are recruited, appointed and promoted according to the institution's non-discrimination policy, in a process that actively fosters diversity and inclusiveness in the faculty.</p>	<p>A. In the SER, identify the location of the non-discrimination policy in the institution's policies, and provide an active link to the policy. Describe efforts to achieve diversity and inclusiveness in the faculty and the outcomes of these efforts. Describe the number, frequency, type, and resolution of complaints pertaining to discrimination in the past five years. If there have been none, state that in the SER.</p>	<p>A. Provide evidence that the policy and process have been implemented.</p> <p>Possible sources of evidence could include:</p> <ul style="list-style-type: none"> • job advertising placements • instructions to search committee
<p>B. All faculty carry out their responsibilities with respect for diversity and variations among students and colleagues.</p>	<p>B. Provide examples of faculty addressing students' or colleagues' individual variations, such as:</p> <ul style="list-style-type: none"> • previous professional experience • levels of ability • family needs • study or test-taking needs • religious or cultural observances <p>If there is a specific written policy, provide an active link in the SER to the location of that policy.</p>	<p>B. Include any examples of how this is done. De-identified personal communications may be a source of documentation. For the site visit, place examples in a folder labeled II.B.</p>
<p>C. Core faculty are certified, as applicable, by the American Midwifery Certification Board (AMCB), or another appropriate certifying body for faculty who are not CNMs or CMs.</p>	<p>C. Provide a Core Faculty Table II-1 in an appendix to the SER that describes the core faculty (see Glossary) who taught in the SER time frame. A template and instructions for Table II-1 are in Appendix C: <i>Core Faculty Table</i>, of this document.</p> <p>List the CNMs/CMs on the core faculty first in this table, followed by the remainder of the faculty, in alphabetical order by last name.</p> <p>If there are core faculty who also provide clinical instruction, summarize their clinical teaching responsibilities in this table.</p>	<p>C. Provide a folder for each core faculty member who taught in the SER time frame, organized by faculty's last name.</p> <p>These folders must include:</p> <ol style="list-style-type: none"> 1) A current CV or resume 2) Evidence of certification, as applicable <p>For core faculty who are midwives, include evidence of AMCB certification. This can be a copy of the certificate or of the individual's AMCB certification information</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>from the AMCB website. Include other certification if appropriate to the individual's teaching role, e.g. WHNP or FNP.</p> <p>For core faculty who are not midwives, provide evidence of specialty certification as applicable. Some core faculty roles may not require certification.</p> <p>Evidence of current licensure is acceptable as evidence of certification <i>if AMCB or specialty certification is the only route to licensure in that legal jurisdiction.</i></p> <p>If the individual's licensure is used to document certification, place a copy of the license or website verification of licensure for each licensee in their folder. In addition, place one copy of the portion of the licensing law that requires AMCB or specialty certification for licensure in a location easily accessible to the site visitors.</p> <p>100% of these faculty folders must be present and complete in the exhibits for site visitors to review.</p>
<p>D. Core faculty have education credentials appropriate to the level at which they teach and meet the academic institution's requirements for faculty.</p>	<p>D. Describe the academic institution's requirements for faculty. Ensure that core faculty education credentials are included in Table II-1.</p>	<p>D. For all core faculty, include evidence of completion of the highest earned academic degree, as listed in the table, in each faculty folder.</p>
<p>E. Core faculty have preparation for teaching commensurate with the teaching assignment, e.g. face-to-face, hybrid, and distance delivery.</p>	<p>E. Describe the midwifery program's process for determining that core faculty have appropriate preparation. Appropriate preparation may differ for different teaching assignments.</p>	<p>This may be a transcript or a copy of a diploma.</p> <p>E. For all core faculty, include evidence of teacher preparation in each faculty folder.</p> <p>Possible sources of evidence for teaching preparation:</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Describe how new core faculty are mentored into their teaching roles. Elaborate on the preparation and supervision afforded to core faculty who do not meet all the program's requirements for teacher preparation.</p> <p>Ensure that core faculty teaching preparation is summarized in Table II-1.</p>	<ul style="list-style-type: none"> • Transcript showing education course(s) • Copy of certificate from continuing education course or workshop • Experiential, from CVs or annual faculty evaluations
<p>F. Instruction, supervision, and evaluation of students in didactic courses containing <i>ACNM Core Competencies for Basic Midwifery Practice</i> are the responsibility primarily of core faculty.</p>	<p>F. Ensure that Table II-1, describing core faculty during the SER time frame includes faculty responsibilities for courses containing ACNM Core Competency content, with course names and numbers.</p> <p>Describe core faculty responsibility for each of the 3 aspects — instruction, supervision, and evaluation - of the student experience.</p>	<p>F. Possible sources of evidence for this criterion:</p> <ul style="list-style-type: none"> • syllabi • committee minutes • emails or other communication • faculty calendars • assessment of student work <p>In the exhibits, provide paper or electronic examples.</p> <p>This criterion is about didactic learning. Include in narrative and exhibits those who taught the classroom/online portions of all courses with Core Competency content in the SER time frame. They may be CNMs/CMs or Nurse Practitioners, or other School faculty.</p>
<p>G. Core faculty are responsible for development and/or implementation and evaluation of the curriculum.</p>	<p>G. Describe the core faculty's involvement in the development, implementation, and evaluation of the curriculum. Include CNM/CM faculty. Development refers to a new curriculum for a new program or revision of an existing one. Implementation is teaching the curriculum. Do not present the entire curriculum evaluation plan here, just how faculty participate.</p> <p>Cite the specific source/location of documentation.</p>	<p>G. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number, I.G. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Some possible sources that confirm faculty responsibility:</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>H. Core faculty participate in selection, advisement, evaluation, and advancement of students.</p>	<p>H. Describe the core faculty's involvement in selection, advisement, evaluation, and advancement of students. Include CNM/CM faculty. Cite the specific source/location of documentation.</p>	<ul style="list-style-type: none"> • position descriptions • faculty handbook • curriculum committee minutes • midwifery faculty meeting minutes • graduate faculty meeting minutes <p>H. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.H. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples:</p> <ul style="list-style-type: none"> • admissions committee meeting minutes • graded exams and feedback on papers/presentations • notes from student advisory sessions
<p>I. Core faculty participate in recruitment, selection, and promotion of faculty.</p>	<p>I. Describe the core faculty's involvement in recruitment, selection, and promotion of faculty. Include CNM/CM faculty. Cite the specific source/location of documentation.</p>	<p>Any student materials must be de-identified.</p> <p>I. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.I. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Sources may include those listed in II.E. plus:</p> <ul style="list-style-type: none"> • search committee meeting minutes • promotion & tenure committee minutes • de-identified interview rating forms
<p>J. Core faculty participate in orientation of core and clinical faculty.</p>	<p>J. Describe the core faculty's involvement in orientation of core and clinical faculty. Describe the method(s) used to orient new clinical faculty.</p>	<p>J. Provide the materials cited, in hard copy or electronically. Place de-identified examples in paper or electronic folders labeled with the criterion number II.J.</p>

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
		<p>Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • agenda or schedule for new core faculty orientation • reports of clinical site visits • preceptor orientation agenda handouts • letters/emails to clinical faculty regarding student expectations and curriculum details
<p>K. Core faculty participate in development and/or implementation of a mechanism for student evaluation of teachers, courses, and midwifery program effectiveness.</p>	<p>K. Describe the core faculty's involvement in each of these three evaluation activities. In other words, give a description of how faculty participate in developing/implementing the process for students to evaluate teachers, courses, and program effectiveness. If core faculty are not directly involved in development of the mechanism, indicate who does the development and how core faculty implement the evaluation, for each of the entities: teachers, courses, and midwifery program effectiveness.</p> <p>Cite the specific source/location of documentation.</p>	<p>K. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.K. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • minutes of faculty retreats • students' de-identified exit interviews <p>Do not include core faculty's evaluations by students, or evidence of the entire process for student evaluation.</p>
<p>L. Core faculty participate in ongoing development and annual evaluation of the midwifery program's resources, facilities, and services.</p>	<p>L. Describe the faculty's involvement in each of these activities. Address each component: resources, facilities, and services. There is no need to describe the resources, facilities, and services in this criterion; simply show how core faculty are involved in developing or evaluating them.</p> <p>Examples of resources and facilities are faculty and staff, clinical sites, library holdings, classroom and other learning spaces, computing facilities, office space, break spaces for students and faculty, bookstore.</p>	<p>L. Provide the materials cited, in hard copy or electronically. Place examples in paper or electronic folders labeled with the criterion number II.L. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Possible examples for exhibits:</p> <ul style="list-style-type: none"> • clinical site visit reports • students' exit interviews, de-identified • minutes of faculty retreats

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>Examples of services are a writing center, test-taking help, counseling, grants office, faculty research center, database searching.</p> <p>Cite the specific source/location of documentation.</p>	<ul style="list-style-type: none"> formal or informal interviews with graduates and employers
<p>M. Core faculty participate on or have input into councils and committees of the academic unit. Clinical faculty participate or have input as appropriate.</p>	<p>M. Describe the academic unit's expectation for core faculty participation in councils and committees. Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing core faculty, in particular CNM/CM faculty, committee participation during the SER time frame or within the previous 3 years.</p>	<p>M. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Provide committee meeting minutes that document the presence of the faculty member(s) cited in the SER elaboration. Identify relevant sections of the documents used, e.g. by highlighting.</p> <p>Place these materials together in a paper or electronic folder labeled II.M.</p>
<p>N. Core faculty continue professional development and participate in scholarly activities.</p>	<p>N. Describe the academic unit's expectation for continued professional development and scholarly activities. Provide an active link to the relevant portions of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing some of the significant professional development achievements and scholarly activities of core faculty, including CNM/CM faculty, during the SER time frame or within the previous 3 years.</p> <p>Indicate how faculty workload is managed to allow time for these activities. If relevant, include expectations and achievements for both tenured/tenure track and non-tenure track faculty.</p>	<p>N. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Examples of professional development could include:</p> <ul style="list-style-type: none"> completion of degrees, certificates, or courses academic promotion teaching or other awards grant proposals <p>Examples of faculty scholarly activities could include:</p> <ul style="list-style-type: none"> publications – articles & textbooks conference abstracts posters software blogs

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
O. Core faculty maintain clinical expertise as required.	<p>O. Describe the academic unit's expectation for maintenance of clinical expertise.</p> <p>Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p> <p>Show how faculty meet these expectations by describing their clinical practice activities, including those of CNM/CM faculty, during the SER time frame or within the previous 3 years.</p> <p>Indicate how faculty workload is managed to allow time for these activities.</p>	<p>Place the examples you have chosen in a paper or electronic folder labeled II.N. or collected at a site readily accessible to the site visitors. Where possible, identify relevant details such as faculty names in the documents, e.g. by highlighting.</p> <p>O. Include examples of how faculty meet these expectations, such as activities/schedules/workload.</p> <p>Provide evidence of how faculty maintain clinical expertise as cited in the SER.</p> <p>Examples of ways to document faculty clinical practice activities:</p> <ul style="list-style-type: none"> • letter confirming clinical privileges from facility/practice • peer evaluations from practice • practice website listing faculty name <p>Place the evidence in a paper or electronic folder labeled II.O. Where possible, identify relevant details such as faculty names in the documents used, e.g. by highlighting.</p> <p>P. Include examples of how faculty meet these expectations, such as activities/ schedules/workload.</p> <p>Provide specific evidence of faculty professional service cited in the SER, if available, especially CNM/CM faculty.</p> <p>Examples of ways to document professional service:</p> <ul style="list-style-type: none"> • letters of thanks
P. Core faculty participate in professional service.	<p>P. Describe the academic unit's expectation for professional service.</p> <p>Provide an active link to the relevant portion of the faculty handbook. Include any pertinent definitions.</p>	<p>Examples of ways to document professional service:</p> <ul style="list-style-type: none"> • letters of thanks

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	Show how faculty meet these expectations by describing their professional service activities, including those of CNM/CM faculty, in the past 3 years.	<ul style="list-style-type: none"> • programs or agendas for events • photos or social media posts Place these materials in a paper or electronic folder labeled II.P. Where possible, identify relevant details such as faculty names in the documents used, e.g. by highlighting.
Q. Academic freedom is a faculty right clearly defined, made available in policy, and applied consistently to all core faculty.	Q. Describe the policy and its location. Provide an active link to this location.	Q. Provide printed or electronic access to source document. Possible sources of documentation may include: <ul style="list-style-type: none"> • faculty handbooks • union contracts
R. The academic unit publishes and employs defined criteria for periodic evaluation that are applied consistently to all core faculty.	R. Describe the criteria and state where they are located. Provide an active link to this location.	R. Provide printed or electronic access to source documents.
S. The academic unit publishes and employs processes for promotion, tenure, merit recognition and termination that are applied consistently to all core faculty.	S. Describe each of these four policies and state where they are located. Provide an active link to this location.	S. Provide printed or electronic access to source documents.
T. Core faculty have channels within the institution for receipt and consideration of grievances related to their employment.	T. Describe the grievance policies and state where they are located. Provide an active link to this location.	T. Provide printed or electronic access to source documents.
U. Clinical faculty have qualifications that meet the academic institution's requirements for clinical faculty. They are selected, oriented, mentored, and evaluated by core faculty.	U. Describe the institution's requirements for clinical faculty (see Glossary). Describe the process for selection, orientation, mentoring, and evaluation of clinical faculty. Provide a Clinical Faculty Table II-2 in an appendix to the SER that describes the clinical faculty who taught in the SER time frame. A template and instructions for Table II-2 are in Appendix D: <i>Clinical Faculty Table</i> of this document.	U. Provide an electronic or paper folder for each clinical faculty who precepted students in the SER time frame. These folders must contain: <ol style="list-style-type: none"> 1) a current CV or resume 2) evidence of certification, as applicable For clinical faculty who are midwives, provide evidence of AM/NCB or NARM certification. This can be a copy of
Fifty (50) percent or more of the clinical faculty are CNMs/CMs. Other professionals who serve as preceptors are qualified to do so according to the ACME		

Criterion II: Faculty	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p><i>Guidelines for Interprofessional Clinical Supervision of Midwifery Students</i>, Appendix E of this document.</p>	<p>If there are core faculty who also provide clinical instruction, include their information in Table II-1, the Core Faculty Table, and not repeated here.</p>	<p>the certificate or of the individual's certification information from the relevant website. Include other certification if appropriate to the individual's teaching role, e.g. WHNP or FNP.</p> <p>For clinical faculty who are not midwives, provide evidence of specialty certification as applicable.</p> <p>Evidence of current licensure is acceptable as evidence of certification <i>if AMCB or specialty certification is the only route to licensure in that legal jurisdiction.</i></p> <p>If the individual's licensure is used to document certification, place a copy of the license or website verification of licensure for each licensee in their folder. In addition, place one copy of the portion of the licensing law that requires AMCB or specialty certification for licensure in a location easily accessible to the site visitors.</p> <p>100% of these faculty folders must be present and complete in the exhibits for site visitors to review.</p>
<p>V. Clinical faculty are responsible for the instruction, supervision, and evaluation of students in clinical learning.</p>	<p>V. Describe the clinical faculty's responsibilities for instruction, supervision, and evaluation of students' clinical experiences.</p>	<p>V. Possible sources of evidence for this criterion:</p> <ul style="list-style-type: none"> • student clinical schedules • de-identified student evaluations

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion III:
Students**

Purpose: The purpose of Criterion III is to ensure that programs have well-designed, equitable, transparent, and consistently applied student-related policies.		
Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The institution has admission criteria and policies that meet federal guidelines for nondiscrimination (www.eeoc.gov).	A. State the criteria and policies, including a nondiscrimination policy.	A. Provide the document/s in which the criteria and policies appear.
B. The institution's admission criteria and policies are aligned with ACNM Core Values (http://www.midwife.org/Our-Mission-Vision-Core-Values).	B. State how the criteria and policies are aligned with ACNM Core Values. This may be done with a table comparing policies to values.	B. No exhibit.
C. The institution's admission criteria and policies are publicly available.	C. State where the criteria and policies are available to the public. Provide active URL/s in which the criteria and policies appear publicly.	C. No exhibit.
D. Student recruitment materials and processes accurately represent the program practices and policies; and demonstrate a commitment to diversity and inclusion.	D. Describe student recruitment materials and processes in the narrative.	D. Provide samples of student recruitment materials.
E. The institution has student policies that are publicly available and identified to students at/or before orientation related to: student evaluation, progression, retention, dismissal, and graduation; review of personal records and equitable tuition refund; evaluation of their education; access to university/college catalogs; and access to academic calendars.	E. Identify the location of each of these student policies. Describe how these policies are identified to students at or before orientation. Describe how students are notified of changes in these policies. Provide the document/s (active links) in which the policies appear. Provide active links to university/college catalogs and academic calendars.	E. No exhibit.
F. Student support services are available and are designed to promote student success.	F. Identify services available to meet the needs of students to promote their retention in and progression through the program. Provide active URL/s. Such services might include but are not limited to counseling, health, learning assistance or intervention strategies	D. No exhibit.
G. Students are informed of support services at or before orientation.	G. Identify how students are informed of support services.	G. No exhibit.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. All students have access to ongoing and equitable support services.	H. Describe how students access support services regardless of modality, location, or clinical placement.	H. No exhibit.
I. Students are formally informed of course objectives/outcomes and methods of evaluation at the beginning of each course.	I. Describe the process by which students are informed. Identify the location, including active URL/s, of objectives/outcomes and methods of evaluation in policy manuals, module materials, and/or course syllabi.	I. Provide the documents identified in electronic or printed form.
J. Students are apprised of their progress on an ongoing basis.	J. Describe the process by which students are apprised of their progress.	J. Provide examples of this process.
K. Students are evaluated formatively and summatively.	K. Provide an overview of formative and summative evaluation processes in didactic and clinical portions of the program.	K. Provide examples of these processes.
L. Students are informed of remediation policies and processes.	L. Describe remediation policies and processes for students who do not meet course or program requirements.	L. Provide examples of remediation/improvement plans.
M. Students have opportunities for involvement in development and implementation of midwifery program policies.	M. Describe the relevant opportunities and how students are recruited and supported.	M. Provide evidence of student participation in developing or implementing program policies.
N. Students have opportunities to participate or have input into the representation on councils or committees of the institution or academic unit.	N. Describe the relevant opportunities and how students are informed.	N. Document the participation or input of students into representation on councils or committees in electronic or printed form.
O. The program has clearly defined and transparent mechanisms for consideration of grievances, complaints or appeals.	O. Describe the mechanism for addressing grievances, complaints or appeals and how students are apprised of these mechanisms. Identify the location of each of these mechanisms in formal documents.	O. Document student access to the mechanisms. As applicable, provide examples of grievances, complaints or appeals from the past three years.
P. Access to resources and opportunities is available regardless of student location and teaching modalities.	P. Describe how access to resources and opportunities is available for all student locations (e.g., on campus or at a distance) and teaching modalities (e.g., online, webcast, traditional lectures, etc.). Describe how students are informed of such access.	P. No exhibit.

Criterion III: Students	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>Q. The program attends to students' well-being through the mitigation of fatigue related to clinical learning.</p>	<p>Q. Describe the mechanism and/or policy that ensures that students' clinical learning schedules are safe and optimize students' well-being. Describe the mechanism by which clinical faculty are educated to recognize the signs of learner fatigue and about the negative effects of provider fatigue on patient care and learning.</p>	<p>Q. Provide examples of these mechanisms and/or policies.</p>
<p>R. The program has processes to support student health and well-being.</p>	<p>R. Describe and provide relevant URLs for any process(es) the program carries out or services the program provides to promote student health or wellness. This could include training or procedures to address building supportive communication, reducing implicit bias, supporting study groups, recognizing and resisting bullying, and building mutual support groups.</p>	<p>R. Provide examples of any such processes or services.</p>



**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion IV:
Curriculum**

Purpose: The purpose of Criterion IV is to determine that the program implements a curriculum that is congruent with the midwifery program's mission and goals, is evidence-based, is consistent with the *ACNM Core Competencies*, and has a process to assure midwifery students meet the stated midwifery program objectives/outcomes.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The curriculum is based on a statement of program philosophy, purpose or mission, and objectives or outcomes.	A. In the appendices to the SER, provide a statement of program philosophy, purpose or mission, and objectives or outcomes. In the SER, identify the key concepts of the program philosophy.	A. No exhibit.
B. The midwifery program philosophy is consistent with the philosophy of the ACNM, the philosophy or mission of the institution within which the midwifery program resides or is affiliated, and philosophy of the academic unit within which the midwifery program resides.	B. In the SER, provide a succinct description explaining the consistency among the philosophies or mission and in the appendices to the SER, provide the philosophies or mission.	B. No exhibit.
C. The midwifery program's purpose or mission and objectives or outcomes are consistent with the midwifery program philosophy.	C. Explain the consistency among the midwifery program's purpose or mission, objectives or outcomes, and philosophy.	C. No exhibit.
D. The curriculum is designed to achieve the stated objectives or outcomes of the midwifery program.	D. Provide a table that shows where program objectives or outcomes are met in specific courses. See Appendix F: <i>Program Objectives or Outcomes</i> in this document for a sample table.	D. No exhibit.
E. Curriculum development is a continuing process.	E. Describe the continuing process of curriculum development.	E. Document in faculty or curriculum committee minutes or other appropriate evidence of curriculum development.
F. The midwifery program has established criteria for awarding transfer credit for midwifery didactic course work.	F. Identify the criteria and explain the process.	F. Provide access to the information about criteria given to potential and enrolled students.
G. The midwifery program has established criteria for awarding transfer credit for clinical coursework and clinical experience.	G. Identify the criteria and explain the process.	G. Provide access to the information about criteria given to potential and enrolled students.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. The midwifery program has established criteria for granting exemption from midwifery didactic course work.	H. Identify the criteria and explain the process.	H. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
I. The midwifery program has established criteria for providing (or allowing) exemption from clinical coursework and clinical experience.	I. Identify the criteria and explain the process.	I. Provide examples of course challenge mechanisms, transcript assessments, or other procedures used to assess whether a student has met the criteria.
J. The curriculum is consistent with the <u>ACNM Core Competencies for Basic Midwifery Practice</u> .	J. In the SER appendix, provide a table that shows the location of the <u>Core Competencies for Basic Midwifery Practice</u> in the curriculum. See Appendix G: <u>Courses with Core Competencies</u> , in this document for sample table. Describe the process for assuring that the <u>ACNM Core Competencies</u> are being taught. Describe the process used to correct any deficiencies.	J. Include the table in the exhibits with the referenced curriculum. Address each "Hallmark of Midwifery" with examples (objectives or outcomes, seminars, classes, learning activities) that demonstrate how each is integrated throughout the curriculum. For each competency listed under "Components of Midwifery Care", give examples of its location in the curriculum with course number, specific outcome(s) (course objectives), and page number or other device for locating where each competency can be found. Provide evidence of a process to assure appropriate inclusion of core competency content.
K. The curriculum includes courses in pharmacology/pharmacotherapeutics, physical and health assessment and physiology/pathophysiology.	K. In the SER provide the course names and formal descriptions for these courses or identify where content is taught in the curriculum. If there are not specific courses, state how information identifying this program content is provided to students at or before program completion to meet requirements for state licensure or other credentialing process. Include information provided to students in appendices.	K. Provide access to the course syllabi for these courses. Include information provided to students concerning these courses in an exhibit.
L. The curricular content is regularly updated to include current evidence for midwifery practice and is congruent	L. Provide a succinct description of how the criterion is met.	L. Provide access to course materials. e.g. URL links.

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>with <u>ACNM Standards for the Practice of Midwifery</u>; <u>ACNM Position Statement on Racism and Racial Bias</u>; <u>ACNM Code of Ethics</u>; <u>ACNM Transgender/Transsexual/Gender Variant Healthcare</u>, and other <u>ACNM documents</u>.</p>		
<p>M. The program provides content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>M. Describe how the program includes content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>M. Provide access to relevant curricular content.</p>
<p>N. The program has a plan for interprofessional education (IPE) to prepare students for team-based collaborative practice that includes outcomes of student learning.</p>	<p>N. Briefly describe the program's plan for interprofessional education. Definition of IPE used nationally and internationally is as follows: "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." <i>Interprofessional Education (World Health Organization, Interprofessional Education Collaborative.)</i> ACME is a member of The Health Professions Accreditors Collaborative (HPAC). The following guideline was created jointly by HPAC and the National Center for Interprofessional Practice and Education (NCIPE) and is provided as a resource. https://healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf The document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE.</p>	<p>N. No exhibit.</p>
<p>O. The curriculum has a logical sequence of progression.</p>	<p>O. Describe the rationale for the sequence of the midwifery curriculum as the student progresses throughout the program.</p>	<p>O. Provide chart showing the course sequence of the curriculum for full-time and part-time students.</p>
<p>P. The didactic and clinical components of the curriculum are implemented by a variety of evidence-based methods</p>	<p>P. Describe the various methods used to achieve the objectives or outcomes and ensure student learning, such as teaching strategies, education technology, and simulation.</p>	<p>P. Provide selected examples of various teaching methods that support student learning.</p>

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
to achieve the program objectives or outcomes and ensure student learning.		
Q. The program ensures that graduates have achieved competence in clinical midwifery practice.	Q. Explain how the program assesses competence. Explain how the program intervenes to help students who are having difficulty reaching academic or clinical competence.	Q. Provide access to instruments used to assess competence as described in the SER. Provide examples of interventions used to assist students who have had difficulty reaching academic or clinical competence. R. No exhibit.
R. The program provides students with the necessary clinical experiences to achieve the objectives or outcomes of the program.	R. Explain the breadth and depth of clinical experiences used by the program to achieve program objectives or outcomes. Clinical experiences are direct patient contacts. These may be supplemented by such strategies as simulation, role play, standardized patients, and emerging technologies. If the program determines that the clinical facilities are inadequate to provide the necessary experiences, describe plans to address this problem.	S. No exhibit.
S. The program maintains final responsibility for assessing and approving clinical sites.	S. Describe the process for identification, selection, and approval of clinical sites.	T. Provide evidence of the processes.
T. The program implements policies and procedures for academic integrity and verification of student identity for academic work, including authorship of work and work done through electronic or distance technologies.	T. Identify the policies and procedures and describe how they are implemented to verify student identity for work, including that conducted by electronic or distance technologies.	U. Provide examples of regular communications occurring throughout the program.
U. Regular communication occurs among and between faculty and students during implementation of the curriculum.	U. Describe how regular communication occurs across all settings and phases of the program.	

Criterion IV: Curriculum	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>V. The curriculum conforms to state or nationally recognized guidelines for the educational levels offered by the program: certificate, master's, or doctoral degree.</p>	<p>V. Identify the guidelines used, such as established by state law or a professional organization and provide the URL if available. Explain how the curriculum conforms to guidelines for the program/s educational level/s. If the program culminates in a professional or practice focused doctoral degree for midwives, describe how the program conforms to the competencies identified in the ACNM document <i>The Practice Doctorate in Midwifery</i>.</p>	<p>V. Provide the guidelines used in electronic or print format.</p>

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion V:
Resources**

Purpose: The purpose of Criterion V is to ensure that the institution demonstrates that midwifery education programs have adequate resources to promote student and faculty success in meeting midwifery program objectives.

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
A. The midwifery program has an adequate number of qualified core faculty to meet the midwifery program objectives and outcomes.	A. Describe how the program determines adequacy of the number of qualified faculty. if the program determines that the number of faculty is inadequate, describe plans to provide an adequate number of faculty.	A. No exhibit.
B. The midwifery program has an adequate number of staff for administrative, technical, and student support to meet the midwifery program objectives and outcomes.	B. Describe how the program determines adequacy for administrative, technical, and student support. if the program determines that the support is inadequate, describe plans to provide an adequate number of staff.	B. Provide a list of staff and their titles and indicate if their responsibilities are administrative, technical, or student support.
C. The midwifery program's physical facilities on campus and at clinical sites are adequate to meet student needs and program objectives or outcomes.	C. Describe how the program determines adequacy of physical facilities on campus and at clinical sites to meet student needs. These may include office space, classrooms, conference rooms, library, lactation room, gender-neutral facilities, internet access, rest space, and laboratories. If the program determines that the physical facilities are deficient, describe plans to address the deficiencies to the extent possible.	C. No exhibit.
D. The midwifery program's learning resources are accessible and adequate to meet student needs in program objectives or outcomes.	D. Describe how the program determines resources are adequate, e.g., laboratory, clinical simulation, instructional technology, and library resources. Explain how all students and faculty, including those at a distance, and individuals with disabilities and special learning needs can access learning resources.	D. No exhibit.

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>E. The midwifery program has resources for students, faculty, and staff to support diversity and inclusion. This includes resources to address implicit bias and disparities related to race, gender, age, sexual orientation, disability, nationality, and religion.</p>	<p>When any learning resources are determined to be deficient, describe plans to address the deficiencies.</p> <p>E. Describe how the program provides dedicated resources for support and training for students, faculty, and staff. Describe how the program disseminates this information to students, faculty and staff. Examples of these dedicated resources: a specific department/program or person (e.g., Office of Diversity & Inclusion/Diversity Officer), trainings, workshops, lectures, or online educational platforms.</p>	<p>E. No exhibit.</p>
<p>F. The midwifery program secures clinical sites for students that provide access to clinical experiences to assure that each student has opportunity to attain competence in the midwifery practice areas of primary care, gynecologic, antepartum, intrapartum, postpartum, and newborn care.</p>	<p>If the program determines that the resources are deficient, describe plans to address the deficiencies.</p> <p>F. In the appendix to the SER, provide a table that details the number of clinical experiences each student had in the specified clinical areas for the past two completed classes or cohorts as defined by the midwifery program (one completed class/cohort for initial accreditation).</p> <p>Provide a succinct description of how student clinical experiences are monitored.</p> <p>Explain how competence is assured if student experience numbers fall below those listed in this criterion.</p> <p>Some clinical encounters may count in more than one category. Do not disclose the identity of students or the recipients of care.</p> <p>While an absolute number of clinical experiences is not required for program accreditation, these recommendations guide programs in selecting clinical sites and assuring adequate</p>	<p>F. No exhibit.</p>

Criterion V: Resources	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
	<p>experience for competence across the full scope of midwifery practice. See Appendix H: <i>Clinical Experiences</i> as detailed in Criterion V.F. for a sample table in this document.</p> <p><u>Clinical Experiences:</u></p> <p>Primary care 40 Includes common acute and stable chronic health conditions.</p> <p>Gynecologic care 80 Includes preconception, contraception, adolescent, perimenopausal, and postmenopausal.</p> <p>Antepartum care 100 Includes new and return prenatal care across gestational ages.</p> <p>Intrapartum care 60* Includes labor assessment, labor management, and births.</p> <p>*Includes access to or opportunity to attend at least 35 births.</p> <p>Postpartum care 50 Includes postpartum visits (0-7 days), up to 8 weeks postpartum, and breastfeeding support.</p> <p>Newborn Care 30 Includes newborn assessment and anticipatory guidance.</p>	

ACME

ACCREDITATION COMMISSION
for MIDWIFERY EDUCATION

**Criteria for Programmatic Accreditation of Midwifery
Education Programs with
Instructions for Elaboration and Documentation**

**Criterion VI:
Assessment & Outcomes**

Purpose: The purpose of Criterion VI is to ensure each program has a comprehensive assessment plan and publicly available outcomes data to show program quality, including evaluation of clinical education and teaching faculty.

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>A. Each program has a comprehensive plan for an ongoing assessment of the program philosophy, mission or purpose, and objectives or outcomes to achieve continuous quality improvement.</p> <p>B. The midwifery program assessment process includes evaluations of the program by students and recent graduates.</p>	<p>A. Explain the process for developing and implementing the plan, including who is responsible and the timeframe for the review. Identify action taken if the assessment shows that any program objectives are not met.</p> <p>B. State the program's goals for the midwifery students' and the graduates' assessment of the program.</p> <p>Describe action taken and their results, or action planned for the immediate future, to address student or graduate assessments that fell short of the program's goals during the past three years.</p>	<p>A. Provide the assessment report for the SER year.</p> <p>B. Provide results of the evaluations of the program by current midwifery students and graduates.</p> <p>Provide documentation of action taken as a result of the assessment.</p>
<p>C. The midwifery program assessment process includes evaluations for the past three years of enrollment, graduation, and attrition goals (or for the SER year for programs seeking initial accreditation).</p>	<p>C. In the appendix to the SER, provide a table (see Appendix I: Enrollment, Graduation, and Attrition) showing enrollment, graduation, and attrition goals and outcomes for the time period indicated.</p> <p>Explain the categorization of the students, e.g., part-time, full-time, leave of absence, etc., and the calculation of the percentage of students in each category.</p> <p>Explain how the program defines 'on-time' graduation.</p> <p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p> <p>if goals have not been met, explain actions taken and their results, or actions planned, to achieve goals.</p>	<p>C. Provide documentation of actions described in the Elaboration, as applicable.</p> <p>Provide documentation of action taken as a result of the assessment.</p> <p>Provide the URL where enrollment, graduation, and attrition data are publicized.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
<p>D. The midwifery program assessment process includes evaluations for the past three years (or the SER year, for programs seeking initial accreditation), of the program's aggregated annual American Midwifery Certification Board (AMCB) certification rates within one year of graduation, as available, for all graduates. Programs are expected to set their own AMCB certification rate goal in accordance with the program's mission. Programs failing to meet their goal must develop an improvement plan to bring the certification rate to the goal.</p>	<p>D. In the appendix to the SER, provide a table showing AMCB certification rate goals and outcomes for the time period indicated. Use the template in Appendix J: <i>AMCB Certification</i>. Describe the rates of AMCB certification within one year of graduation for all students in each cohort graduating from the program for the time period indicated. Provide the URL where AMCB certification rate goals and results are publicized. List the rates of AMCB certification within one year of graduation for all students in each cohort graduating from the program in the past three years.</p> <p>Describe the rationale used to establish the program's AMCB certification goal. If the goal has not been met, provide the improvement plan developed to achieve the goal. Give examples of action taken.</p>	<p>D. Provide documentation of actions described in the Elaboration, as applicable.</p>
<p>E. The program's reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include current ACNIM philosophy and standards.</p>	<p>E. Describe the process for the program's assessment of its philosophy, purpose or mission, and objectives or outcomes using current ACNIM documents.</p>	<p>E. Identify the ACNIM philosophy and standards considered and how the program meets those requirements.</p>
<p>F. The program's reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include national (and state as applicable) standards and educational requirements.</p>	<p>F. Describe the process for determining currency of national and state and standards and educational requirements.</p>	<p>F. Identify the national or state requirements and standards that are applicable to the program and how the program is meeting those.</p>
<p>G. The program's reviews and updates of its philosophy, purpose or mission, and objectives or outcomes must include significant changes within the program's institution that are relevant to the program.</p>	<p>G. Describe how the program identifies and addresses significant changes in its institution that will be reflected in the program assessment process.</p>	<p>G. Identify the significant relevant changes that occur in the institution and how the program addresses those changes.</p>

Criterion VI: Assessment & Outcomes	Instructions for Elaboration in the SER	Instructions for Documentation in the Exhibits
H. The program's assessment process must include evaluation of the effectiveness of clinical sites in meeting student learning needs and clinical competence.	H. Describe the process the program uses to evaluate the effectiveness of clinical sites in meeting student learning needs and clinical competence.	H. Provide evidence of evaluation of all clinical sites used during the designated SER year. Identify procedures taken if clinical experiences do not lead to student clinical competence.
I. The program's assessment process must ensure the presence of current contracts for each clinical site.	I. Describe the process for ensuring that students are assigned to clinical sites with current contracts.	I. Provide a table listing each site's name, status of contract, name of preceptors at that site, and when the site was used.
J. The assessment process includes a plan for annual evaluation of core faculty.	J. Describe the process for annual evaluation of core faculty. Identify the action taken if a core faculty member fails to meet evaluative standards.	Provide access on site to all contracts for the SER year. J. No exhibit.
K. The assessment process includes a plan for annual evaluation of clinical faculty.	K. Describe the process for annual evaluation of clinical faculty. Identify the action taken if a clinical faculty member fails to meet evaluative standards.	K. No exhibit.
L. The assessment process includes a plan to assess the non-discriminatory, equitable, and respectful interaction of core faculty and clinical faculty with students, colleagues, and patients.	L. Provide examples of non-discriminatory, equitable, and respectful interaction using current ACNM documents, such as the <u>ACNM Code of Ethics</u> . Describe the process for annual evaluation of faculty interaction with students, colleagues, and patients. Identify the action taken if a core or clinical faculty member fails to meet evaluative standards.	L. No exhibit.

Appendix A: SER Title Page

Name of Institution _____

Specific Proposed Title or Name of Program/Programs _____

Names, Credentials, Titles of Institutional Officers, and emails

Officer 1 _____

Officer 2 _____

Officer 3 _____

Name, Credentials, Titles of Program Director and Contact Phone/Email

APPENDIX B: ACME Policy on International Accreditation for Degree-Granting Higher Education Institutions Based Abroad

The Accreditation Commission for Midwifery Education (ACME) has set a criterion that requires all midwifery programs to reside within or be affiliated with an accredited degree-granting institution. While that may be clear for institutions based in the United States (US), this policy addresses compliance with that criterion for programs at higher education degree-granting institutions that are based outside of the US and that do not participate in accreditation via an agency recognized by the U.S. Department of Education. The decision on whether the program meets this criterion will be determined by ACME via the program accreditation process.

ACME understands the accreditation process to include the implementation of periodic assessment for quality assurance (QA). Institutional participation in the quality assurance process should maintain minimum standards of quality for the higher education degree-granting institution and for its academic programs by periodic assessments. Therefore, for ACME to accept a degree-granting institution based outside the U.S. as accredited, the higher education institution must:

- 1) Participate in an accreditation or quality assurance process that complies with the institution's national regulations for accreditation or quality assurance.
 - a) Comply with the institution's national regulations for institutional accreditation or quality assurance.
 - b) Conduct periodic assessment for accreditation or quality assurance purposes in conformity with the broader regional quality assurance processes or with the non-governmental agencies within the region.
- 2) The national regulations should be consistent with internationally recognized criteria for implementing QA, i.e., UNESCO *Guidelines for Quality Provision in Cross-Border Education*, the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) document *Principles of Good Practice*, the criteria established by the European Association for Quality Assurance for Higher Education (ENQA) or other similarly regarded international document.
- 3) Undergo external assessment of quality on a periodic basis to maintain quality. Documentation of the quality assurance review and the relevant agency's formal determination must be submitted to ACME. Documentation should be current for the time at which application is made to ACME for accreditation. Explanation of the time frame for periodic review and the specific length of time of validity for the current assessment determination should be provided to ACME.
- 4) The international institution must include the midwifery program in its periodic assessment and ongoing QA. National accreditation must be maintained by the institution while accredited by ACME.
- 5) If the institution that houses the midwifery education is dedicated to a special academic program, such as nursing, the program must also meet relevant professional field, licensing and regulatory requirements.
- 6) ACME has the right of final determination whether the quality assurance process practiced by the institution based abroad meets ACME criteria.

Appendix C: Core Faculty Table

Criterion II C.1-3 and II.D

The core faculty table should contain the following:

1. Name of faculty member. Please ensure that names in the table are consistent with individuals' credentialing documents.
2. Specialty certification with certification number, or specific expertise if the individual is not specialty certified
3. License number if applicable
4. Highest degree earned
5. Category/rank of faculty appointment during the SER time frame
6. Type of preparation for teaching (see Criterion II.C.3. for examples of how this may be documented. Include only a brief description here, e.g. "Faculty mentoring", "Graduate course"
7. Teaching role in courses with Core Competency content during the SER time frame, with course name and number

Core faculty table template: Table II-1

Last name, First name	Type of specialty certification or specific expertise	Certificate # License #	Highest degree earned	Faculty rank in SER year	Preparation for teaching	Course(s) taught in SER year
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**Appendix D: Clinical Faculty Table
Template for Criterion II.U**

The clinical faculty table should contain the following:

1. Name and credential (e.g. CNM, CM, CPM, NP, PA, MD). Please ensure that the names as listed in the Table and on the faculty, folder correspond to the names on the faculty's credential documents.
2. Certification number
3. License number if applicable
4. Highest earned degree
5. Clinical/practice site. Please ensure that names of clinical sites in this table are consistent with the names on the contracts for those sites.
6. Clinical area(s) (e.g. AP, IP, primary care)
7. Preparation for teaching

Clinical faculty table template: Table II-2. List clinical faculty in alphabetical order by last name. Please do NOT include those who did not precept in the SER time frame, even if they are current preceptors.

Last name, First name	Credential (CM, CNM, MD, NP etc.) Certificate # License #	Highest degree earned	Clinical site in the SER year	Clinical areas in which students were precepted at this site	Preparation for teaching
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Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students

ACME values and recognizes the need to encourage interprofessional practice and collaboration. In response to questions from Program Directors and to ensure the quality of nurse-midwifery/midwifery students' education, the Accreditation Commission for Midwifery Education (ACME) has created guidelines to clarify the requirements for a variety of clinicians who may serve on a program's clinical faculty as preceptors for students preparing to become Certified Nurse-Midwives (CNM)/Certified Midwives (CM). These individuals include, but are not limited to, Nurse Practitioners (NP), Certified Professional Midwives (CPM), Medical Doctors (MD or DO), and Physician Assistants (PA).

This document provides a description of qualifications for preceptors to teach and supervise CNM/CM students in clinical experiences. Note that students enrolled in ACME accredited programs must be supervised 50% or more of the time by a CNM/CM prepared clinician.

In order to serve as a preceptor for a CNM/CM student in an ACME accredited education program, a preceptor must meet all of the following criteria:

- Attended and graduated from a program/institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education (USDE);
- Passed a national certification exam offered to that profession; e.g. certification examinations offered by the American Nurses Credentialing Center, Accreditation Board for Speciality Nursing Certification, North American Registry of Midwives, or The American Board of Obstetrics and Gynecology;
- Possess current professional certification;
- Possess a current license in the state where practicing;
- Possess education credentials appropriate to the level at which they teach and meet the academic institution's requirements for clinical faculty; and
- Have preparation for teaching and have competence commensurate with the teaching assignment.

(continued to next page)

Appendix E: ACME Guidelines for Interprofessional Clinical Supervision of Midwifery Students (cont'd)

The ACME accredited program must be able to demonstrate:

- Evidence the preceptor meets the academic institution's requirements for clinical faculty;
- Evidence the preceptor has passed the appropriate professional national certification exam;
- Evidence of current state licensure;
- Evidence of current professional certification;
- Evidence the preceptor has preparation for teaching and competence commensurate with the teaching assignment; and
- Evidence that 50% or greater of the clinical experiences of each student are supervised by CNMs/CMs.

For additional information see ACME's *Policies and Procedures Manual and Criteria for Programmatic Accreditation of Midwifery Education Programs* on the ACME web page, www.midwife.org/acme.

**Appendix F: Program Objectives or Outcomes
Template for Criterion IV. D.**

Sample template of table that shows where program objectives or outcomes are met in specific courses.

Program Objectives	Course Number								
Objective #1	x								
Objective #2	x								
Objective #3	x	x							
Objective #4				x					
Objective #5					x			x	
Objective #6								x	x
Objective #7							X		x

Name of Institution and Midwifery Program: _____

Appendix I: Enrollment, Graduation, and Attrition
 Template for Criterion VI.C

Full-time Students - Length of Program in Months _____

Matriculation Year	Number of full-time students matriculating in this cohort (A)	Goal for On-time Graduation (%)	Number who left program or were dismissed	Number who graduated on-time (B)	Number who graduated, but not on-time (C)	On-time Graduation Rate B / A	Final Graduation Rate (B + C) / A
Example: 2018	24	90%	3	17	4	71%	88%

Part-time Students - Length of Program in Months _____

Matriculation Year	Number of part-time students matriculating in this cohort (A)	Goal for On-time Graduation (%)	Number who left program or were dismissed	Number who graduated on-time (B)	Number who graduated, but not on-time (C)	On-time Graduation Rate B / A	Final Graduation Rate (B + C) / A
Example: 2018	6	90%	0	5	1	83%	100%

Appendix J: AMCB Certification

Template for Criterion VI.D:

Full-time Students - Length of Program in Months _____

Matriculation Year	Number of full-time students matriculating in this cohort (A)	Goal for AMCB Certification within one year of graduation (%)	Number who left program or were dismissed (B)	Graduates with AMCB Certification within one year of graduation (C)	AMCB Certification Rate C / (A-B)
<i>Example: 2018</i>	24	90%	3	20	95%

Part-time Students - Length of Program in Months _____

Matriculation Year	Number of part-time students matriculating in this cohort (A)	Goal for AMCB Certification within one year of graduation (%)	Number who left program or were dismissed (B)	Graduates with AMCB Certification within one year of graduation (C)	AMCB Certification Rate C / (A-B)
<i>Example: 2018</i>	6	100%	0	20	95%

Acknowledgements Page

Every five years, ACME conducts a full review of its criteria. Between May 2018 and May 2019, a group of dedicated, committed and passionate volunteers who support and believe in ACME's mission, to advance excellence in midwifery education, led this work. On May 14, 2019 the ACME Board of Commissioners unanimously voted to adopt the new *Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation*. We would like to acknowledge these volunteers and thank them for their time and contributions to this final document.

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Criterion VI: Assessment:

Subcommittee: Ronald Hunt, ACME BOC; Peter Johnson, ACME BOC Chair; Susan Ulrich, ACME BOR; Julia Lange Kessler, Program Director, Georgetown University; Penny Marzallik, Program Director, Ohio State



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announce new joint statement

ACNM and ACOG Announce New Joint Statement of Practice Relations

FOR IMMEDIATE RELEASE June 1, 2018
CONTACT: Maura Christopher 240-485-1822
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Washington, DC - The American College of Nurse-Midwives (ACNM) and the American College of Obstetricians and Gynecologists (ACOG) are pleased to announce the release of an updated "Joint Statement of Practice Relations between Obstetrician- Gynecologists and Certified Nurse-Midwives/Certified Midwives." The landmark document "signifies the next era of respectful collaboration between health care providers, which is essential for the improvement of health care services," said Susan Stone, CNM, DNSc, FACNM, FAAN, newly inducted President of ACNM.

The document describes an ongoing commitment to clinicians practicing to the full extent of their education, training, and licensure, Stone added, noting, "It was an honor to serve on the team that developed the statement and that was composed of visionary leaders from both ACNM and ACOG."

The Joint Statement continues to support the promotion of collaborative practice and team-based care between ob-gyns and CNMs/CMs to optimize women's health care:

"ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among clinicians.

Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed independent clinicians who collaborate depending on the needs of their patients."

The statement further clarifies that "quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states."

The document builds on the groundbreaking 2011 Joint Statement in the following ways:

- By improving definitions and references regarding what is meant by "team-based care," based on the "Collaboration in Practice: Implementing Team- Based Care" document published by ACOG, which ACNM participated in developing, in which collaboration is defined as "as a process involving mutually beneficial active participation between autonomous individuals whose relationships are governed by shared norms and vision."
- By stating our shared commitment to ensuring access to appropriate levels of care for all women.
- By outlining our shared commitment to expanding our workforces to address the shortages and maldistribution of maternity care providers including utilizing inter-professional education models.

The document continues to affirm the shared commitment of ACNM and ACOG to promote the highest standards for education, national professional certification, and recertification, and it stresses the importance of options and preferences of women in their health care. "I am very proud of the work our two organizations did together to update the Joint Statement," said Lisa Kane Low, CNM, PhD, FACNM, FAAN, immediate past President of ACNM, who co-chaired the workgroup with Hal C. Lawrence, MD, FACOG, Executive Vice President and CEO of ACOG.

"We had a solid foundation from our 2011 Statement, and we are now able to offer a stronger vision of how we can work together as clinicians who focus on providing optimal care to those we serve. Instead of creating boundaries around what each of us does, we have centered women and families to ensure the right care is provided, in the right place, by the clinician or clinicians who can best meet the needs at the right time."

"ACOG is pleased to affirm our strong partnership with ACNM, with a shared commitment to serving our patients," Dr. Lawrence added. "This statement's focus on collaboration ensures that all of our members can fulfill our primary promise: to ensure every woman has access to safe and timely comprehensive care."

Representatives from ACNM who participated in the process include the following: Melissa Avery, PhD, RN, CNM, FACNM, FAAN; Lynne Himmelreich, CNM, MPH, FACNM; Deborah Kaiser, CNM, RN-C; Lisa Kane Low, CNM, PhD, FACNM, FAAN (Co-chair); Susan Stone, CNM, DNSc, FACNM, FAAN; Suzanne Wertman, CNM; Amy Kohl, MS, Director of Advocacy and Government Affairs; Kate McHugh, CNM, MSN, FACNM, Interim CEO; Patrick Cooney, ACNM Consultant, Government Affairs.

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College Statement of Policy

As issued by the College Executive Board

This document was developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES¹

The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women's health care in the United States through the promotion of evidence-based models provided by obstetricians-gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among clinicians. Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed independent clinicians who collaborate depending on the needs of their patients².

These clinicians practice to the full extent of their education, training, experience, and licensure and support team-based care^{2, 3}. ACOG and ACNM advocate for health care policies that ensure access to appropriate levels of care for all women⁴. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states.

¹ Certified Nurse-Midwives (CNMs) are registered nurses who have graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination administered by the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC). Certified Midwives (CMs) are graduates of a midwifery education program accredited by ACME and have successfully completed the AMCB certification examination and adhere to the same professional standards as certified nurse-midwives. Obstetricians-gynecologists (OB-GYNs) pass a national certification exam administered by the American Board of Obstetrics and Gynecology or Osteopathic Board and enter ongoing Maintenance of Certification.

² American College of Obstetricians and Gynecologists. Collaboration in practice: implementing team-based care. Washington, DC: ACOG; 2016. Available at: (<https://www.acog.org/Clinical-Guidance-and-Publications/Task-Force-and-Work-Group-Reports/Collaboration-in-Practice-Implementing-Team-Based-Care>).

³ American College of Nurse-Midwives. ACNM position statement: collaborative management in midwifery practice for medical, gynecologic and obstetric conditions. Silver Spring (MD): ACNM; 2014. Available at: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000058/Collaborative-Mgmt-in-Midwifery-Practice-Sept-2014.pdf>

⁴ Levels of maternal care. Obstetric Care Consensus No. 2. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:502-15. Available at: http://journals.lww.com/greenjournal/Abstract/2015/02000/Obstetric_Care_Consensus_No_2_Levels_of.46.aspx.

Shortages and maldistribution of maternity care clinicians cause serious public health concerns for women, children, and families⁵. Ob-gyns and CNMs/CMs working together optimize women's health care. ACOG and ACNM recommend increasing the number of ob-gyns and CNMs/CMs, utilizing inter-professional education to promote collaboration and team-based care.

Recognizing the high level of responsibility that ob-gyns and CNMs/CMs assume when providing care to women, ACOG and ACNM affirm their commitment to promote the highest standards for education, national professional certification, and recertification of their respective members and to support evidence-based practice. Accredited education and professional certification preceding licensure are essential to ensure skilled providers at all levels of care across the United States.

ACOG and ACNM recognize the importance of options and preferences of women in their health care. Ob-gyns and CNMs/CMs work in a variety of settings including private practice, community health facilities, clinics, hospitals, and accredited birth centers.⁶ ACOG and ACNM hold different positions on home birth.⁷ Establishing and sustaining viable practices that can provide broad services to women requires that ob-gyns and CNM/CMs have access to affordable professional liability insurance coverage, hospital privileges, equivalent reimbursement from private payers and under government programs, and support services including, but not limited to laboratory, obstetrical imaging, and anesthesia. To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.

⁵ Ollove M. A shortage in the nation's maternal health care. Washington, DC: Pew Charitable Trusts; 2016. Available at: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/15/a-shortage-in-the-nations-maternal-health-care>.

⁶ A birthing center within a hospital complex, or a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, the Joint Commission, or the American Association of Birth Centers [From American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care. 8th ed. Elk Grove Village (IL): AAP; Washington, DC: American College of Obstetricians and Gynecologists; 2017.], or is accredited by the Commission for the Accreditation of Birth Centers (CABC).

⁷ American College of Nurse-Midwives. ACNM position statement: planned home birth. Silver Spring (MD): ACNM; 2016. Available at: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000251/Planned-Home-Birth-Dec-2016.pdf>;
Planned home birth. Committee Opinion No. 697. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e117-22. Available at: http://journals.lww.com/greenjournal/fulltext/2017/04000/Committee_Opinion_No_697_Planned_Home_Birth.52.aspx.

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