



**LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Dale Kleven (608) 266-2112
November 14, 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

C. Administrative Rules Matters – Discussion and Consideration (2-16)

1. N 4, Relating to Licensure of Nurse-Midwives
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
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: 11/4/19 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: 11/14/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 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 Administrative Rule Matters – Discussion and Consideration 1. N 4, Relating to Licensure of Nurse-Midwives 2. N 2, Relating to Licensure of Nurses 3. Pending and 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:			
11) Authorization			
<i>Dale Kleven</i>		<i>November 4, 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.			

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Note: The revisions in this document through s. N 4.05 reflect drafting instructions provided by the Legislation and Rules Committee at its October 10, 2019 meeting. In addition, changes have been made to add provisions for late renewal and reinstatement of a license, provide clarity and consistency, reorganize the content of the chapter, and meet current drafting standards.

Chapter N 4 LICENSURE OF NURSE-MIDWIVES

N 4.01 Authority and intent.

- (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), ~~227.11 (b)~~ and 441.15 ~~(3) (c)~~, Stats., and interpret s. 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.~~ all of the following:
 - (a) Requirements for licensure as a nurse-midwife and renewal of a license to practice nurse-midwifery.
 - (b) The scope of practice of nurse-midwifery.
 - (c) Requirements for health care facilities where the practice of nurse-midwifery may occur.
 - (d) Malpractice insurance requirements for nurse-midwives.

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 given~~ specified given in s. 441.15 (1) (a), Stats.
- (4) "Complications" means ~~those conditions which jeopardized~~ those conditions which jeopardize ~~specified in a written agreement under s. N 4.06 (2) as being conditions that jeopardize~~ the health or life of ~~the a~~ a 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.~~

N 4.025 Licensure and ~~exception~~ exceptions.

- ~~(1) No~~ Except as provided under subs. (2) and (3), unless licensed under this chapter 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~~ any other title or letters to indicate that ~~he or she~~ person 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~~ Any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats., is not required to be licensed under this chapter.

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- (3) The holder of a valid temporary permit under ~~this section~~ s. N 4.05 may use the title "graduate nurse-midwife" or the letters "G.N.M."
- (4) A license to practice nurse-midwifery shall be issued separately from a license to practice professional nursing.

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 Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.~~
- (2) Holds a certificate issued by the ~~American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council~~ American Midwifery Certification Board, or another national certifying body approved by the board.
- (3) Is currently licensed to practice as a professional nurse in ~~Wisconsin, this state~~ or ~~is currently licensed~~ has the privilege to practice professional nursing in another state ~~which that~~ has adopted the nurse licensure compact.

N 4.04 Application ~~procedures~~ for licensure.

- (1) An applicant for licensure a license to practice ~~as a nurse-midwife~~ nurse-midwifery shall file a completed, ~~notarized~~ application on a form provided by the ~~bureau~~ board. The application shall include all of the following:
 - (a) ~~(1m)~~ Signature The signature of the applicant.
 - (b) ~~(2m)~~ Fee The fee specified under s. 440.05 (1), Stats.
 - (c) ~~(3m)~~ 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~~ Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.
 - (d) ~~(4m)~~ Identification Evidence of current licensure as a professional nurse in ~~Wisconsin this state~~ or ~~of~~ current licensure privilege to practice professional nursing in another state ~~which that~~ has adopted the nurse licensure compact, including the license number and renewal information.
- (5) Evidence of certification as a nurse-midwife from the American Midwifery Certification Board, or another national certifying body approved by the board.
- ~~(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.~~

N 4.043 License renewal. (1) GENERAL. Renewal of a license to practice nurse-midwifery shall be conducted as a separate procedure from the renewal of the license to practice as a professional nurse.

- (2) RENEWAL WITHIN 5 YEARS. A person renewing a license to practice nurse-midwifery by the renewal date or within 5 years after the renewal date shall do all of the following:
 - (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.
 - (b) Complete the nursing workforce survey to the satisfaction of the board.
 - (c) Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.

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- (d) Provide evidence of current licensure as a professional nurse in this state or current privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
- (e) If applicable, provide evidence the malpractice insurance required under s. N 4.10 is in effect.
- (3) RENEWAL AFTER 5 YEARS. (a) A person renewing a license to practice nurse-midwifery more than 5 years after the renewal date shall do all of the following:
 1. Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and the late renewal fee.
 2. Complete the nursing workforce survey to the satisfaction of the board.
 3. Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.
 4. Provide evidence of current licensure as a professional nurse in this state or current privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
 5. If applicable, provide evidence the malpractice insurance required under s. N 4.10 is in effect.
 6. Provide documentation of one of the following:
 - a. Employment within the last 5 years that required a license to practice nurse-midwifery.
 - b. Successful completion of a board-approved nurse-midwifery refresher course or education equivalent to a nurse-midwifery refresher course.
- (b) Except as provided under s. N 4.047 (1), this subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.

N 4.047 License reinstatement. A license holder who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in s. N 4.043 (3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

N 4.05 Temporary permits.

- (1) ELIGIBILITY APPLICATION. An applicant for ~~licensure as a nurse-midwife~~ a license to practice nurse-midwifery 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 granted a temporary permit to practice nurse-midwifery. An application for a temporary permit to practice nurse-midwifery shall include all of the following:
 - (a) Verification the applicant has completed an educational program in nurse midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.
 - (b) Verification the applicant is currently licensed to practice as a professional nurse in this state or currently has the privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
 - (c) The fee specified in s. 440.05 (1), Stats.
- (2) ISSUING A TEMPORARY PERMIT. The ~~bureau of health service professions~~ board shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

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(3) SUPERVISION REQUIRED. The holder of a temporary permit shall practice under the direct supervision of a nurse-midwife ~~certified~~ licensed 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.~~

(5) DURATION.

(a) Except as provided under par. (b), a temporary permit is valid for a period of 6 months or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.

(b) If the holder of a temporary permit has also been granted a temporary permit to practice as a registered nurse under s. N 2.31, the temporary permit is valid for the period that coincides with the duration of the temporary permit under s. N 2.34 or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.

(c) Practice under a temporary permit, including renewals under sub. (6m), may not exceed 12 months.

~~**(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.~~

(6m) RENEWALS. A temporary permit may be renewed twice for a period of 3 months for each renewal. A second renewal under this subsection may only be granted if the holder of the temporary permit is awaiting examination results or an affidavit is filed with the board identifying a hardship. As used in this subsection, "hardship" includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident, or natural disaster.

(7) REVOCATION DENIAL OR REVOCATION. A temporary permit may, ~~after notice and hearing,~~ be denied or 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~~ this chapter.

(b) Failure to pay ~~the required fees~~ a fee required under s. 440.05 ~~(6) (1)~~, Stats.

(c) Provision of fraudulent information on an application for licensure.

(d) Misrepresentation of being a nurse-midwife or a graduate nurse-midwife when applying for a temporary permit under this section.

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Note: The remaining provisions in this document have not been reviewed by the Legislation and Rules Committee and the changes below do not reflect drafting instructions provided by the Committee. The changes are intended to provide clarity and consistency, reorganize the content of the chapter, and meet current drafting standards, and are not intended to be substantive. The Committee will begin working on the following sections at its November 14, 2019 meeting.

N 4.06 Scope of practice.

- (1) The scope of practice of nurse-midwifery 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~~ A nurse-midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written collaboration agreement ~~with that physician. meeting all of the following criteria:~~
 - (a) The agreement shall be permanently recorded.
 - (b) The agreement shall be dated and signed by both parties.
 - (c) The agreement shall be available for inspection upon reasonable request.
 - (d) The agreement shall consist of, at a minimum, a framework of mutually approved guidelines, including conditions of collaboration and referral.
- (3) ~~The~~ A nurse-midwife shall consult with ~~the consulting their collaborating~~ physician regarding any complications discovered by the nurse-midwife; or refer the patient pursuant to the written agreement under sub. (2).
- (4) Upon referral under sub. (3), the a nurse-midwife may independently manage that part of the care ~~of the~~ for a patient ~~which that~~ is appropriate to consistent with the ~~knowledge and skills~~ education, training, and experience of the nurse-midwife.

N 4.07 Limitations on the scope of practice.

- (1) ~~The~~ A nurse-midwife ~~shall~~ may not independently manage ~~those~~ complications that require referral pursuant to the written agreement under s. N 4.06 (2).
- (2) ~~The~~ A nurse-midwife may not perform deliveries by forceps or Caesarean section. ~~The nurse-midwife may use vacuum extractors only in emergency delivery situations.~~
- (2m) A nurse-midwife may use vacuum extractors only in emergency delivery situations.
- (3) ~~The~~ A nurse-midwife may not assume any responsibilities, ~~either by physician delegation or otherwise, which he or she is not competent to perform by~~ that are inconsistent with the education, training, ~~or~~ and experience of the nurse-midwife.
- (4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse-midwife may continue to manage ~~the a~~ delivery ~~when complications occur~~ if emergency measures are required and the physician has not yet arrived.

~~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.~~

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- N 4.09 Health care facilities where practice shall occur.** (1) ~~A~~ Except as provided under subs. (2) and (3), 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~~ higher-level care facility if the need arises.
- (2) ~~Deliveries~~ Except as provided under sub. (3), deliveries may be arranged for only in a health care facility ~~which that~~ has adequate sanitation, thermal regulation, staffing, communication systems, and medical back-up.
- (3) The ~~above limitations~~ requirements under subs. (1) and (2) do not apply to care given in emergency circumstances.

N 4.10 Malpractice insurance coverage.

- (1) ~~Nurse-midwives~~ A nurse-midwife shall ~~maintain~~ have 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 nurse-midwife who practices nurse-midwifery within the scope of their employment as 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 nurse-midwifery 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.
- (d) A nurse-midwife whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount equal to or greater than the amounts specified in sub. (1) (a) or (b).
- (e) A nurse-midwife providing nurse-midwifery services under s. 257.03, Stats.
- ~~(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.~~



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)

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

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

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

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

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

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

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

N 6.02 Definitions. As used in this chapter,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(11) “R.N.” means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

(12) “L.P.N.” means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; reprinted to correct error in (7), Register, July, 1983, No. 331; am. (5) and (12), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (intro.), (3) (intro.) and (4), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: renum. (1) to (1m), cr. (1) r. (4), r. and recr. (5), cr. (10m), am. (11), (12) Register August 2016 No. 728, eff. 9-1-16; correction in (1) made under s. 35.17, Stats., Register August 2016 No. 728, eff. 9-1-16; **correction in (11), (12) made under s. 13.92 (4) (b) 7., Stats., Register December 2018 No. 756.**

N 6.03 Standards of practice for registered nurses.

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

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

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

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

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

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

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

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

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

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

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

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

(b) Provide direction and assistance to those supervised.

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

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

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

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

(a) Accept only patient care assignments which the L.P.N. is competent to perform.

(b) Provide basic nursing care.

(c) Record nursing care given and report to the appropriate person changes in the condition of a patient.

(d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

2. Assist with the development and revision of a nursing care plan.

3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.

4. Participate with other health team members in meeting basic patient needs.

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

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

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

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

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

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

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

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

Chapter N 8

CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

N 8.01	Authority and intent.	N 8.06	Prescribing limitations.
N 8.02	Definitions.	N 8.07	Prescription orders.
N 8.03	Certification as an advanced practice nurse prescriber.	N 8.08	Malpractice insurance coverage.
N 8.045	Renewal.	N 8.09	Dispensing.
N 8.05	Continuing education.	N 8.10	Care management and collaboration with other health care professionals.

N 8.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2) and 441.16, Stats., and interpret s. 441.16, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify education, training or experience that a registered nurse must satisfy to call himself or herself an advanced practice nurse; to establish appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders; to define the scope of practice within which an advanced practice nurse prescriber may issue prescription orders; to specify the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse prescriber; to specify the conditions to be met for a registered nurse to administer a drug prescribed or directed by an advanced practice nurse prescriber; to establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.02 Definitions. As used in this chapter:

(1) “Advanced practice nurse” means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

(c) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master’s or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) “Advanced practice nurse prescriber” means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

(3) “Board” means the board of nursing.

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

(5) “Collaboration” means a process which involves 2 or more health care professionals working together, in each other’s presence when necessary, each contributing one’s respective area of

expertise to provide more comprehensive care than one alone can offer.

(6) “Health care professional” has the meaning given under s. 180.1901 (1m), Stats.

(6m) “One contact hour” means a period of attendance in a continuing education program of at least 50 minutes.

(7) “Patient health care record” has the meaning given under s. 146.81 (4), Stats.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (6m), Register August 2001 No. 548, eff. 9-1-01; CR 01-046: am. (1) (a), Register October 2001 No. 550, eff. 11-1-01; CR 16-020: am. (1) (c), (4) Register September 2016 No. 729, eff. 10-1-16.

N 8.03 Certification as an advanced practice nurse prescriber. An applicant for initial certification as an advanced practice nurse prescriber shall be granted a certificate by the board if the applicant complies with all of the following:

(1) Submits an application form and the fee under s. 440.05 (1), Stats.

(1m) Provides evidence of holding a current license to practice as a professional nurse in this state or a current license to practice professional nursing in another state which has adopted the nurse licensure compact.

(2) Provides evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist.

(3) Provides evidence of a master’s or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting organization approved by the Council for Higher Education Accreditation. This subsection does not apply to those who received national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist before July 1, 1998.

(4) Provides evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the application for a certificate.

(5) Provides evidence of passing a jurisprudence examination for advanced practice nurse prescribers.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 01-046: am. (1), Register October 2001 No. 550, eff. 11-1-01; CR 16-020: am. (intro.), renum. (1) to (1m) and am., cr. (1), am. (2) to (5) Register September 2016 No. 729, eff. 10-1-16.

N 8.045 Renewal. A person holding an advanced practice nurse prescriber certificate may renew the certificate by doing all of the following:

(1) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.

(2) Complete the nursing workforce survey to the satisfaction of the board.

(3) Certify completion of the continuing education required under s. N 8.05.

(4) Provide evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certi-

fied nurse–midwife, certified registered nurse anesthetist, or clinical nurse specialist.

History: CR 16–020: cr. Register September 2016 No. 729, eff. 10–1–16; correction in (3) made under s. 35.17, Stats., Register September 2016 No. 729; correction in (intro.) made under s. 35.17, Stats., Register October 2019 No. 766.

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall complete 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice nurse prescriber’s area of practice, including at least 2 contact hours in responsible prescribing of controlled substances.

(3) Every advanced practice nurse prescriber shall retain for a minimum period of 4 years, and shall make available to the board or its agent upon request, certificates of attendance issued by the program sponsor for all continuing education programs for which he or she claims credit for purposes of renewal of his or her certificate.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 00–168: cr. (3), Register August 2001 No. 548, eff. 9–1–01; CR 16–020: am. (1), r. (2) Register September 2016 No. 729, eff. 10–1–16.

N 8.06 Prescribing limitations. The advanced practice nurse prescriber:

(1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber’s areas of competence, as established by his or her education, training or experience.

(2) May not issue a prescription order for any schedule I controlled substance.

(3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for any of the following:

(a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer–related pain.

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesia, including attention deficit hyperactivity disorder.

(d) Treatment of drug–induced brain dysfunction.

(e) Treatment of epilepsy.

(f) Treatment of depression shown to be refractory to other therapeutic modalities.

(4) May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.

(5) Shall, upon request, present evidence to the nurse or to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; CR 16–020: am. (3) (c), (5) Register September 2016 No. 729, eff. 10–1–16.

N 8.07 Prescription orders. (1) Prescription orders issued by an advanced practice nurse prescribers shall:

(a) Specify the date of issue.

(b) Specify the name and address of the patient.

(c) Specify the name, address and business telephone number of the advanced practice nurse prescriber.

(d) Specify the name and quantity of the drug product or device prescribed, including directions for use.

(e) Bear the signature of the advanced practice nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be submitted electronically as permitted by state

and federal law, and shall contain the practitioner’s drug enforcement agency number.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 16–020: am. (2) Register September 2016 No. 729, eff. 10–1–16.

N 8.08 Malpractice insurance coverage. (1) Advanced practice nurse prescribers who prescribe independently 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 in the amounts set forth in s. 655.23 (4), Stats. An advanced practice nurse prescriber covered under one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy’s coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

(2) Notwithstanding sub. (1), an advanced practice nurse prescriber who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will prescribe within employment policies.

(3) An advanced practice nurse prescriber who prescribes under the supervision and delegation of a physician or CRNA shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.

(4) An advanced practice nurse prescriber who prescribes in more than one setting or capacity shall comply with the provisions of subs. (1), (2) and (3) applicable to each setting or capacity. An advanced practice nurse prescriber who is not an employee of this state or a governmental subdivision, and who prescribes independently in some situations and prescribes under the supervision and delegation of a physician or CRNA in other situations, shall meet the requirements of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(5) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1).

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; r. and recr. (1), renum. (2) to be (5) and cr. (2), (3) and (4), Register, October, 1996, No. 490, eff. 11–1–96.

N 8.09 Dispensing. (1) Except as provided in sub. (2), advanced practice nurse prescribers shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

(2) An advanced practice nurse prescriber may dispense drugs to a patient at the treatment facility at which the patient is treated.

History: Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 16–020: am. (2) Register September 2016 No. 729, eff. 10–1–16.

N 8.10 Care management and collaboration with other health care professionals. (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

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

(3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating care management and improved collaboration.

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

(6) The advanced practice nurse prescriber may order treatment, therapeutics, and testing, appropriate to his or her area of competence as established by his or her education, training, or experience, to provide care management.

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

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; cr. (6) and (7), Register, October, 2000, No. 538, eff. 11-1-00; CR 16-020: am. (title), (4) to (7) Register September 2016 No. 729, eff. 10-1-16; CR 19-050: am. (2), (5), (7) Register October 2019 No. 766, eff. 11-1-19; correction in (2) made under s. 35.17, Stats., Register October 2019 No. 766.