



**TELECONFERENCE/VIRTUAL
LEGISLATION AND RULES COMMITTEE
BOARD OF NURSING
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Valerie Payne (608) 266-2112
April 20, 2020**

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

12:00 P.M.

CALL TO ORDER – ROLL CALL – OPEN SESSION

A. Approval of Agenda (1)

B. Legislative and Policy Matters – Discussion and Consideration (2)

1. 2019 Wisconsin Act 185 **(3-25)**
2. EMO16-DSPS Credentialing Health Care Providers **(26-33)**
3. EMO28-Safer at Home **(34-54)**

C. Administrative Rules Matters – Discussion and Consideration (55-57)

1. Proposals for N 1 to 8, Relating to Requirements in Emergency Situations **(58-80)**
2. 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: Valerie Payne, Executive Director		2) Date when request submitted: 4/16/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing Legislation and Rules Committee			
4) Meeting Date: 4/20/2020	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 <ul style="list-style-type: none"> 2019 Wisconsin Act 185 Emergency Order 16 Emergency Order 28 	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Review and discussion of 2019 Wisconsin Act 185, Emergency Order 16 and Emergency Order 28 Discuss the intersection with the profession and rule-making intentions			
11) Authorization			
<i>Valerie Payne</i>		4/16/2020	
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: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

State of Wisconsin



2019 Assembly Bill 1038

Date of enactment: April 15, 2020
Date of publication*: April 16, 2020

2019 WISCONSIN ACT 185

AN ACT *to renumber* 60.11 (2) (b) and 108.07 (5); *to renumber and amend* 49.688 (1) (c), 70.47 (3) (aL), 108.04 (3), 108.062 (4) and 108.062 (19); *to amend* 13.101 (4), 20.866 (2) (xm), 40.22 (1), 40.22 (2m) (intro.), 40.22 (2r) (intro.), 40.22 (3) (intro.), 40.26 (1m) (a), 40.26 (1m) (b), 40.26 (5) (intro.), 40.51 (8), 40.51 (8m), 66.0137 (4), 70.511 (2) (a), 71.01 (6) (L) 3., 71.22 (4) (L) 3., 71.22 (4m) (L) 3., 71.26 (2) (b) 12. d., 71.34 (1g) (L) 3., 71.42 (2) (L) 3., 71.98 (3), 74.35 (5) (c), 74.37 (4) (b), 108.04 (13) (d) 3. b., 108.04 (13) (d) 4. b., 108.062 (1) (b), 108.062 (3), 108.062 (15), 108.14 (8n) (e), 108.141 (7) (a), 108.16 (6m) (a), 115.385 (1) (intro.), 115.415 (1) (b), 115.999 (1) (d) 1., 115.999 (2m) (b) 1. a., 118.38 (2) (am) (intro.), 118.38 (3), 118.60 (7) (an) 1., 119.23 (7) (an) 1., 119.33 (2) (b) 3. b., 119.33 (2) (b) 3. c., 119.33 (5) (b) 2., 119.9002 (2) (d) 2. a., 119.9002 (2) (d) 2. b., 119.9002 (2) (d) 3. a., 119.9002 (2) (d) 3. b., 119.9004 (3) (b) 2., 120.13 (2) (g), 146.40 (3), 185.983 (1) (intro.), 450.11 (5) (a), 609.83, 625.12 (2), 628.34 (3) (a) and 895.51 (title); and *to create* 13.101 (4d), 40.26 (5m), 40.26 (6), 49.688 (1) (c) 2., 49.688 (10m), 60.11 (2) (b) 2., 70.47 (3) (aL) 2., 100.307, 102.03 (6), 102.565 (6), 103.13 (2m), 108.04 (2) (d), 108.04 (3) (b), 108.062 (2m), 108.062 (3r), 108.062 (4) (a) 2., 108.062 (19) (a) and (b), 108.062 (20), 108.07 (5) (bm), 115.385 (6), 115.7915 (8m), 118.38 (4), 118.60 (12), 119.23 (12), 153.23, 323.19 (3), 323.19 (4), 323.265, 323.2911, 323.2912, 323.2913, 323.2915, 440.08 (5), 450.11 (5) (br), 609.205, 609.846, 609.885, 632.729, 632.895 (14g), 632.895 (16v), 895.4801, 895.51 (1) (bd), 895.51 (1) (bg), 895.51 (1) (dp), 895.51 (2r) and 895.51 (3r) of the statutes; **relating to:** state government response to the COVID-19 pandemic.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 13.101 (4) of the statutes is amended to read:

13.101 (4) The committee may transfer between appropriations and programs if the committee finds that unnecessary duplication of functions can be eliminated, more efficient and effective methods for performing programs will result or legislative intent will be more effectively carried out because of such transfer, if legislative intent will not be changed as the result of such transfer and the purposes for which the transfer is requested have

been authorized or directed by the legislature. The authority to transfer between appropriations includes the authority to transfer between 2 fiscal years of the same biennium, between 2 appropriations of the same agency and between an appropriation of one agency and an appropriation of a different agency. No transfer between appropriations or programs may be made to offset deficiencies arising from the lack of adequate expenditure controls by a department, board, institution, commission or agency. The Except as provided in sub. (4d), the authority to transfer between appropriations shall not include the authority to transfer from sum sufficient

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

appropriations as defined under s. 20.001 (3) (d) to other types of appropriations.

SECTION 2. 13.101 (4d) of the statutes is created to read:

13.101 (4d) During the public health emergency declared on March 12, 2020, by executive order 72, and for a period of 90 days after termination of the emergency, the committee may transfer under sub. (4) an amount not to exceed \$75,000,000 from sum sufficient appropriations, as defined under s. 20.001 (3) (d), to be used for expenditures related to the emergency.

SECTION 3. 20.866 (2) (xm) of the statutes is amended to read:

20.866 (2) (xm) *Building commission; refunding tax-supported and self-amortizing general obligation debt.* From the capital improvement fund, a sum sufficient used to finance tax-supported or self-amortizing facilities. In addition to the amount that may be contracted under par. (xe), the state may contract public debt in an amount not to exceed \$6,785,000,000 \$7,510,000,000 for this purpose. Such indebtedness shall be construed to include any premium and interest payable with respect thereto. Debt incurred by this paragraph shall be repaid under the appropriations providing for the retirement of public debt incurred for tax-supported and self-amortizing facilities in proportional amounts to the purposes for which the debt was refinanced. No moneys may be expended under this paragraph unless the true interest costs to the state can be reduced by the expenditure.

SECTION 4. 40.22 (1) of the statutes is amended to read:

40.22 (1) Except as otherwise provided in sub. (2) and s. 40.26 (6), each employee currently in the service of, and receiving earnings from, a state agency or other participating employer shall be included within the provisions of the Wisconsin retirement system as a participating employee of that state agency or participating employer.

SECTION 5. 40.22 (2m) (intro.) of the statutes is amended to read:

40.22 (2m) (intro.) ~~An~~ Except as otherwise provided in s. 40.26 (6), an employee who was a participating employee before July 1, 2011, who is not expected to work at least one-third of what is considered full-time employment by the department, as determined by rule, and who is not otherwise excluded under sub. (2) from becoming a participating employee shall become a participating employee if he or she is subsequently employed by the state agency or other participating employer for either of the following periods:

SECTION 6. 40.22 (2r) (intro.) of the statutes is amended to read:

40.22 (2r) (intro.) ~~An~~ Except as otherwise provided in s. 40.26 (6), an employee who was not a participating

employee before July 1, 2011, who is not expected to work at least two-thirds of what is considered full-time employment by the department, as determined by rule, and who is not otherwise excluded under sub. (2) from becoming a participating employee shall become a participating employee if he or she is subsequently employed by the state agency or other participating employer for either of the following periods:

SECTION 7. 40.22 (3) (intro.) of the statutes is amended to read:

40.22 (3) (intro.) ~~A~~ Except as otherwise provided in s. 40.26 (6), a person who qualifies as a participating employee shall be included within, and shall be subject to, the Wisconsin retirement system effective on one of the following dates:

SECTION 8. 40.26 (1m) (a) of the statutes is amended to read:

40.26 (1m) (a) If Except as otherwise provided in sub. (6), if a participant receiving a retirement annuity, or a disability annuitant who has attained his or her normal retirement date, is employed in a position in covered employment in which he or she is expected to work at least two-thirds of what is considered full-time employment by the department, as determined under s. 40.22 (2r), the participant's annuity shall be suspended and no annuity payment shall be payable until after the participant terminates covered employment.

SECTION 9. 40.26 (1m) (b) of the statutes is amended to read:

40.26 (1m) (b) If Except as otherwise provided in sub. (6), if a participant receiving a retirement annuity, or a disability annuitant who has attained his or her normal retirement date, enters into a contract to provide employee services with a participating employer and he or she is expected to work at least two-thirds of what is considered full-time employment by the department, as determined under s. 40.22 (2r), the participant's annuity shall be suspended and no annuity payment shall be payable until after the participant no longer provides employee services under the contract.

SECTION 10. 40.26 (5) (intro.) of the statutes is amended to read:

40.26 (5) (intro.) If Except as otherwise provided in sub. (5m), if a participant applies for an annuity or lump sum payment during the period in which less than 75 days have elapsed between the termination of employment with a participating employer and becoming a participating employee with any participating employer, all of the following shall apply:

SECTION 11. 40.26 (5m) of the statutes is created to read:

40.26 (5m) During the public health emergency declared on March 12, 2020, by executive order 72, sub. (5) does not apply if at least 15 days have elapsed between the termination of employment with a participating employer and becoming a participating employee if the

position for which the participant is hired is a critical position, as determined by the secretary of health services under s. 323.19 (3).

SECTION 12. 40.26 (6) of the statutes is created to read:

40.26 (6) A participant who is hired during the public health emergency declared on March 12, 2020, by executive order 72, may elect to not suspend his or her retirement annuity or disability annuity under sub. (1m) for the duration of the state of emergency if all of the following conditions are met:

(a) At the time the participant terminates his or her employment with a participating employer, the participant does not have an agreement with any participating employer to return to employment or enter into a contract to provide employee services for the employer.

(b) The position for which the participant has been hired is a critical position, as determined under s. 323.19 (3).

SECTION 13. 40.51 (8) of the statutes is amended to read:

40.51 (8) Every health care coverage plan offered by the state under sub. (6) shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), ~~632.729~~, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.87 (3) to (6), 632.885, 632.89, 632.895 (5m) and (8) to (17), and 632.896.

SECTION 14. 40.51 (8m) of the statutes is amended to read:

40.51 (8m) Every health care coverage plan offered by the group insurance board under sub. (7) shall comply with ss. 631.95, ~~632.729~~, 632.746 (1) to (8) and (10), 632.747, 632.748, 632.798, 632.83, 632.835, 632.85, 632.853, 632.855, 632.867, 632.885, 632.89, and 632.895 (11) to (17).

SECTION 15. 49.688 (1) (c) of the statutes is renumbered 49.688 (1) (c) (intro.) and amended to read:

49.688 (1) (c) (intro.) “Prescription drug” means any of the following:

1. A prescription drug, as defined in s. 450.01 (20), that is included in the drugs specified under s. 49.46 (2) (b) 6. h. and that is manufactured by a drug manufacturer that enters into a rebate agreement in force under sub. (6).

SECTION 16. 49.688 (1) (c) 2. of the statutes is created to read:

49.688 (1) (c) 2. A vaccination recommended for administration to adults by the federal centers for disease control and prevention’s advisory committee on immunization practices and approved for administration to adults by the department.

SECTION 17. 49.688 (10m) of the statutes is created to read:

49.688 (10m) (a) Notwithstanding subs. (6) and (7) (a), from the appropriation accounts under s. 20.435 (4) (bv), (j), and (pg), except as provided under sub. (7) (b),

the department shall, under a schedule that is identical to that used by the department for payment of claims under the Medical Assistance program, provide to health care providers who administer vaccinations, including pharmacies and pharmacists, payments for vaccinations, as described under sub. (1) (c) 2., that are administered by health care providers to persons eligible under sub. (2) who have paid the deductible specified under sub. (3) (b) 1. or 2., or who, under sub. (3) (b) 1., are not required to pay a deductible. The reimbursement to a health care provider for each vaccination under this subsection shall be at the rate of payment made for the identical vaccination under s. 49.46 (2) (b), plus a dispensing fee that is equal to the dispensing fee permitted to be charged for vaccinations for which coverage is provided under s. 49.46 (2) (b). The department shall devise and distribute a claim form for use by health care providers under this subsection and may limit payment under this subsection to those vaccinations for which payment claims are submitted by health care providers directly to the department. The department may apply to the program under this subsection the same utilization and cost control procedures that apply under rules promulgated by the department to medical assistance under subch. IV of ch. 49.

(b) The department may provide payment for a vaccination under this subsection only after deducting the amount of any payment for the vaccination available from other sources.

SECTION 18. 60.11 (2) (b) of the statutes is renumbered 60.11 (2) (b) 1.

SECTION 19. 60.11 (2) (b) 2. of the statutes is created to read:

60.11 (2) (b) 2. The town board or, if the town board is unable to promptly meet, the town chair may postpone the annual town meeting to a date that is not during the period beginning on the first day of the public health emergency declared on March 12, 2020, by executive order 72, and ending 60 days after the termination of that order.

SECTION 20. 66.0137 (4) of the statutes is amended to read:

66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or a village provides health care benefits under its home rule power, or if a town provides health care benefits, to its officers and employees on a self-insured basis, the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), ~~632.729~~, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 21. 70.47 (3) (aL) of the statutes is renumbered 70.47 (3) (aL) 1. and amended to read:

70.47 (3) (aL) 1. ~~If Except as provided in subd. 2.,~~ if the assessment roll is not completed at the time of the first meeting, the board shall adjourn for the time necessary to

complete the roll, and shall post a written notice on the outer door of the place of meeting stating the time to which the meeting is adjourned.

SECTION 22. 70.47 (3) (aL) 2. of the statutes is created to read:

70.47 (3) (aL) 2. Regardless of whether the 2020 assessment roll is completed at the time of the 45-day period beginning on the 4th Monday of April, the board may publish a class 1 notice under ch. 985 that the board has adjourned and will proceed under sub. (2).

SECTION 22d. 70.511 (2) (a) of the statutes is amended to read:

70.511 (2) (a) If the reviewing authority has not made a determination prior to the time of the tax levy with respect to a particular objection to the amount, valuation or taxability of property, the tax levy on the property or person shall be based on the contested assessed value of the property. A tax bill shall be sent to, and paid by, the person subject to the tax levy as though there had been no objection filed, except that the payment shall be considered to be made under protest. The entire tax bill shall be paid when due under s. 74.11, 74.12 or 74.87 even though the reviewing authority has reduced the assessment prior to the time for full payment of the tax billed. The requirement to pay a tax timely under this paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020.

SECTION 23. 71.01 (6) (L) 3. of the statutes is amended to read:

71.01 (6) (L) 3. For purposes of this paragraph, "Internal Revenue Code" does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that "Internal Revenue Code" includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 24. 71.22 (4) (L) 3. of the statutes is amended to read:

71.22 (4) (L) 3. For purposes of this paragraph, "Internal Revenue Code" does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that "Internal Revenue Code" includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 25. 71.22 (4m) (L) 3. of the statutes is amended to read:

71.22 (4m) (L) 3. For purposes of this paragraph, "Internal Revenue Code" does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that "Internal Revenue Code" includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 26. 71.26 (2) (b) 12. d. of the statutes is amended to read:

71.26 (2) (b) 12. d. For purposes of subd. 12. a., "Internal Revenue Code" does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that "Internal Revenue Code" includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 27. 71.34 (1g) (L) 3. of the statutes is amended to read:

71.34 (1g) (L) 3. For purposes of this paragraph, "Internal Revenue Code" does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that "Internal Revenue Code" includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 28. 71.42 (2) (L) 3. of the statutes is amended to read:

71.42 (2) (L) 3. For purposes of this paragraph, "Internal Revenue Code" does not include amendments to the federal Internal Revenue Code enacted after December 31, 2017, except that "Internal Revenue Code" includes sections 1106, 2202, 2203, 2204, 2205, 2206, 2307, 3608, 3609, 3701, and 3702 of division A of P.L. 116-136.

SECTION 29. 71.98 (3) of the statutes is amended to read:

71.98 (3) DEPRECIATION, DEPLETION, AND AMORTIZATION. For taxable years beginning after December 31, 2013, and for purposes of computing depreciation and amortization, the Internal Revenue Code means the federal Internal Revenue Code in effect for federal purposes on January 1, 2014, except that sections 13201 (f), 13203, 13204, and 13205 of P.L. 115-97 and section 2307 of division A of P.L. 116-136 apply at the same time as for federal purposes. For taxable years beginning after December 31, 2013, and for purposes of computing depletion, the Internal Revenue Code means the federal Internal Revenue Code in effect for federal purposes for the year in which the property is placed in service.

SECTION 30. 74.35 (5) (c) of the statutes is amended to read:

74.35 (5) (c) No claim may be filed or maintained under this section unless the tax for which the claim is filed, or any authorized installment payment of the tax, is timely paid under s. 74.11, 74.12 or 74.87. This paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020.

SECTION 31. 74.37 (4) (b) of the statutes is amended to read:

74.37 (4) (b) No claim or action for an excessive assessment may be brought or maintained under this sec-

tion unless the tax for which the claim is filed, or any authorized installment of the tax, is timely paid under s. 74.11 or 74.12. This paragraph does not apply to taxes due and payable in 2020 if paid by October 1, 2020, or by any installment date for which taxes are due after October 1, 2020.

SECTION 32. 100.307 of the statutes is created to read:

100.307 Returns during emergency; prohibition.

(1) DEFINITIONS. In this section:

(a) "Food product" has the meaning given in s. 93.01 (6).

(b) "Personal care product" has the meaning given in s. 299.50 (1) (b).

(2) CERTAIN RETURNS PROHIBITED DURING EMERGENCY. Except as provided in sub. (3), no person who sells food products, personal care products, cleaning products, or paper products at retail may accept a return of a food product, personal care product, cleaning product, or paper product during the public health emergency declared on March 12, 2020, by executive order 72, or during the 30 days immediately after the public health emergency ends.

(3) EXCEPTIONS. A person who sells food products, personal care products, cleaning products, or paper products at retail may accept a return of a food product, personal care product, cleaning product, or paper product if any of the following applies:

(a) The product is returned no more than 7 days after purchase.

(b) The product is adulterated within the meaning of s. 97.02 or defective as a result of a production error or defect.

(4) OTHER RETURNS ALLOWED. A retailer may accept a return of a product that is not prohibited by sub. (2).

SECTION 33. 102.03 (6) of the statutes is created to read:

102.03 (6) (a) In this subsection, "first responder" means an employee of or volunteer for an employer that provides fire fighting, law enforcement, or medical treatment of COVID-19, and who has regular, direct contact with, or is regularly in close proximity to, patients or other members of the public requiring emergency services, within the scope of the individual's work for the employer.

(b) For the purposes of benefits under this chapter, where an injury to a first responder is found to be caused by COVID-19 during the public health emergency declared by the governor under s. 323.10 on March 12, 2020, by executive order 72, and ending 30 days after the termination of the order, and where the employee has been exposed to persons with confirmed cases of COVID-19 in the course of employment, the injury is presumed to be caused by the individual's employment.

(c) An injury claimed under par. (b) must be accompanied by a specific diagnosis by a physician or by a positive COVID-19 test.

(d) An injury claimed under par. (b) may be rebutted by specific evidence that the injury was caused by exposure to COVID-19 outside of the first responder's work for the employer.

SECTION 34. 102.565 (6) of the statutes is created to read:

102.565 (6) This section does not apply to an employee whose claim of injury is presumed to be caused by employment under s. 102.03 (6).

SECTION 35. 103.13 (2m) of the statutes is created to read:

103.13 (2m) EMPLOYEE RECORDS DURING AN EMERGENCY. Notwithstanding sub. (2), during the public health emergency declared on March 12, 2020, by executive order 72, an employer is not required to provide an employee's personnel records within 7 working days after an employee makes a request to inspect his or her personnel records, and an employer is not required to provide the inspection at a location reasonably near the employee's place of employment during normal working hours.

SECTION 36. 108.04 (2) (d) of the statutes is created to read:

108.04 (2) (d) If required under s. 108.07 (5) (bm), each claimant shall and each employer shall under s. 108.09 (1) or when otherwise requested by the department, indicate whether a claim for regular benefits is related to the public health emergency declared on March 12, 2020, by executive order 72. The department may specify the information required to be provided under this paragraph.

SECTION 37. 108.04 (3) of the statutes is renumbered 108.04 (3) (a) and amended to read:

108.04 (3) (a) ~~The Subject to par. (b), the~~ first week of a claimant's benefit year for which the claimant has timely applied and is otherwise eligible for regular benefits under this chapter is the claimant's waiting period for that benefit year.

SECTION 38. 108.04 (3) (b) of the statutes is created to read:

108.04 (3) (b) Paragraph (a) does not apply with respect to benefit years that begin after March 12, 2020, and before February 7, 2021. The department shall seek the maximum amount of federal reimbursement for benefits that are, during the time period specified in this paragraph, payable for the first week of a claimant's benefit year as a result of the application of this paragraph.

SECTION 39. 108.04 (13) (d) 3. b. of the statutes is amended to read:

108.04 (13) (d) 3. b. If recovery of an overpayment is not permitted under s. 108.22 (8) (c), restore the proper amount to the employer's account and charge that amount to the fund's balancing account unless s. 108.07 (5) ~~(e)~~ (am) 3. applies.

SECTION 40. 108.04 (13) (d) 4. b. of the statutes is amended to read:

108.04 (13) (d) 4. b. If recovery of an overpayment is not permitted under s. 108.22 (8) (c), restore the proper amount to the employer's account and charge that amount in accordance with s. 108.07 (5) (am).

SECTION 41. 108.062 (1) (b) of the statutes is amended to read:

108.062 (1) (b) "Work-share program" means a program approved by the department under which the hours of work of employees ~~in a work unit~~ are reduced in lieu of the layoffs of 2 or more employees ~~in the work unit~~.

SECTION 42. 108.062 (2m) of the statutes is created to read:

108.062 (2m) APPLICATIONS; DEPARTMENT ASSISTANCE. The department shall allow employers to submit applications under this section using an online form. The department shall provide assistance to employers with submitting applications and developing work-share plans.

SECTION 43. 108.062 (3) of the statutes is amended to read:

108.062 (3) APPROVAL OF PLANS. The department shall approve a plan if the plan includes all of the elements specified in sub. (2) or (20), whichever is applicable. The approval is effective for the effective period of the plan unless modified under sub. (3m).

SECTION 43m. 108.062 (3r) of the statutes is created to read:

108.062 (3r) APPLICABILITY OF LAWS. A work-share program shall be governed by the law that was in effect when the plan or modification was last approved under sub. (3) or (3m), until the program ends as provided in sub. (4), but an employer with a work-share program governed by sub. (2) may, while sub. (20) is in effect, apply for a modification under sub. (3m), and that modification application shall be governed by sub. (20).

SECTION 44. 108.062 (4) of the statutes is renumbered 108.062 (4) (a) 1. and amended to read:

108.062 (4) (a) 1. ~~A~~ Except as provided in subd. 2., a work-share program becomes effective on the later of the Sunday of the 2nd week beginning after approval of a work-share plan under sub. (3) or any Sunday after that day specified in the plan.

(b) A work-share program ends on the earlier of the last Sunday that precedes the end of the 6-month period beginning on the effective date of the program or any Sunday before that day specified in the plan unless the program terminates on an earlier date under sub. (5), (14), or (15).

SECTION 45. 108.062 (4) (a) 2. of the statutes is created to read:

108.062 (4) (a) 2. With respect to a work-share plan approved during a period described under sub. (20), the work-share program becomes effective on the later of the Sunday of or after approval of a work-share plan under sub. (3) or any Sunday after that day specified in the plan.

SECTION 46. 108.062 (15) of the statutes is amended to read:

108.062 (15) INVOLUNTARY TERMINATION. If in any week there are fewer than 20 employees who are included in a work-share program of any employer, the program terminates on the 2nd Sunday following the end of that week. This subsection does not apply to a work-share program to which sub. (20) applies.

SECTION 47. 108.062 (19) of the statutes is renumbered 108.062 (19) (intro.) and amended to read:

108.062 (19) SECRETARY MAY WAIVE COMPLIANCE. (intro.) The secretary may ~~waive compliance with any requirement under this section~~ do any of the following if the secretary determines that ~~waiver of the requirement~~ doing so is necessary to permit continued certification of this chapter for grants to this state under Title III of the federal Social Security Act, for maximum credit allowances to employers under the federal Unemployment Tax Act, or for this state to qualify for full federal financial participation in the cost of administration of this section and financing of benefits to employees participating in work-share programs under this section.;

SECTION 47m. 108.062 (19) (a) and (b) of the statutes are created to read:

108.062 (19) (a) Waive compliance with any requirement under this section.

(b) Waive the application of sub. (20), in whole or in part, to the extent necessary for any of the purposes specified in this subsection or, to the extent necessary for any of those purposes, require the continued application of any requirement under sub. (2).

SECTION 48. 108.062 (20) of the statutes is created to read:

108.062 (20) SUSPENSIONS OF CERTAIN PROVISIONS. Notwithstanding sub. (2), this subsection, and not sub. (2), applies to work-share plans submitted on or after the effective date of this subsection ... [LRB inserts date], and before December 31, 2020, subject to sub. (19). During that period, prior to implementing a work-share program, an employer shall submit a work-share plan for the approval of the department. In its submittal, the employer shall certify that its plan is in compliance with all requirements under this section. Each plan shall:

(a) Specify the affected positions, and the names of the employees filling those positions on the date of submittal. The plan need not be limited to a particular work unit.

(b) Provide for initial coverage under the plan of at least 2 positions that are filled on the effective date of the work-share program.

(c) Specify the period or periods when the plan will be in effect, which may not exceed a total of 6 months in any 5-year period within the same work unit.

(d) Exclude participation by employees who are employed on a seasonal, temporary, or intermittent basis.

(e) Apply only to employees who have been engaged in employment with the employer for a period of at least 3 months on the effective date of the work-share program and who are regularly employed by the employer in that employment.

(f) Specify the normal average hours per week worked by each employee in the work unit and the percentage reduction in the average hours of work per week worked by that employee, exclusive of overtime hours, which shall be applied in a uniform manner and which shall be at least 10 percent of the normal hours per week of that employee but not more than whichever of the following is greater:

1. Sixty percent of the normal hours per week of that employee.
2. The maximum percent reduction of the normal hours per week of that employee that is permissible under federal law.

(g) Describe the manner in which requirements for maximum federal financial participation in the plan will be implemented, including a plan for giving notice, where feasible, to participating employees of changes in work schedules.

(h) Provide an estimate of the number of layoffs that would occur without implementation of the plan.

(i) Specify the effect on any fringe benefits provided by the employer to the employees who are included in the work-share program other than fringe benefits required by law.

(j) Include a statement affirming that the plan is in compliance with all employer obligations under applicable federal and state laws.

(k) Indicate whether the plan includes employer-sponsored training to enhance job skills and acknowledge that the employees may participate in training funded under the federal Workforce Innovation and Opportunity Act, 29 USC 3101 to 3361, or another federal law that enhances job skills without affecting availability for work, subject to department approval.

SECTION 49. 108.07 (5) of the statutes is renumbered 108.07 (5) (am).

SECTION 50. 108.07 (5) (bm) of the statutes is created to read:

108.07 (5) (bm) 1. The department shall, when processing initial claims for regular benefits, determine whether a claim or plan is related to the public health emergency declared on March 12, 2020, by executive order 72. If a claim is so related, the regular benefits for that claim shall, except as provided in subd. 2., be paid as provided in subd. 3.

2. a. Subdivision 1. applies only with respect to benefits payable for weeks beginning after March 12, 2020, and beginning before December 31, 2020.

b. Subdivision 1. does not apply if the employer fails to timely and adequately provide any information required by the department under s. 108.04 (2) (d).

c. Subdivision 1. does not apply with respect to any benefits paid or reimbursed by the federal government, or any portion thereof, including the portion of any benefits reimbursed by the federal government for reimbursable employers, as defined in s. 108.155 (1) (b).

d. In the case of a claim for regular benefits that is a combined wage claim, as defined in s. 108.04 (13) (g) 1. a., subd. 1. applies only with respect to this state's share of benefits.

e. Subdivision 1. does not apply with respect to work-share benefits under s. 108.062 (6).

f. Subdivision 1. does not apply to benefits chargeable as provided in sub. (7).

3. Charges for benefits to which subd. 1. applies shall, notwithstanding any other provision of this chapter, be paid or reimbursed as follows:

a. For employers subject to the contribution requirements of ss. 108.17 and 108.18, the benefits shall be charged to the fund's balancing account.

b. For reimbursable employers, as defined in s. 108.155 (1) (b), the benefits shall be paid in the manner provided under par. (am) 1.

SECTION 51. 108.14 (8n) (e) of the statutes is amended to read:

108.14 (8n) (e) The department shall charge this state's share of any benefits paid under this subsection to the account of each employer by which the employee claiming benefits was employed in the applicable base period, in proportion to the total amount of wages he or she earned from each employer in the base period, except that if s. 108.04 (1) (f), (5), (7) (a), (c), (cg), (e), (L), (q), (s), or (t), (7m) or (8) (a) or (b), 108.07 (3), (3r), or (5) ~~(b)~~ (am) 2., or 108.133 (3) (f) would have applied to employment by such an employer who is subject to the contribution requirements of ss. 108.17 and 108.18, the department shall charge the share of benefits based on employment with that employer to the fund's balancing account, or, if s. 108.04 (1) (f) or (5) or 108.07 (3) would have applied to an employer that is not subject to the contribution requirements of ss. 108.17 and 108.18, the department shall charge the share of benefits based on that employment in accordance with s. 108.07 (5) ~~(a) and (b)~~ (am) 1. and 2. The department shall also charge the fund's balancing account with any other state's share of such benefits pending reimbursement by that state.

SECTION 52. 108.141 (7) (a) of the statutes is amended to read:

108.141 (7) (a) The department shall charge the state's share of each week of extended benefits to each employer's account in proportion to the employer's share of the total wages of the employee receiving the benefits in the employee's base period, except that if the employer is subject to the contribution requirements of ss. 108.17 and 108.18 the department shall charge the share of extended benefits to which s. 108.04 (1) (f), (5), (7) (a), (c), (cg), (e), (L), (q), (s), or (t), (7m) or (8) (a) or (b),

108.07 (3), (3r), or (5) ~~(b)~~ (am) 2., or 108.133 (3) (f) applies to the fund's balancing account.

SECTION 53. 108.16 (6m) (a) of the statutes is amended to read:

108.16 **(6m)** (a) The benefits thus chargeable under s. 108.04 (1) (f), (5), (5g), (7) (h), (8) (a) or (b), (13) (c) or (d) or (16) (e), 108.07 (3), (3r), (5) ~~(b)~~ (am) 2. and (bm) 3. a., (5m), ~~or and~~ (6), 108.133 (3) (f), 108.14 (8n) (e), 108.141, 108.151, or 108.152 or sub. (6) (e) or (7) (a) and (b).

SECTION 54. 115.385 (1) (intro.) of the statutes is amended to read:

115.385 **(1)** (intro.) Annually Except as provided in sub. (6), annually by November 30, the department shall publish a school and school district accountability report that includes all of the following components:

SECTION 55. 115.385 (6) of the statutes is created to read:

115.385 **(6)** The department shall not publish a school and school district accountability report under this section in the 2020–21 school year.

SECTION 56. 115.415 (1) (b) of the statutes is amended to read:

115.415 **(1)** (b) For the evaluation of teachers and principals in the ~~2014–15~~ 2019–20 school year, the school board and the operator of a charter school established under s. 118.40 (2r) may not consider pupil performance on statewide assessments administered under s. 118.30 in the ~~2014–15~~ 2019–20 school year and may not include pupil performance on those assessments in the evaluation score assigned to a teacher or principal under the educator effectiveness evaluation system developed under this section.

SECTION 57. 115.7915 (8m) of the statutes is created to read:

115.7915 **(8m)** PUBLIC HEALTH EXCEPTION. During the public health emergency declared on March 12, 2020, by executive order 72, if a private school participating in the program under this section is closed for at least 10 school days in a school year by a local health officer, as defined in s. 250.01 (5), or the department of health services, in the school year during which the school is closed and the following school year, the department may not withhold payment from the private school under sub. (8) (c) or bar the private school from participating in the program under sub. (8) (a) for failing to comply with a requirement under this section or a rule promulgated under this section if all of the following occur:

(a) The private school submits information to the department that explains how the school closure impacted the private school's ability to comply with the requirement and any action the private school took to mitigate the consequences of not complying with the requirement.

(b) The department determines that the private school's failure to comply with the requirement was caused by the closure.

SECTION 58. 115.999 (1) (d) 1. of the statutes is amended to read:

115.999 **(1)** (d) 1. The school district was assigned to the lowest performance category on the 2 most recent accountability reports published ~~for the district~~ under s. 115.385 (1) ~~in the 2 most recent school years.~~

SECTION 59. 115.999 (2m) (b) 1. a. of the statutes is amended to read:

115.999 **(2m)** (b) 1. a. The unified school district was assigned to the lowest performance category on the 3 most recent accountability reports published ~~for the district~~ under s. 115.385 (1) ~~in the 3 most recent school years.~~

SECTION 60. 118.38 (2) (am) (intro.) of the statutes is amended to read:

118.38 **(2)** (am) (intro.) In determining whether to grant ~~the a~~ waiver under sub. (1), the department shall consider all of the following factors and may consider additional factors:

SECTION 61. 118.38 (3) of the statutes is amended to read:

118.38 **(3)** A waiver granted under sub. (2) is effective for 4 years. The department shall renew the waiver for additional 4-year periods if the school board has evaluated the educational and financial effects of the waiver over the previous 4-year period, except that the department is not required to renew a waiver if the department determines that the school district is not making adequate progress toward improving pupil academic performance.

SECTION 62. 118.38 (4) of the statutes is created to read:

118.38 **(4)** (a) Beginning on the first day of the public health emergency declared on March 12, 2020, by executive order 72, and ending on October 31, 2020, the department may do all of the following:

1. Waive any requirement in chs. 115 to 121 or the administrative rules promulgated by the department under the authority of those chapters related to any of the following:

a. A program under s. 115.7915, 118.60, or 119.23.

b. A private school participating in a program under s. 115.7915, 118.60, or 119.23.

c. A charter school under s. 118.40 (2r) or (2x), including any requirement related to an authorizer, governing board, or operator of a charter school under s. 118.40 (2r) or (2x).

2. Establish an alternate deadline for any requirement related to a program under s. 115.7915, 118.60, or 119.23 in chs. 115 to 121 and any requirement related to a program under s. 115.7915, 118.60, or 119.23 in the administrative rules promulgated by the department under the

authority of chs. 115 to 121 if the original deadline is any of the following:

a. A deadline that occurs during the period beginning on the first day of the public health emergency declared on March 12, 2020, by executive order 72, and ending on October 31, 2020.

b. A deadline for a requirement that affects a date during the period beginning on the first day of the public health emergency declared on March 12, 2020, by executive order 72, and ending on October 31, 2020.

(b) 1. The department shall notify the legislative reference bureau of each waiver under par. (a) 1. and alternate deadline established under par. (a) 2. The legislative reference bureau shall publish a notice in the Wisconsin Administrative Register of the waiver or alternate deadline.

2. The department shall post each waiver under par. (a) 1. and alternate deadline established under par. (a) 2. on the department's Internet site.

(c) A waiver under par. (a) 1. applies only to the 2019-20 school year.

SECTION 63. 118.60 (7) (an) 1. of the statutes is amended to read:

118.60 (7) (an) 1. A private school participating in the program under this section shall maintain a cash and investment balance that is at least equal to its reserve balance. If a private school does not maintain a cash and investment balance that is at least equal to its reserve balance, the private school shall refund the reserve balance to the department. This subdivision does not apply to a school year that occurs during the public health emergency declared on March 12, 2020, by executive order 72.

3. If a private school ceases to participate in or is barred from the program under this section and s. 119.23 and the private school's reserve balance is positive, the private school shall refund the reserve balance to the department.

SECTION 64. 118.60 (12) of the statutes is created to read:

118.60 (12) During the public health emergency declared on March 12, 2020, by executive order 72, if a private school participating in the program under this section is closed for at least 10 school days in a school year by a local health officer, as defined in s. 250.01 (5), or the department of health services, in the school year during which the school is closed and the following school year, the department may not withhold payment from the private school under sub. (10) (d) or bar the private school from participating in the program under sub. (10) (a), (am), or (ar) for failing to comply with a requirement under this section or a rule promulgated under this section if all of the following occur:

(a) The private school submits information to the department that explains how the school closure impacted the private school's ability to comply with the

requirement and any action the private school took to mitigate the consequences of not complying with the requirement.

(b) The department determines that the private school's failure to comply with the requirement was caused by the closure.

SECTION 65. 119.23 (7) (an) 1. of the statutes is amended to read:

119.23 (7) (an) 1. A private school participating in the program under this section shall maintain a cash and investment balance that is at least equal to its reserve balance. If a private school does not maintain a cash and investment balance that is at least equal to its reserve balance, the private school shall refund the reserve balance to the department. This subdivision does not apply to a school year that occurs during the public health emergency declared on March 12, 2020, by executive order 72.

3. If a private school ceases to participate in or is barred from the program under this section and s. 118.60 and the private school's reserve balance is positive, the private school shall refund the reserve balance to the department.

SECTION 66. 119.23 (12) of the statutes is created to read:

119.23 (12) During the public health emergency declared on March 12, 2020, by executive order 72, if a private school participating in the program under this section is closed for at least 10 school days in a school year by a local health officer, as defined in s. 250.01 (5), or the department of health services, in the school year during which the school is closed and the following school year, the department may not withhold payment from the private school under sub. (10) (d) or bar the private school from participating in the program under sub. (10) (a), (am), or (ar) for failing to comply with a requirement under this section or a rule promulgated under this section if all of the following occur:

(a) The private school submits information to the department that explains how the school closure impacted the private school's ability to comply with the requirement and any action the private school took to mitigate the consequences of not complying with the requirement.

(b) The department determines that the private school's failure to comply with the requirement was caused by the closure.

SECTION 67. 119.33 (2) (b) 3. b. of the statutes is amended to read:

119.33 (2) (b) 3. b. A person who is operating a charter school. The superintendent of schools may proceed under this subd. 3. b. only if one of the following applies: the performance on the most recent examinations administered under s. 118.30 (1r) of pupils attending a school operated by the person exceeds the performance on the most recent examinations administered under s. 118.30

(1) of pupils attending the school being transferred to the person under this subdivision; or, ~~in each of the 3 preceding consecutive accountability reports published under s. 115.385 (1),~~ the performance category assigned to a school operated by the person ~~on accountability reports published under s. 115.385 (1) for the school in each of the 3 preceding consecutive school years~~ exceeds the performance category assigned to the school being transferred to the person under this subdivision ~~in each of the 3 preceding consecutive school years~~. If fewer than 3 accountability reports have been published for a charter school described in this subd. 3. b., the superintendent of schools shall determine an alternative method for comparing the school's performance.

SECTION 68. 119.33 (2) (b) 3. c. of the statutes is amended to read:

119.33 (2) (b) 3. c. The governing body of a nonsectarian private school participating in a program under s. 118.60 or 119.23. The superintendent of schools may proceed under this subd. 3. c. only if one of the following applies: the performance on the most recent examinations administered under s. 118.30 (1s) or (1t) of pupils attending a school operated by the governing body exceeds the performance on the most recent examinations administered under s. 118.30 (1) of pupils attending the school being transferred to the governing body under this subdivision; or, in each of the 3 preceding consecutive accountability reports published under s. 115.385 (1), the performance category assigned to a school operated by the governing body ~~on accountability reports published under s. 115.385 (1) for the school in each of the 3 preceding consecutive school years~~ exceeds the performance category assigned to the school being transferred to the governing body under this subdivision ~~in each of the 3 preceding consecutive school years~~. If fewer than 3 accountability reports have been published for a private school described in this subd. 3. c., the superintendent of schools shall determine an alternative method for comparing the school's performance.

SECTION 69. 119.33 (5) (b) 2. of the statutes is amended to read:

119.33 (5) (b) 2. The school district operating under this chapter has been assigned ~~in the 3 most recent school years~~ a performance category of "fails to meet expectations" on the 3 most recent ~~accountability report reports~~ published under s. 115.385 (1).

SECTION 70. 119.9002 (2) (d) 2. a. of the statutes is amended to read:

119.9002 (2) (d) 2. a. The performance, on the most recent examinations administered under s. 118.30 (1r), of pupils attending a school operated by the person exceeds the performance, on the most recent examinations administered under s. 118.30 (1), of pupils attending the school being transferred to the person under this subdivision.

SECTION 71. 119.9002 (2) (d) 2. b. of the statutes is amended to read:

119.9002 (2) (d) 2. b. ~~The~~ In each of the 3 preceding consecutive accountability reports published under s. 115.385 (1), the performance category assigned to a school operated by the person ~~on accountability reports published under s. 115.385 (1) for the school in each of the 3 preceding consecutive school years~~ exceeds the performance category assigned to the school being transferred to the person under this subdivision ~~in each of the 3 preceding consecutive school years~~. If fewer than 3 accountability reports have been published for a school described in this subd. 2. b., the commissioner shall determine an alternative method for comparing the school's performance.

SECTION 72. 119.9002 (2) (d) 3. a. of the statutes is amended to read:

119.9002 (2) (d) 3. a. The performance, on the most recent examinations administered under s. 118.30 (1s) or (1t), of pupils attending a school operated by the governing body exceeds the performance, on the most recent examinations administered under s. 118.30 (1), of pupils attending the school being transferred to the governing body under this subdivision.

SECTION 73. 119.9002 (2) (d) 3. b. of the statutes is amended to read:

119.9002 (2) (d) 3. b. ~~The~~ In each of the 3 preceding consecutive accountability reports published under s. 115.385 (1), the performance category assigned to a school operated by the governing body ~~on accountability reports published under s. 115.385 (1) for the school in each of the 3 preceding consecutive school years~~ exceeds the performance category assigned to the school being transferred to the governing body under this subdivision ~~in each of the 3 preceding consecutive school years~~. If fewer than 3 accountability reports have been published for a private school described in this subd. 3. b., the commissioner shall determine an alternative method for comparing the school's performance.

SECTION 74. 119.9004 (3) (b) 2. of the statutes is amended to read:

119.9004 (3) (b) 2. The school district operating under this chapter has been assigned ~~in the 3 most recent school years~~ a performance category of "fails to meet expectations" on the 3 most recent ~~accountability report reports~~ published under s. 115.385 (1).

SECTION 75. 120.13 (2) (g) of the statutes is amended to read:

120.13 (2) (g) Every self-insured plan under par. (b) shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2), ~~632.729~~, 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (4) to (6), 632.885, 632.89, 632.895 (9) to (17), 632.896, and 767.513 (4).

SECTION 76. 146.40 (3) of the statutes is amended to read:

146.40 (3) Except as provided in sub. (4d), the department shall approve instructional programs for nurse aides that apply for, and satisfy standards for, approval that are promulgated by rule by the department. The department may not require an instructional program to exceed the federally required minimum total training hours or minimum hours of supervised practical training under 42 CFR 483.152 (a). The department shall review the curriculum of each approved instructional program at least once every 24 months following the date of approval to determine whether the program continues to satisfy the standards for approval. Under this subsection, the department may, after providing notice, suspend or revoke the approval of an instructional program or impose a plan of correction on the program if the program fails to satisfy the standards for approval or operates under conditions that are other than those contained in the application approved by the department.

SECTION 77. 153.23 of the statutes is created to read:

153.23 Public health emergency dashboard. (1)

In this section, “public health emergency related to the 2019 novel coronavirus” means the period covered by any of the following:

(a) The national emergency declared by the U.S. president under 50 USC 1621 on March 13, 2020, in response to the 2019 novel coronavirus.

(b) The public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus.

(c) The state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72.

(2) During the public health emergency related to the 2019 novel coronavirus, the entity under contract under s. 153.05 (2m) (a) shall prepare and publish a public health emergency dashboard using health care emergency preparedness program information collected by the state from acute care hospitals. A dashboard published under this section shall include information to assist emergency response planning activities. For purposes of this section, the entity and the department shall enter into a data use agreement and mutually agree to the health care emergency preparedness program information the department will provide to the entity, the information the entity will include in the dashboard, any publication schedule, and any other terms considered necessary by the entity or the department.

SECTION 78. 185.983 (1) (intro.) of the statutes is amended to read:

185.983 (1) (intro.) Every voluntary nonprofit health care plan operated by a cooperative association organized under s. 185.981 shall be exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31,

601.41, 601.42, 601.43, 601.44, 601.45, 611.26, 611.67, 619.04, 623.11, 623.12, 628.34 (10), 631.17, 631.89, 631.93, 631.95, 632.72 (2), 632.729, 632.745 to 632.749, 632.775, 632.79, 632.795, 632.798, 632.85, 632.853, 632.855, 632.867, 632.87 (2) to (6), 632.885, 632.89, 632.895 (5) and (8) to (17), 632.896, and 632.897 (10) and chs. 609, 620, 630, 635, 645, and 646, but the sponsoring association shall:

SECTION 79. 323.19 (3) of the statutes is created to read:

323.19 (3) Based on guidance provided by the secretary of health services, the head of each state agency and each local health department shall determine which public employee positions within the respective state agency or local government are critical during the public health emergency declared on March 12, 2020, by executive order 72, for the purposes of s. 40.26 (5m) and (6) (b).

SECTION 80. 323.19 (4) of the statutes is created to read:

323.19 (4) (a) In this subsection, “state entity” means any state agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law that is entitled to expend moneys appropriated by law, including the legislature, the courts, and any authority.

(b) During the public health emergency declared on March 12, 2020, by executive order 72, the head or governing body of a state entity may waive a requirement imposed, administered, or enforced by the state entity that an individual appear in person if the head or governing body finds that the waiver assists in the state’s response to the public health emergency or that enforcing the requirement may increase the public health risk.

SECTION 81. 323.265 of the statutes is created to read:

323.265 Suspension of certain deadlines and training requirements during a public health emergency. (1) DEFINITIONS. In this section:

(a) “Agency” means any office, department, agency, institution of higher education, association, society, or other body in state government created or authorized to be created by the constitution or any law, including any authority created in subch. II of ch. 114 or in ch. 231, 232, 233, 234, 237, 238, or 279, the legislature, or the courts.

(b) “Deadline” means any date certain by which, or any other limitation as to time within which, an action or event is required to occur.

(c) “Emergency period” means the period covered by the public health emergency declared on March 12, 2020, by executive order 72, plus 30 days.

(d) “Local governmental unit” means a political subdivision of this state, a special purpose district in this state, an agency or corporation of a political subdivision or special purpose district, or a combination or subunit of any of the foregoing.

(2) DEADLINES. (a) Each agency or local governmental unit may toll for the duration of an emergency period

any deadline falling within that period that the agency or local governmental unit administers or enforces. The agency or local governmental unit may not charge any interest or penalty that would otherwise apply with respect to the tolled deadline.

(b) Paragraph (a) does not apply to all of the following:

1. Any deadline with respect to the filing or payment of a tax for which the revenue is deposited or is expected to be deposited in the general fund, a tax or fee for which the revenue is deposited or is expected to be deposited in the transportation fund, or a property tax.

2. The date on which an election, as defined in s. 5.02 (4), is to be held, and any deadline relating to an election.

(3) TRAINING REQUIREMENTS. During an emergency period, each agency or local governmental unit may suspend any training requirement associated with any program the agency or local unit of government administers or enforces.

SECTION 82. 323.2911 of the statutes is created to read:

323.2911 Public employee health insurance coverage. Notwithstanding s. 40.02 (40), for the purpose of group health insurance coverage offered by the group insurance board under subch. IV of ch. 40, if an employee who was on a leave of absence returns from leave, even if the employee has not resumed active performance of duty for 30 consecutive calendar days on March 12, 2020, due to the public health emergency declared by executive order 72, the leave of absence is deemed ended or interrupted on that date.

SECTION 83. 323.2912 of the statutes is created to read:

323.2912 Suspension of limited term appointment hours. Notwithstanding s. 230.26 (1), the director of the bureau of merit recruitment and selection in the division of personnel management in the department of administration may increase or suspend the number of hours for a limited term appointment for the duration of the public health emergency declared on March 12, 2020, by executive order 72.

SECTION 84. 323.2913 of the statutes is created to read:

323.2913 Use of annual leave during probationary period by state employee. Notwithstanding s. 230.35 (1) (b), a state employee may take annual leave within the first 6 months of the employee's probationary period upon initial appointment during the public health emergency declared on March 12, 2020, by executive order 72. If an employee who has taken annual leave under this section terminates his or her employment before earning annual leave equivalent to the amount of annual leave the employee has taken, the appointing authority shall deduct the cost of the unearned annual leave from the employee's final pay.

SECTION 85. 323.2915 of the statutes is created to read:

323.2915 State civil service grievance procedures. (1) Notwithstanding s. 230.445 (2) and (3), an employee does not waive his or her right to appeal an adverse employment decision if the employee does not timely file the complaint or appeal during the public health emergency declared on March 12, 2020, by executive order 72. The tolling period under s. 230.445 (3) (a) 1. begins 14 days after the termination of such public health emergency.

(2) Notwithstanding s. 230.445 (3) (a) 2., an appointing authority or his or her designee is not required to meet with a complainant in person during the public health emergency declared on March 12, 2020, by executive order 72, when conducting an investigation under s. 230.445 (3) (a) 2.

SECTION 86. 440.08 (5) of the statutes is created to read:

440.08 (5) RENEWAL SUSPENSION FOR PUBLIC HEALTH EMERGENCY. (a) In this subsection, "health care provider credential" means any credential issued under ch. 441, 447, 448, 450, 455, 460, or 462.

(b) Notwithstanding subs. (1) to (3) and the applicable provisions in chs. 440 to 480, but subject to any professional discipline imposed on the credential, a health care provider credential is not subject to renewal, or any other conditions for renewal including continuing education, and remains valid during the period specified in par. (c).

(c) For purposes of par. (b), the period shall be the period beginning on March 12, 2020, and ending on the 60th day after the end of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(d) A renewal that occurs subsequent to the period described in par. (c) is not subject to the late renewal fee under sub. (3) (a) if the application to renew the credential is received before the next applicable renewal date. Notwithstanding the applicable provisions in chs. 440 to 480, the applicable credentialing board may, for that next applicable renewal date, provide an exemption from or reduction of continuing education or other conditions for renewal.

SECTION 87. 450.11 (5) (a) of the statutes is amended to read:

450.11 (5) (a) Except as provided in ~~par. pars.~~ (bm) ~~and (br)~~, no prescription may be refilled unless the requirements of sub. (1) and, if applicable, sub. (1m) have been met and written, oral, or electronic authorization has been given by the prescribing practitioner. Unless the prescribing practitioner has specified in the prescription order that dispensing a prescribed drug in an initial amount followed by periodic refills as specified in the prescription order is medically necessary, a pharma-

cist may exercise his or her professional judgment to dispense varying quantities of the prescribed drug per fill up to the total number of dosage units authorized by the prescribing practitioner in the prescription order including any refills, subject to par. (b).

SECTION 88. 450.11 (5) (br) of the statutes is created to read:

450.11 (5) (br) 1. In the event a pharmacist receives a request for a prescription to be refilled and the prescription cannot be refilled as provided in par. (a), the pharmacist may, subject to subd. 2. a. to e., extend the existing prescription order and dispense the drug to the patient, if the pharmacist has not received and is not aware of written or oral instructions from the prescribing practitioner prohibiting further dispensing pursuant to or extension of the prescription order.

2. a. A prescribing practitioner may indicate, by writing on the face of the prescription order or, with respect to a prescription order transmitted electronically, by designating in electronic format the phrase “No extensions,” or words of similar meaning, that no extension of the prescription order may be made under subd. 1. If such indication is made, the pharmacist may not extend the prescription order under subd. 1.

b. A pharmacist acting under subd. 1. may not extend a prescription order to dispense more than a 30-day supply of the prescribed drug, except that if the drug is typically packaged in a form that requires a pharmacist to dispense the drug in a quantity greater than a 30-day supply, the pharmacist may extend the prescription order as necessary to dispense the drug in the smallest quantity in which it is typically packaged.

c. A pharmacist may not extend a prescription order under subd. 1. for a drug that is a controlled substance.

d. A pharmacist may not extend a prescription order under subd. 1. for a particular patient if a prescription order was previously extended under subd. 1. for that patient during the period described in subd. 3.

e. A pharmacist shall, at the earliest reasonable time after acting under subd. 1., notify the prescribing practitioner or his or her office, but is not required to attempt to procure a new prescription order or refill authorization for the drug by contacting the prescribing practitioner or his or her office prior to acting under subd. 1. After acting under subd. 1., the pharmacist may notify the patient or other individual that any further refills will require the authorization of a prescribing practitioner.

3. This paragraph applies only during the public health emergency declared on March 12, 2020, by executive order 72, and for 30 days after the conclusion of that public health emergency. During that time, this paragraph supersedes par. (bm) to the extent of any conflict.

SECTION 89. 609.205 of the statutes is created to read:

609.205 Public health emergency for COVID–19.

(1) In this section, “COVID–19” means an infection caused by the SARS–CoV–2 coronavirus.

(2) All of the following apply to a defined network plan or preferred provider plan during the state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days following the date that the state of emergency terminates:

(a) The plan may not require an enrollee to pay, including cost sharing, for a service, treatment, or supply provided by a provider that is not a participating provider in the plan’s network of providers more than the enrollee would pay if the service, treatment, or supply is provided by a provider that is a participating provider. This subsection applies to any service, treatment, or supply that is related to diagnosis or treatment for COVID–19 and to any service, treatment, or supply that is provided by a provider that is not a participating provider because a participating provider is unavailable due to the public health emergency.

(b) The plan shall reimburse a provider that is not a participating provider for a service, treatment, or supply provided under the circumstances described under par. (a) at 225 percent of the rate the federal Medicare program reimburses the provider for the same or a similar service, treatment, or supply in the same geographic area.

(3) During the state of emergency related to public health declared under s. 323.10 on March 12, 2020, by executive order 72, and for the 60 days following the date that the state of emergency terminates, all of the following apply to any health care provider or health care facility that provides a service, treatment, or supply to an enrollee of a defined network plan or preferred provider plan but is not a participating provider of that plan:

(a) The health care provider or facility shall accept as payment in full any payment by a defined network plan or preferred provider plan that is at least 225 percent of the rate the federal Medicare program reimburses the provider for the same or a similar service, treatment, or supply in the same geographic area.

(b) The health care provider or facility may not charge the enrollee for the service, treatment, or supply an amount that exceeds the amount the provider or facility is reimbursed by the defined network plan or preferred provider plan.

(4) The commissioner may promulgate any rules necessary to implement this section.

SECTION 90. 609.83 of the statutes is amended to read:

609.83 Coverage of drugs and devices. Limited service health organizations, preferred provider plans, and defined network plans are subject to ss. 632.853 and 632.895 (16t) and (16v).

SECTION 91. 609.846 of the statutes is created to read:

609.846 Discrimination based on COVID–19 prohibited. Limited service health organizations, preferred provider plans, and defined network plans are subject to s. 632.729.

SECTION 92. 609.885 of the statutes is created to read:
609.885 Coverage of COVID–19 testing. Defined network plans, preferred provider plans, and limited service health organizations are subject to s. 632.895 (14g).

SECTION 93. 625.12 (2) of the statutes is amended to read:

625.12 (2) CLASSIFICATION. ~~Risks Except as provided in s. 632.729, risks~~ may be classified in any reasonable way for the establishment of rates and minimum premiums, except that no classifications may be based on race, color, creed or national origin, and classifications in automobile insurance may not be based on physical condition or developmental disability as defined in s. 51.01 (5). Subject to ~~s. ss. 632.365 and 632.729,~~ rates thus produced may be modified for individual risks in accordance with rating plans or schedules that establish reasonable standards for measuring probable variations in hazards, expenses, or both. Rates may also be modified for individual risks under s. 625.13 (2).

SECTION 94. 628.34 (3) (a) of the statutes is amended to read:

628.34 (3) (a) No insurer may unfairly discriminate among policyholders by charging different premiums or by offering different terms of coverage except on the basis of classifications related to the nature and the degree of the risk covered or the expenses involved, subject to ss. 632.365, 632.729, 632.746 and 632.748. Rates are not unfairly discriminatory if they are averaged broadly among persons insured under a group, blanket or franchise policy, and terms are not unfairly discriminatory merely because they are more favorable than in a similar individual policy.

SECTION 95. 632.729 of the statutes is created to read:

632.729 Prohibiting discrimination based on COVID–19. (1) DEFINITIONS. In this section:

(a) “COVID–19” means an infection caused by the SARS–CoV–2 coronavirus.

(b) “Health benefit plan” has the meaning given in s. 632.745 (11).

(c) “Pharmacy benefit manager” has the meaning given in s. 632.865 (1) (c).

(d) “Self–insured health plan” has the meaning given in s. 632.85 (1) (c).

(2) ISSUANCE OR RENEWAL. (a) An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self–insured health plan may not establish rules for the eligibility of any individual to enroll, for the continued eligibility of any individual to remain enrolled, or for the renewal of coverage under the plan based on a current or past diagnosis or suspected diagnosis of COVID–19.

(b) An insurer that offers a group health benefit plan, a pharmacy benefit manager, or a self–insured health plan may not establish rules for the eligibility of any employer or other group to enroll, for the continued eligibility of any employer or group to remain enrolled, or for

the renewal of an employer’s or group’s coverage under the plan based on a current or past diagnosis or suspected diagnosis of COVID–19 of any employee or other member of the group.

(3) CANCELLATION. An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self–insured health plan may not use as a basis for cancellation of coverage during a contract term a current or past diagnosis of COVID–19 or suspected diagnosis of COVID–19.

(4) RATES. An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self–insured health plan may not use as a basis for setting rates for coverage a current or past diagnosis of COVID–19 or suspected diagnosis of COVID–19.

(5) PREMIUM GRACE PERIOD. An insurer that offers an individual or group health benefit plan, a pharmacy benefit manager, or a self–insured health plan may not refuse to grant to an individual, employer, or other group a grace period for the payment of a premium based on an individual’s, employee’s, or group member’s current or past diagnosis of COVID–19 or suspected diagnosis of COVID–19 if a grace period for payment of premium would generally be granted under the plan.

SECTION 96. 632.895 (14g) of the statutes is created to read:

632.895 (14g) COVERAGE OF COVID–19 TESTING. (a) In this subsection, “COVID–19” means an infection caused by the SARS–CoV–2 coronavirus.

(b) Before March 13, 2021, every disability insurance policy, and every self–insured health plan of the state or of a county, city, town, village, or school district, that generally covers testing for infectious diseases shall provide coverage of testing for COVID–19 without imposing any copayment or coinsurance on the individual covered under the policy or plan.

SECTION 97. 632.895 (16v) of the statutes is created to read:

632.895 (16v) PROHIBITING COVERAGE LIMITATIONS ON PRESCRIPTION DRUGS. (a) During the period covered by the state of emergency related to public health declared by the governor on March 12, 2020, by executive order 72, an insurer offering a disability insurance policy that covers prescription drugs, a self–insured health plan of the state or of a county, city, town, village, or school district that covers prescription drugs, or a pharmacy benefit manager acting on behalf of a policy or plan may not do any of the following in order to maintain coverage of a prescription drug:

1. Require prior authorization for early refills of a prescription drug or otherwise restrict the period of time in which a prescription drug may be refilled.

2. Impose a limit on the quantity of prescription drugs that may be obtained if the quantity is no more than a 90–day supply.

(b) This subsection does not apply to a prescription drug that is a controlled substance, as defined in s. 961.01 (4).

SECTION 98. 895.4801 of the statutes is created to read:

895.4801 Immunity for health care providers during COVID–19 emergency. (1) **DEFINITIONS.** In this section:

(a) “Health care professional” means an individual licensed, registered, or certified by the medical examining board under subch. II of ch. 448 or the board of nursing under ch. 441.

(b) “Health care provider” has the meaning given in s. 146.38 (1) (b) and includes an adult family home, as defined in s. 50.01 (1).

(2) **IMMUNITY.** Subject to sub. (3), any health care professional, health care provider, or employee, agent, or contractor of a health care professional or health care provider is immune from civil liability for the death of or injury to any individual or any damages caused by actions or omissions that satisfy all of the following:

(a) The action or omission is committed while the professional, provider, employee, agent, or contractor is providing services during the state of emergency declared under s. 323.10 on March 12, 2020, by executive order 72, or the 60 days following the date that the state of emergency terminates.

(b) The actions or omissions relate to health services provided or not provided in good faith or are substantially consistent with any of the following:

1. Any direction, guidance, recommendation, or other statement made by a federal, state, or local official to address or in response to the emergency or disaster declared as described under par. (a).

2. Any guidance published by the department of health services, the federal department of health and human services, or any divisions or agencies of the federal department of health and human services relied upon in good faith.

(c) The actions or omissions do not involve reckless or wanton conduct or intentional misconduct.

(3) **APPLICABILITY.** This section does not apply if s. 257.03, 257.04, 323.41, or 323.44 applies.

SECTION 99. 895.51 (title) of the statutes is amended to read:

895.51 (title) Civil liability exemption: food or emergency household products; emergency medical supplies; donation, sale, or distribution.

SECTION 100. 895.51 (1) (bd) of the statutes is created to read:

895.51 (1) (bd) “Cost of production” means the cost of inputs, wages, operating the manufacturing facility, and transporting the product.

SECTION 101. 895.51 (1) (bg) of the statutes is created to read:

895.51 (1) (bg) “Emergency medical supplies” means any medical equipment or supplies necessary to limit the spread of, or provide treatment for, a disease associated with the public health emergency related to the 2019 novel coronavirus pandemic, including life support devices, personal protective equipment, cleaning supplies, and any other items determined to be necessary by the secretary of health services.

SECTION 102. 895.51 (1) (dp) of the statutes is created to read:

895.51 (1) (dp) “Public health emergency related to the 2019 novel coronavirus pandemic” means the period covered by the public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus or the national emergency declared by the U.S. president under 50 USC 1621 on March 13, 2020, in response to the 2019 novel coronavirus.

SECTION 103. 895.51 (2r) of the statutes is created to read:

895.51 (2r) Any person engaged in the manufacturing, distribution, or sale of emergency medical supplies, who donates or sells, at a price not to exceed the cost of production, emergency medical supplies to a charitable organization or governmental unit to respond to the public health emergency related to the 2019 novel coronavirus pandemic is immune from civil liability for the death of or injury to an individual caused by the emergency medical supplies donated or sold by the person.

SECTION 104. 895.51 (3r) of the statutes is created to read:

895.51 (3r) Any charitable organization that distributes free of charge emergency medical supplies received under sub. (2r) is immune from civil liability for the death of or injury to an individual caused by the emergency medical supplies distributed by the charitable organization.

SECTION 105. Nonstatutory provisions.

(1) **ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGE.** If the federal government provides an enhanced federal medical assistance percentage during an emergency period declared in response to the novel coronavirus pandemic, the department of health services may do any of the following during the period to which the enhanced federal medical assistance percentage applies in order to satisfy criteria to qualify for the enhanced federal medical assistance percentage:

(a) Suspend the requirement to comply with the premium requirements under s. 49.45 (23b) (b) 2. and (c).

(b) Suspend the requirement to comply with the health risk assessment requirement under s. 49.45 (23b) (b) 3.

(c) Delay implementation of the community engagement requirement under s. 49.45 (23b) (b) 1. until the date

that is 30 days after either the day the federal government has approved the community engagement implementation plan or the last day of the calendar quarter in which the last day of the emergency period under 42 USC 1320b–5 (g) (1) that is declared due to the novel coronavirus pandemic occurs, whichever is later.

(d) Notwithstanding any requirement under subch. IV of ch. 49 to disenroll an individual to the contrary, maintain continuous enrollment in compliance with section 6008 (b) (3) of the federal Families First Coronavirus Response Act, P.L. 116–127.

(2) **LIABILITY INSURANCE FOR PHYSICIANS AND NURSE ANESTHETISTS.** During the public health emergency declared on March 12, 2020, by executive order 72, all of the following apply to a physician or nurse anesthetist for whom this state is not a principal place of practice but who is authorized to practice in this state on a temporary basis:

(a) The physician or nurse anesthetist may fulfill the requirements of s. 655.23 (3) (a) by filing with the commissioner of insurance a certificate of insurance for a policy of health care liability insurance issued by an insurer that is authorized in a jurisdiction accredited by the National Association of Insurance Commissioners.

(b) The physician or nurse anesthetist may elect, in the manner designated by the commissioner of insurance by rule under s. 655.004, to be subject to ch. 655.

(3) **VIRTUAL INSTRUCTION; REPORTS AND GUIDANCE.**

(a) *Definitions.* In this subsection:

1. “Department” means the department of public instruction.

2. “Public health emergency” means the period during the 2019–20 school year when schools are closed by the department of health services under s. 252.02 (3).

3. “Virtual instruction” means instruction provided through means of the Internet if the pupils participating in and instructional staff providing the instruction are geographically remote from each other.

(b) *School board reports.* By November 1, 2020, each school board shall report to the department all of the following:

1. Whether or not virtual instruction was implemented in the school district during the public health emergency and, if implemented, in which grades it was implemented.

2. If virtual instruction was implemented in the school district during the public health emergency, the process for implementing the virtual instruction.

3. For each grade level, the average percentage of the 2019–20 school year curriculum provided to pupils, including curriculum provided in–person and virtually.

4. Whether anything was provided to pupils during the 2020 summer to help pupils learn content that pupils missed because of the public health emergency and, if so, what was provided to pupils.

5. Recommendations for best practices for transitioning to and providing virtual instruction when schools are closed.

6. Any challenges or barriers the school board faced related to implementing virtual instruction during the public health emergency.

7. By position type, the number of staff members who were laid off during the public health emergency.

8. The number of lunches the school board provided during the public health emergency.

9. The total amount by which the school board reduced expenditures during, or because of, the public health emergency in each of the following categories:

a. Utilities.

b. Transportation.

c. Food service.

d. Personnel. This category includes expenditure reductions that result from layoffs.

e. Contract terminations.

(c) *Report to the legislature.* By January 1, 2021, the department shall compile and submit the information it received under par. (b) to the appropriate standing committees of the legislature in the manner provided under s. 13.172 (3).

(d) *DPI guidance on returning to in–person instruction.* By June 30, 2020, the department shall post on its Internet site guidance to schools on best practices related to transitioning from virtual instruction to in–person instruction.

(4) **TEMPORARY CREDENTIALS FOR FORMER HEALTH CARE PROVIDERS DURING EMERGENCY.**

(a) *Definitions.* In this subsection:

1. “Health care provider” means an individual who was at any time within the past 5 years, but is not currently, any of the following, if the individual’s credential was never revoked, limited, suspended, or denied renewal:

a. A nurse licensed under ch. 441.

b. A chiropractor licensed under ch. 446.

c. A dentist licensed under ch. 447.

d. A physician, physician assistant, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

e. A physical therapist or physical therapist assistant licensed under subch. III of ch. 448 or who holds a compact privilege under subch. IX of ch. 448.

f. A podiatrist licensed under subch. IV of ch. 448.

g. A dietitian certified under subch. V of ch. 448.

h. An athletic trainer licensed under subch. VI of ch. 448.

i. An occupational therapist or occupational therapy assistant licensed under subch. VII of ch. 448.

j. An optometrist licensed under ch. 449.

k. A pharmacist licensed under ch. 450.

L. An acupuncturist certified under ch. 451.

- m. A psychologist licensed under ch. 455.
 - n. A social worker, marriage and family therapist, or professional counselor certified or licensed under ch. 457.
 - o. A speech–language pathologist or audiologist licensed under subch. II of ch. 459.
 - p. A massage therapist or bodywork therapist licensed under ch. 460.
2. “Health care facility” means a system, care clinic, care provider, long–term care facility, or any other health care facility where health care services are provided.
 3. “Temporary credential” mean a visiting, locum tenens, temporary, or similar non–permanent license or certificate.

(b) *Temporary practice; emergency.*

1. Notwithstanding ss. 440.982 (1), 441.06 (4), 441.15 (2), 446.02 (1), 447.03 (1), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope of the credential that the health care provider previously held if all of the following apply:
 - a. Practice by the health care provider is necessary for an identified health care facility to ensure the continued and safe delivery of health care services.
 - b. The identified health care facility’s needs reasonably prevented the health care provider from obtaining a credential before beginning to provide health care services at the facility.
 - c. The health care provider applies for a temporary credential or permanent credential within 10 days of first providing health care services at a health care facility.
 - d. The health care facility notifies the department of safety and professional services within 5 days of the date on which the health care provider begins providing health care services at the facility.
2. A health care provider who provides services authorized under this subsection shall maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.
3. This subsection does not apply 30 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(5) **AUTHORITY TO WAIVE FEES.** Notwithstanding s. 440.05 and the applicable fee provisions in chs. 440 to 480, during the period covered by the public health emergency declared on March 12, 2020, by executive order 72, the department of safety and professional services may waive fees for applications for an initial credential and renewal of a credential for registered nurses, licensed practical nurses, nurse–midwives, dentists, physicians, physician assistants, perfusionists, respiratory care practitioners, pharmacists, psychologists, clinical social

workers, independent social workers, social workers, marriage and family therapists, professional counselors, and clinical substance abuse counselors.

(6) **TEMPORARY CREDENTIALS FOR HEALTH CARE PROVIDERS FROM OTHER STATES DURING EMERGENCY.**

(a) *Definitions.* In this subsection:

1. “Health care provider” means an individual who holds a valid, unexpired license, certificate, or registration granted by another state or territory that authorizes or qualifies the individual to perform acts that are substantially the same as the acts that any of the following are licensed or certified to perform:
 - a. A nurse licensed under ch. 441.
 - b. A chiropractor licensed under ch. 446.
 - c. A dentist licensed under ch. 447.
 - d. A physician, physician assistant, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.
 - e. A physical therapist or physical therapist assistant licensed under subch. III of ch. 448 or who holds a compact privilege under subch. IX of ch. 448.
 - f. A podiatrist licensed under subch. IV of ch. 448.
 - g. A dietitian certified under subch. V of ch. 448.
 - h. An athletic trainer licensed under subch. VI of ch. 448.
 - i. An occupational therapist or occupational therapy assistant licensed under subch. VII of ch. 448.
 - j. An optometrist licensed under ch. 449.
 - k. A pharmacist licensed under ch. 450.
 - L. An acupuncturist certified under ch. 451.
 - m. A psychologist licensed under ch. 455.
 - n. A social worker, marriage and family therapist, or professional counselor certified or licensed under ch. 457.
 - o. A speech–language pathologist or audiologist licensed under subch. II of ch. 459.
 - p. A massage therapist or bodywork therapist licensed under ch. 460.

2. “Health care facility” means a system, care clinic, care provider, long–term care facility, or any other health care facility where health care services are provided.
3. “Temporary credential” mean a visiting, locum tenens, temporary, or similar non–permanent license or certificate.

(b) *Temporary practice; emergency.*

1. Notwithstanding ss. 440.982 (1), 441.06 (4), 441.15 (2), 446.02 (1), 447.03 (1), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope of the credential that the health care provider holds if all of the following apply:
 - a. Practice by the health care provider is necessary for an identified health care facility to ensure the continued and safe delivery of health care services.

b. The identified health care facility's needs reasonably prevented the health care provider from obtaining a credential before beginning to provide health care services at the facility.

c. The health care provider applies for a temporary credential or permanent credential within 10 days of beginning to provide health care services at a health care facility.

d. The health care facility notifies the department of safety and professional services within 5 days of the date on which the health care provider begins providing health care services at the facility.

2. A health care provider who provides services authorized under this subsection shall maintain malpractice insurance that satisfies the requirements of the profession for which the health care provider has been licensed or certified.

3. This subsection does not apply 30 days after the conclusion of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(8) POSITION TRANSFERS.

(a) In this subsection:

1. "Emergency period" means the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

2. "State agency" means any office, commission, board, department, or independent agency in the executive branch of state government.

(b) During the emergency period, the secretary of administration may transfer any employee from one state agency to another state agency to provide services for the receiving state agency. The receiving state agency shall pay all salary and fringe benefit costs of the employee during the time he or she is providing services for the receiving state agency. Any action by the secretary under this paragraph shall remain in effect until rescinded by the secretary or 90 days after the public health emergency is terminated, whichever is earliest.

(c) If an employee is transferred under par. (b), the receiving agency may not increase the employee's salary at the time of transfer or during the time he or she is providing services for the receiving agency and the transferring agency may not increase the employee's salary at the time the employee returns to the transferring agency.

(d) The secretary of administration shall submit a report to the joint committee on finance no later than June 1, 2020, and on the first day of each subsequent month during the emergency period, that provides information on all employee transfers under par. (b). The report shall specify the number of employees transferred, the title of each employee transferred, the title the employee assumed at the receiving agency, and the reasons for each employee transfer.

(9) LOANS TO MUNICIPAL UTILITIES.

(a) *Definitions.* In this subsection:

1. "Board" means the board of commissioners of public lands.

2. "COVID-19 public health emergency" means the public health emergency declared on March 12, 2020, by executive order 72.

3. "Emergency period" means the period covered by the COVID-19 public health emergency, plus 60 days.

4. "Municipal utility" has the meaning given in s. 196.377 (2) (a) 3.

(b) *Loans.*

1. The board may loan moneys under its control or belonging to the trust funds to a municipal utility to ensure that the municipal utility is able to maintain liquidity during the emergency period. The loan shall be for the sum of money, for the time, and upon the conditions as may be agreed upon between the board and the borrower.

2. The legislature finds and determines that the loans authorized under this subsection serve a public purpose.

(10) LEGISLATIVE OVERSIGHT OF THE MEDICAL ASSISTANCE PROGRAM.

(a) Section 20.940 does not apply to a request for a waiver, amendment to a waiver, or other federal approval from the department of health services submitted to the federal department of health and human services during the public health emergency declared under 42 USC 247d by the secretary of the federal department of health and human services on January 31, 2020, in response to the 2019 novel coronavirus, only if the request is any of the following, relating to the Medical Assistance program:

1. Allowing providers to receive payments for services provided in alternative settings to recipients affected by 2019 novel coronavirus.

2. Waiving preadmission screening and annual resident review requirements when recipients are transferred.

3. Allowing hospitals who hold a state license but have not yet received accreditation from the Joint Commission to bill the Medical Assistance program during the 2019 novel coronavirus public health emergency.

4. Waiving payment of the application fee to temporarily enroll a provider for 90 days or until the termination of the 2019 novel coronavirus public health emergency, whichever is longer.

5. Waiving pre-enrollment criminal background checks for providers that are enrolled in the Medicare program to temporarily enroll the provider in the Medical Assistance program for 90 days or until the termination of the 2019 novel coronavirus public health emergency, whichever is longer.

6. Waiving site visit requirements to temporarily enroll a provider for 90 days or until the termination of 2019 novel coronavirus public health emergency, whichever is longer.

7. Ceasing revalidation of providers who are enrolled in the Medical Assistance program or otherwise directly impacted by the 2019 novel coronavirus public health emergency for 90 days or until termination of the public health emergency, whichever is longer.

8. Waiving the requirement that physicians and other health care professionals be licensed in the state in which they are providing services if they have equivalent licensure in another state or are enrolled in the federal Medicare program.

9. Waiving prior authorization requirements for access to covered state plan or waiver benefits.

10. Expanding the authority under Section 1905 (a) of the federal Social Security Act regarding non-emergency transportation to allow for reimbursement of any eligible individual under the Medical Assistance program, additional vendors, transportation for caregivers going to provide services to recipients, and meal delivery to Medical Assistance recipients.

11. Waiving public notice requirements that would otherwise be applicable to state plan and waiver changes.

12. Modifying the tribal consultation timelines specified in the Medical Assistance state plan to allow for consultation at the next future tribal health director meeting.

13. Modifying the requirement under 42 CFR 430.20 to submit the state plan amendment by March 31, 2020, to obtain an effective date during the first calendar quarter of 2020. The department of health services shall comply with s. 49.45 (2t) for any item included in the state plan amendment that is not specifically described in this subsection.

14. Simplifying program administration by allowing for temporary state plan flexibilities rather than requiring states to go through the state plan amendment submission and approval process.

15. Waiving timely filing requirements for billing under 42 USC 1395cc and 1396a (a) (54) and 42 CFR 424.44 to allow time for providers to implement changes.

16. Expanding hospital presumptive eligibility to include the population over age 65 and disabled.

17. Allowing flexibility for submission of electronic signatures on behalf of a Medical Assistance recipient by application assistants if a signature cannot be captured in person.

18. Waiving requirements for managed care organizations to complete initial and periodic recredentialing of network providers if the providers meet Medical Assistance provider enrollment requirements during the 2019 novel coronavirus public health emergency.

19. Requiring managed care organizations to extend preexisting authorizations through which a Medical Assistance recipient has received prior authorization until the termination of the 2019 novel coronavirus public health emergency.

20. Waiving sanctions under Section 1877 (g) of the Social Security Act relating to limitations on physician referral.

21. Allowing flexibility in how a teaching physician is present with the patient and resident including real-time audio and video or access through a window.

22. Waiving certain equipment requirements in hospital equipment maintenance requirement guidance issued on December 20, 2013, to maintain the health and safety of the hospitals' patients and providers.

23. Creating provisions allowing for additional flexibilities to allow for the use in nursing homes of physician extenders in place of medical directors and attending physicians and telehealth options.

24. Waiving notice of transfers within a nursing home due to medically necessary protection from the 2019 novel coronavirus.

25. Waiving requirements to document sufficient preparation and orientation to residents to ensure a safer and orderly intrafacility nursing home transfer.

26. Waiving requirements for a nursing home bed-hold policy.

27. Waiving the requirements for nursing home in-service education under 42 CFR 483.35 (d) (7).

28. Waiving nurse staffing information and posting of that information for nursing homes.

29. Suspending the requirement that a pharmacist go monthly to the nursing home to do record review.

30. Waiving or lessening requirements for a paid feeding assistant program in nursing homes and setting guidelines for training to assist with the 2019 novel coronavirus pandemic.

31. Waiving the annual and quarterly screening of fire extinguishers and any other annual maintenance review for nursing homes.

32. Allowing all clinical hours required under 42 CFR 483.152 (a) (3) to be online simulation.

33. Waiving under 42 CFR 483.151 (b) (2) the loss of the Nurse Aide Training and Competency Evaluation Program.

34. Waiving the requirements under 42 CFR 483.160 for training of paid feeding assistants.

35. Allowing home health agencies to perform certifications, initial assessments, and determine homebound status remotely or by record review.

36. Waiving life safety codes for intermediate care facilities for individuals with intellectual disabilities under 42 CFR 483.70 and for hospitals, hospices, nursing homes, critical access hospitals and intermediate care facilities for individuals with intellectual disabilities relating to fire alarm system maintenance and testing, automatic sprinkler and standpipe system inspection, testing, and maintenance, and inspection and maintenance of portable fire extinguishers.

37. Relating to the home and community-based waiver programs of Family Care, IRIS, and Children's Long-Term Supports, any of the following:

a. Allowing all waiver services and administrative requirements that that can be provided with the same functional equivalency of face-to-face services to occur remotely.

b. Removing the requirement to complete a 6-month progress report to reauthorize prevocational service.

c. Removing the limitation that quotes from at least 3 providers must be obtained and submitted for home modifications.

d. Removing the limitation preventing supportive home care from being provided in adult family homes and residential care apartment complexes.

e. Removing the limitation preventing personal or nursing services for recipients in residential care apartment complexes.

f. Removing the limitation that participants cannot receive other waiver services on the same day as receiving respite care.

g. Allowing adult day service providers, prevocational providers, and supported employment providers to provide services in alternate settings.

h. Allowing up to 3 meals per day for home delivered meals for Family Care and IRIS program enrollees and adding home delivered meals as a benefit in the Children's Long-Term Supports waiver.

i. Removing the limitation on using moneys to relocate individuals from an institution or family home to an independent living arrangement.

j. Allowing any individual with an intellectual or developmental disability to reside in a community-based residential facility with greater than 8 beds.

k. Modifying the scope of the child care benefit to allow for the provision of child care payments for children under the age of 12 in the program for direct care workers and medical workers who need access to child care during the emergency.

l. Allowing for all home and community-based waiver services to be provided in temporary settings.

m. Allowing home and community-based waiver services to be provided temporarily in an acute care hospital or in a short-term institutional stay.

n. Allowing payment for home and community-based waiver services provided in settings outside this state.

o. Allowing general retailers to provide assistive technology or communication aids.

p. Allowing providers certified or licensed in other states or enrolled in the Medicare program to perform the same or comparable services in this state.

q. Delaying provider licensing or certification reviews.

r. Allowing the department of health services to waive provider qualifications as necessary to increase the pool of available providers.

s. Allowing 4-year background checks to be delayed.

t. Expanding transportation providers to include individual and transportation network companies.

u. Allowing noncertified individuals to provide home delivered meals.

v. Allowing nursing students to provide allowable nursing services.

w. Allowing parents to be paid caregivers for their minor children in the Children's Long-Term Supports program when providing a service that would otherwise have been performed and paid for by a provider.

x. Allowing for qualified individuals to provide training to unpaid caregivers.

y. Waiving choice of provider requirements.

z. Waiving the managed care network adequacy requirements under 42 CFR 438.68 and 438.207.

za. Waiving requirements to complete initial and required periodic credentialing of network providers.

zb. Adding a verbal and electronic method to signing required documents.

zc. Allowing the option to conduct evaluations, assessments, and person-centered service planning meetings virtually or remotely in lieu of face-to-face meetings.

zd. Allowing the lessening of prior approval or authorization requirements.

ze. Allowing for data entry of incidents into the incident reporting system outside of typical timeframes.

zf. Waiving the requirement to distribute member-centered plans to essential providers.

zg. Allowing the department of health services to draw federal financing match for payments, such as hardship or supplemental payments, to stabilize and retain providers who suffer extreme disruptions to their standard business model or revenue streams as a result of the 2019 novel coronavirus.

zh. Allowing the department of health services to waive participant liability for room and board when temporarily sheltered at noncertified facilities.

zi. Allowing payment for home and community-based waiver services that are not documented in the recipient's plan.

zj. Allowing managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the department of health services to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements and give enrollees more time to request a fair hearing.

zk. Waiving public notice requirements that would otherwise be applicable to waiver changes.

zl. Modifying the tribal consultation timelines to allow for consultation at the next future tribal health directors meeting.

zm. Waiving timelines for reports, required surveys, and notifications.

zn. Allowing the extension of the certification period of level-of-care screeners.

zo. Allowing the waiver of requirements related to home and community-based settings on a case by case basis in order to ensure the health, safety and welfare of affected beneficiaries under 42 CFR 441.301 (c) (4).

zp. Applying any provisions under this paragraph automatically to the concurrent 1915 (b) waiver.

zq. Allowing the waiver enrollment or eligibility changes based on a completed functional screen resulting in a change in level-of-care.

zr. Allowing for continued enrollment in the Children's Long-Term Supports program past the ages of 18 and 21.

zs. Allowing the suspension of involuntary disenrollment.

(b) The department of health services may implement any of the items specified in par. (a) only on a temporary basis to address the 2019 novel coronavirus pandemic for which the public health emergency described in par. (a) is declared, and any extension or renewal of the items in par. (a) shall comply with s. 20.940 and, if applicable, s. 49.45 (2t).

(11) AUDIT OF PROGRAMS AND EXPENDITURES. Beginning July 1, 2020, and ending June 30, 2021, the legislative audit bureau shall use risk-based criteria to review selected programs affected by this act and selected expenditures made with funds authorized by this act and report the results of its reviews at least quarterly to the chief clerk of each house of the legislature and to the joint legislative audit committee.

(13) COMMUNICATIONS LIMITATIONS UNDER CAMPAIGN FINANCE LAW. Section 11.1205 (1) does not apply to communications made during, or within 30 days after termination of, the public health emergency declared on March 12, 2020, by executive order 72, if the communications relate to the public health emergency.

(14) AUTHORITY TO WAIVE INTEREST AND PENALTIES FOR GENERAL FUND AND TRANSPORTATION FUND TAXES. For any person who fails to remit a covered tax or fee by the date required by law, the secretary of revenue may waive, on a case-by-case basis, any penalty or interest that accrues during the applicable period if the date required by law for the remittance is during the applicable period and the secretary determines that the person's failure is due to the effects of the COVID-19 pandemic. For purposes of this subsection, "applicable period" means the period covered by the public health emergency declared on March 12, 2020, by executive order 72, and "covered tax or fee" means a tax that is deposited or expected to be deposited into the general fund or a tax or fee that is

deposited or expected to be deposited into the transportation fund.

(15) AUTOPSIES AND CREMATION OF BODIES OF PERSONS WHO DIED OF COVID-19.

(a) *Definition.* In this subsection, "COVID-19" means an infection caused by the SARS-CoV-2 coronavirus.

(b) *Viewing of a corpse to be cremated following death from COVID-19.* Notwithstanding s. 979.10 (1) (b), for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if any physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner shall issue a cremation permit to cremate the corpse of that deceased person without viewing the corpse.

(c) *Time for cremation of a person who has died of COVID-19.* Notwithstanding s. 979.10 (1) (a) (intro.), for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if a physician, coroner, or medical examiner has signed the death certificate of a deceased person and listed COVID-19 as the underlying cause of death, a coroner or medical examiner shall issue, within 48 hours after the time of death, a cremation permit for the cremation of a corpse of a deceased person.

(d) *Examination of the body of an inmate who has died of COVID-19.* Notwithstanding s. 979.025, for the duration of the public health emergency declared on March 12, 2020, by executive order 72, if an individual who has been diagnosed with COVID-19 dies while he or she is in the legal custody of the department of corrections and confined to a correctional facility located in this state, the coroner or medical examiner may perform a limited examination of the deceased individual instead of a full autopsy, which may include an external examination of the body of the deceased individual, a review of the deceased individual's medical records, or a review of the deceased individual's radiographs.

(e) *Requiring electronic signature on death certificates with 48 hours if death is caused by COVID-19.* Notwithstanding s. 69.18 or any other requirements to the contrary, during the public health emergency declared on March 12, 2020, by executive order 72, if the underlying cause of a death is determined to be COVID-19, the person required to sign the death certificate shall provide an electronic signature on the death certificate within 48 hours after the death occurs.

(16) CREDENTIAL RENEWAL DURING COVID-19 EMERGENCY.

(a) *Definition.* In this subsection, "emergency period" means the period covered by the state of emergency related to public health declared by the governor on March 12, 2020, by executive order 72, and for the 60

days following the date that the state of emergency is terminated.

(b) *Emergency medical services renewals.* Notwithstanding s. 256.15 (6) (b) and (c), (8) (c) and (cm), and (10), during the emergency period, the department of health services may not require an ambulance service provider, emergency medical services practitioner, or emergency medical responder that holds a license, training permit, or certificate under s. 256.15 that has not been suspended or revoked to renew that license, training permit, or certificate or impose renewal requirements, such as continuing education, on an ambulance service provider, emergency medical services practitioner, or emergency medical responder that holds a license, training permit, or certificate under s. 256.15. A renewal that occurs after the emergency period is not considered a late renewal if the application to renew the credential is received before the next applicable renewal date. The department of health services may, for that next applicable renewal date, provide an exemption from or reduction of continuing education or other conditions for renewal.

(17) CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT FUNDS. The federal Child Care and Development Fund block grant funds received under the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, shall be credited to the appropriations under s. 20.437 (1) (mc) and (md). No moneys credited under this subsection may be encumbered or expended except as provided under s. 16.54 (2) (a) 2.

(18) ELIGIBILITY FOR LOCAL FAIR AIDS. Notwithstanding s. 93.23 (1) (c), each agricultural society, board, or association that received aid under s. 93.23 in 1950 shall continue to remain eligible for aid if a fair operated by the society, board, or association is not held during 2020 because of the public health emergency declared on March 12, 2020, by executive order 72.

(19) APPLICATIONS FOR HEATING ASSISTANCE. Households may apply for heating assistance under s. 16.27 (4) (a) at any time during calendar year 2020.

(20) PAY-FOR-PERFORMANCE; HEALTH INFORMATION EXCHANGE. The department of health services shall develop for the Medical Assistance program a payment system based on performance to incentivize participation in health information data sharing to facilitate better patient care, reduced costs, and easier access to patient information. The department shall establish performance metrics for the payment system under this subsection that satisfy all of the following:

(a) The metric shall include participation by providers in a health information exchange at a minimum level of patient record access.

(b) The payment under the payment system shall increase as the participation level in the health information exchange increases.

(c) The payment system shall begin in the 2021 rate year.

(d) For purposes of this payment system, the department shall seek any available federal moneys, including any moneys available for this purpose under the the federal Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, to assist small, rural providers with the costs of information technology setup to participate in the health information exchange.

(21) PUPIL ASSESSMENTS; PUBLIC HEALTH EMERGENCY EXCEPTION FOR THE 2019-20 SCHOOL YEAR. Sections 115.7915 (5) (b) and (6) (j), 118.30 (1m), (1r), (1s), and (1t), 118.40 (2r) (d) 2. and (2x) (d) 2., 118.60 (7) (b) 1., 119.23 (7) (b) 1., and 121.02 (1) (r) and (s) do not apply in the 2019-20 school year.

(22) DIRECT HOURS OF INSTRUCTION; WAIVER FOR PRIVATE SCHOOLS. In the 2019-20 school year, the governing body of a private school may request the department to waive any requirement related to providing hours of instruction in chs. 115 to 121, including the requirements in ss. 118.165 (1) (c), 118.60 (2) (a) 8., and 119.23 (2) (a) 8., or in administrative rules promulgated by the department under the authority of those chapters.

(23) STATEWIDE PARENTAL CHOICE PROGRAM; APPLICATIONS FOR THE 2020-21 SCHOOL YEAR.

(a) Notwithstanding s. 118.60 (3) (ar) 1., a private school that submitted a notice of intent to participate under s. 118.60 (2) (a) 3. a. by January 10, 2020, may accept applications for the 2020-21 school year until May 14, 2020, from pupils who reside in a school district, other than an eligible school district, as defined in s. 118.60 (1) (am), or a 1st class city school district.

(b) Notwithstanding s. 118.60 (3) (ar) 2., each private school that receives applications under s. 118.60 (3) (ar) 1. for the 2020-21 school year by the deadline under par. (a), shall report the information required under s. 118.60 (3) (ar) 2. to the department of public instruction by May 29, 2020.

(24) FULL-TIME OPEN ENROLLMENT; APPLICATIONS FOR THE 2020-21 SCHOOL YEAR. Notwithstanding s. 118.51 (3) (a) and (b), (8), and (14) (b), all of the following apply to applications to attend a public school in a nonresident school district under s. 118.51 in the 2020-21 school year:

(a) The deadline for a parent of a pupil to submit an application to a nonresident school district under s. 118.51 (3) (a) 1. is May 29, 2020.

(b) The deadline for a nonresident school board to send a copy of an application to a pupil's resident school board and the department under s. 118.51 (3) (a) 1. is by the end of the day on June 1, 2020.

(c) The deadline for a resident school board to send a copy of a pupil's individualized education program to a nonresident school district under s. 118.51 (3) (a) 1m. is June 8, 2020.

(d) A nonresident school board may not act on any application received under s. 118.51 (3) (a) 1. before June 1, 2020.

(e) The deadline under s. 118.51 (3) (a) 3. by which a nonresident school board must notify an applicant of whether the applicant's application has been accepted is July 2, 2020.

(f) The deadline under s. 118.51 (3) (a) 4. by which a resident school board must notify an applicant and the nonresident school board that an application has been denied is July 9, 2020.

(g) The deadline under s. 118.51 (3) (a) 6. for a pupil's parent to notify a nonresident school board of the pupil's intent to attend school in the nonresident school district in the 2020–21 school year is July 31, 2020, or within 10 days of receiving a notice of acceptance if a pupil is selected from a waiting list under s. 118.51 (5) (d).

(h) By August 7, 2020, each nonresident school board that has accepted a pupil under s. 118.51 for attendance in the 2020–21 school year shall report the name of the pupil to the pupil's resident school board.

(i) The deadline for a resident school board to provide the information under s. 118.51 (8) to a nonresident school board to which a pupil has applied to attend in the 2020–21 school year is June 5, 2020.

(j) The deadline under s. 118.51 (14) (b) for the department to provide parents requesting reimbursement under s. 118.51 (14) (b) an estimate of the amount of reimbursement that the parent will receive if the pupil attends public school in the nonresident school district in the 2020–21 school year is June 12, 2020.

(25) INTEREST ON LATE PROPERTY TAX PAYMENTS. Notwithstanding ss. 74.11, 74.12, and 74.87, for property taxes payable in 2020, after making a general or case-by-case finding of hardship, a taxation district may provide that an installment payment that is due and payable after April 1, 2020, and is received after its due date shall not accrue interest or penalties if the total amount due and payable in 2020 is paid on or before October 1, 2020. Interest and penalties shall accrue from October 1, 2020, for any property taxes payable in 2020 that are delinquent after October 1, 2020. A taxation district may not waive interest and penalties as provided in this subsection unless the county board of the county where the taxation

district is located first adopts a resolution authorizing such waiver and establishing criteria for determining hardship, and the taxation district subsequently adopts a similar resolution. A county that has adopted a resolution authorizing the waiver of interest and penalties under this subsection shall settle any taxes, interest, and penalties collected on or before July 31, 2020, on August 20, 2020, as provided under s. 74.29 (1), and settle the remaining unpaid taxes, interest, and penalties on September 20, 2020. The August 20, 2020, settlement shall be distributed proportionally to the underlying taxing jurisdictions.

(26m) PLAN TO ASSIST MAJOR INDUSTRIES. No later than June 30, 2020, the Wisconsin Economic Development Corporation shall submit to the legislature in the manner provided under s. 13.172 (2), and to the governor, a report that includes a plan for providing support to the major industries in this state that have been adversely affected by the COVID–19 public health emergency, including tourism, manufacturing, agriculture, forest products, construction, retail, and services.

(27m) UNEMPLOYMENT INSURANCE; FEDERAL ADVANCES. The secretary of workforce development shall, to the extent permitted under federal law, seek advances to the unemployment reserve fund established in s. 108.16 from the federal government, so as to allow Schedule D under s. 108.18 (4) to remain in effect through the end of calendar year 2021.

SECTION 106. Initial applicability.

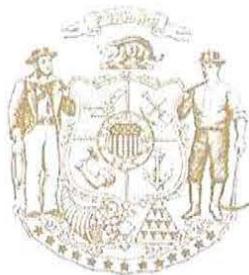
(1) UNEMPLOYMENT INSURANCE; CHARGING OF BENEFITS. The amendment of s. 108.16 (6m) (a) and the creation of ss. 108.04 (2) (d) and 108.07 (5) (bm) first apply retroactively to weeks of benefits described in s. 108.07 (5) (bm).

(2) DEADLINES AND TRAINING REQUIREMENTS FALLING DURING A PUBLIC HEALTH EMERGENCY. The treatment of s. 323.265 first applies retroactively to a deadline, as defined in s. 323.265 (1) (b), or training requirement falling during the public health emergency declared on March 12, 2020, by executive order 72.

State of Wisconsin

Governor Tony Evers

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Emergency Order #16

Related to Certain Health Care Providers and the Department of Safety and Professional Services Credentialing

WHEREAS, in December, 2019, a novel strain of the coronavirus was detected, now named COVID-19, and it has spread throughout the world, including every state in the United States;

WHEREAS, on March 12, 2020, Governor Tony Evers declared a public health emergency and directed all agencies support the efforts to respond to and contain COVID-19 in Wisconsin;

WHEREAS, on March 13, 2020, President Donald Trump proclaimed a National Emergency concerning COVID-19;

WHEREAS, as of March 26, 2020, 512,900 people around the world have tested positive for COVID-19, including 81,321 in the United States and 707 in Wisconsin;

WHEREAS, even before COVID-19, more than half of Wisconsin counties had a shortage of physicians, and many other types of healthcare workers were in short supply;

WHEREAS, the continued spread of COVID-19 demands that we have the help of as many skilled health care providers as possible;

NOW THEREFORE, under the authority vested in the Governor and the Department of Health by the Constitution and the Laws of the State, including but not limited to Article V, Section 4 of the Wisconsin Constitution and Sections 323.12(4) and 252.02(6) of the Wisconsin Statutes, and the public health emergency declared in Executive Order #72, I, Governor Tony Evers, and I, Secretary-designee Andrea Palm, jointly order the following:

I. Interstate Reciprocity

A. For purposes of Section I, the following definitions control:

1. "Health care provider" has the meaning given in Wis. Stat. § 146.81(1)(a) through (hg).
2. "Health care facility" refers to any system, care clinic, care provider, long-term care facility, or any other health care facility where health care services are or may be provided.

3. "Temporary License" refers to any visiting, locum tenens, temporary, or similar non-permanent license or credential
- B. Any health care provider with a valid and current license issued by another state may practice under that license and within the scope of that license in Wisconsin without first obtaining a temporary or permanent license from the Department of Safety and Professional Services (DSPS), so long as the following conditions are met:
1. The practice is necessary for an identified health care facility to ensure the continued and safe delivery of health care services;
 2. The health care provider is not currently under investigation and does not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction;
 3. The identified health care facility's needs reasonably prevented in-state credentialing in advance of practice;
 4. The health care provider practicing under this section must apply for a temporary or permanent health care license within 10 days of first working at a health care facility in reliance on this Section; and
 5. The health care facility must notify DSPS at dsps@wisconsin.gov within 5 days of a health care provider practicing at its facility in reliance on this Section.
- C. The Office of the Commissioner of Insurance (OCI) is directed to work with health care providers practicing under this provision to ensure they have the proper liability insurance coverage.
- D. DSPS may withdraw an individual's authority to temporary practice pursuant to the Order for good cause as determined by DSPS.
- E. Nothing in this Order prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of this Section

II. Temporary Licenses

A. Any temporary license, as defined under Section I(A)3. of this Order, that has been granted to a health care provider as defined under Section I(A)1 of this Order, shall remain valid for 30 days after the conclusion of the declared emergency, including any extensions.

B. The following administrative rule is suspended:

Admin. Rule:	Wis. Admin. Code § Med 3.04
Description of Rule:	Practice Limitations
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: "providing such practice is entirely limited to the medical education facility, medical research facility, or medical school where the license

holder is teaching, conducting research, or practicing medicine and surgery, and is limited to the terms and restrictions established by the board.”

III. Telemedicine

A. The following is ordered as it relates to telemedicine for Wisconsin residents:

1. A physician providing telemedicine in the diagnosis and treatment of a patient who is located in this state must have a valid and current license issued by this State, another state, or Canada. Wis. Admin. § Med 24.04 and 24.07(1)(a) are suspended. Where a requirement in Wis. Admin. Med. Ch. 24 applies to physicians licensed to practice by the medical examining board, such requirements extend to any physician practicing telemedicine in this state.
2. A physician practicing under this section cannot be currently under investigation and must not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction.
3. Insured patients are encouraged to continue to work with their insurance providers to ensure they are selecting providers in-network, if applicable and where possible.
4. OCI is directed to continue working with malpractice insurance carriers to facilitate coverage outside of the traditional health care facility settings and to continue working with health insurers to minimize out-of-network barriers for insured patients seeking telemedicine services.

IV. Specific Orders Pertaining to Physician Assistants

A. The following administrative rules are suspended:

Admin. Rule:	Wis. Admin. Code § Med 8.05(4)
Description of Rule:	Licensure renewal notification requirements
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: “and shall notify the board within 20 days of any change of a supervising physician or podiatrist.” A physician assistant must notify the board within 40 days of any change of a supervising physician or podiatrist.
Admin. Rule:	Wis. Admin. Code § Med 8.07(1)
Description of Rule:	Scope and limitations of physician assistant practice
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: “and may not exceed the scope of practice of the physician or podiatrist providing supervision. A medical care task assigned by the supervising physician or podiatrist to a physician assistant may not be delegated by the physician assistant to another person.” A

physician assistant shall limit their practice to the scope of their experience, education, training, and capabilities. A physician assistant may delegate a care task to another clinically trained health care provider if the physician assistant has knowledge, based on personal experience with the health care provider who is being delegated the task, that the task is within the health care provider's experience, education, training, and capabilities.

Admin. Rule: Wis. Admin. Code § Med 8.07(3)
Description of Rule: Identifying supervising physician or podiatrist
Status: Suspended

Admin. Rule: Wis. Admin. Code § Med 8.10(1)
Description of Rule: Provides for physician or podiatrist to physician assistant ratio and availability for consultation
Status: Partially suspended with companion order
Companion Order: No physician or podiatrist may supervise more than 8 on-duty physician assistants at any time. There is no limit to the number of physician assistants for whom a physician or podiatrist may provide supervision over time. A physician assistant may be supervised by more than one physician or podiatrist while on duty.

V. Specific Orders Pertaining to Nursing

A. The following administrative rules are suspended:

Admin. Rule: Wis. Admin. Code § N. 1.08(5m)(b)
Description of Rule: Places limit on utilization of simulation for nurse training
Status: Suspended

Admin. Rule: Wis. Admin. Code § N. 2.31(3)
Description of Rule: Applications to practice under a temporary permit
Status: Suspended

Admin. Rule: Wis. Admin. Code § N. 2.34
Description of Rule: Duration of temporary licenses
Status: Partially suspended with companion order
Companion Order: An issued temporary license will remain valid until end of emergency or six months after availability of NCLEX, whichever occurs last.

Admin. Rule: Wis. Admin. Code § N 2.40(2)(a)-(c)
Description of Rule: Requirements for credential renewal within five years of expiration.
Status: Partially suspended with companion order
Companion Order: Subsections (b) and (c) are suspended. Any applicable late renewal fee under subsection (a) is suspended. Nothing

about this suspension should be construed to apply to a credential holder who has unmet disciplinary requirements or whose credential has been surrendered or revoked. Wis. Stat. § 441.01(7) is to be interpreted so as not to apply to applications for license renewal after expiration under Wis. Admin. Code § N 2.40(2).

Admin. Rule: Wis. Admin. Code § N 2.40(3)(a) through (d)
Description of Rule: Requirements for credential renewal after five years of expiration
Status: Partially suspended with companion order
Companion Order: Subsections (b) through (d) are suspended. The late renewal fee under subsection (a) is suspended. Nothing about this suspension should be construed to apply to a credential holder who has unmet disciplinary requirements or whose credential has been surrendered or revoked. Wis. Stat. § 441.01(7) is to be interpreted so as not to apply to applications for license renewal after expiration under Wis. Admin. Code § N 2.40(2).

Admin. Rule: Wis. Admin. Code § N. 8.10(2) and (7)
Description of Rule: Nursing care management and collaboration with other health care professionals
Status: Suspended

VI. Recently Expired Credentials or Licenses

- A. DSPS is directed to assess its records to identify health care providers with recently lapsed license who would be eligible for renewal. I direct the Department to consult with the Department of Health Services in order to identify specific practice areas of need and to conduct appropriate outreach to inform them of renewal options.
- B. The following administrative rules are suspended:

Admin. Rule: Wis. Admin. Code § Med 14.06(2)(a)
Description of Rule: Renewal of a lapsed license within five years of expiration.
Status: Partially suspended with companion order
Companion Order: In Wis. Admin. Code § Med 14.06(2)(a), “and fulfillment of the continuing education requirements” is suspended
Nothing about this suspension should be construed to apply to a licensee who has unmet disciplinary requirements or whose credential has been surrendered or revoked.

Admin. Rule: Wis. Admin Code § Rad 5.01(1) and (2)
Description of Rule: Continuing education requirements
Status: Partially suspended with companion order
Companion Order: Sections Rad 5.01(1) and (2) are suspended only to the extent that they would otherwise apply to a radiographer or a limited x-ray machine operator (LMXO) permit holder whose

license or permit has expired and whose application for renewal is not timely under Wis. Stat. § 440.08(2)(a). As to such applicants, Wis. Stat. § 462.05(2)(a) shall be interpreted not to require completion of continuing education, provided the applicant meets all other criteria for renewal of a license. Nothing about this suspension should be construed to apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.

Admin. Rule:	Wis. Admin. Code § MPSW 1.08(2)
Description of Rule:	Credential renewal within five years of expiration
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: “attesting to completion of the continuing education required under s. MPSW 19.02, and paying a late renewal fee.” Nothing about this suspension should be construed to apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.
Admin. Rule:	Wis. Admin. Code § Psy 4.06(1)
Description of Rule:	Renewal of a lapsed license within five years.
Status:	Partially suspended with companion order
Companion Order:	In Wis. Admin. Code § Psy 4.06(1), “and fulfillment of 40 continuing education hours completed within 2 years prior to renewal” is suspended. Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.
Admin. Rule:	Wis. Admin. Code § Phar 5.05(2)(a) and (b)
Description of Rule:	Requirements for license renewal within five years of expiration
Status:	Partially suspended with companion order
Companion Order:	Wis. Admin Code §§ Phar 5.05(2)(b) is suspended. Any applicable late renewal fee under subsection (a) is suspended. An applicant who obtains renewal of their license under this subsection is considered unexpired for purposes of Wis. Stat. § 450.08(1). Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.
Admin. Rule:	Wis. Admin. Code § Chir 3.02(2)
Description of Rule:	Requirements for late license renewal
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: “and a late renewal fee specified in s. 440.08 (3) (a), Stats.” For purposes of a late renewal under Wis. Admin. Code § Chir 3.03(2),

requirements under Wis. Admin. Code § Chir 3.03(1)(c)-(e) are also suspended. Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § DE 2.03(5)(a)2.-4.
Description of Rule: Requirements for late license renewal
Status: Partially suspended with companion order
Companion Order: Wis. Admin. Code § DE 2.03(5)(a)3. and 4. are suspended. Any applicable late fee under Wis. Admin. Code § DE 2.03(5)(a)2. is suspended. Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § PT 8.05(1)
Description of Rule: Requirements for license renewal within five years of expiration.
Status: Partially suspended with companion order.
Companion Order: The following language is suspended: “and completion of the continuing education requirements specified in ch. PT 9.” Nothing about this suspension should be construed to apply to a licensee who has unmet disciplinary requirements or whose credential has been surrendered or revoked.

VII. Additional Orders

- A. I am hereby providing the Department the discretion to suspend any fee or assessment provided for in administrative rules related to health care provider credentialing where there is a demonstrable need. Need for purposes of this provision is to be assessed by the Department in consultation with the applicant, the Department of Health Services, and identified health care facilities. “Demonstrable need” should be broadly interpreted in favor of increasing the availability of health care providers in this state.
- B. The Department may re-evaluate any fee or assessment suspension decision and impose any previously suspended fee or assessment for a permanent license 60 days after the conclusion of the public health emergency in circumstances where a practitioner has chosen to continue practicing in Wisconsin under the license issued.
- C. Nothing in this Order should be construed to permit a license or credential holder who is currently suspended or revoked to re-enter practice pursuant to this Order.
- D. This Order is enforceable by any local law enforcement official, including county sheriffs. Violation or obstruction of this Order is punishable by up to 30 days imprisonment, or up to \$250 fine, or both. Wis. Stat. § 252.25.

E. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

F. This Order is effective immediately and shall remain in effect for the duration of the public health emergency as declared in Executive Order #72, including any extensions.



March 27, 2020

Tony Evers
Governor
State of Wisconsin

Date



03-27-2020

Andrea Palm
Secretary-designee
State of Wisconsin Department of Health Services

Date



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

EMERGENCY ORDER #28
Safer at Home Order

WHEREAS, in December, 2019, a novel strain of the coronavirus was detected, now named COVID-19, and it has spread throughout the world, including every state in the United States;

WHEREAS, on January 30, 2020, the World Health Organization declared COVID-19 to be a Public Health Emergency of International Concern;

WHEREAS, on March 12, 2020, Governor Tony Evers declared a public health emergency and directed all agencies support to efforts to respond to and contain COVID-19 in Wisconsin;

WHEREAS, on March 13, 2020, President Donald Trump proclaimed a National Emergency concerning COVID-19;

WHEREAS, as of April 15, 2020, 1,914,916 people around the world have tested positive for COVID-19, including 605,390 in the United States and 3,721 in Wisconsin;

WHEREAS, COVID-19 is present throughout Wisconsin, with people testing positive for COVID-19 in 65 of 72 counties as of April 15, 2020;

WHEREAS, on March 24, 2020, I, Andrea Palm, Secretary-designee of the Wisconsin Department of Health Services, issued Emergency Order #12, Safer at Home Order (hereinafter “Safer at Home Order”), requiring that everyone in Wisconsin stay at their home or place of residence except in limited circumstances;

WHEREAS, the Safer at Home Order is working to flatten the curve of infections of COVID-19 in Wisconsin, and we have started to see meaningful gains from this proactive step;

WHEREAS, when the Safer at Home Order was issued, the number of people testing positive for COVID-19 in Wisconsin was doubling every 3.4 days and, as of April 14, 2020, the rate of doubling is now approximately 12 days;

WHEREAS, according to the model created by DHS, Wisconsin was projected to have between 440 and 1,500 deaths from COVID-19 by April 8th. These numbers were based on projected significant exponential growth in

positive cases; however, since the Safer at Home Order, there has been a decrease in exponential growth in the number of cases and by April 8th, Wisconsin only had 99 deaths;

WHEREAS, like our neighbor states, Wisconsin will need to continue to stay safer at home to prevent spikes in COVID-19 cases that could further strain our health care system and risk more lives;

WHEREAS, our critical workers are on the front lines working to provide health care, keep our grocery stores open, clean, and stocked, farm our lands, and ensure our infrastructure is maintained;

WHEREAS, in this time of Safer at Home, it is extremely important that we continue to respect all our residents and workers of this state, without stigmatizing or calling out any group of people, especially those who have contracted or been exposed to COVID-19;

WHEREAS, medical and public health experts advise that this is the crucial moment in Wisconsin for us to flatten the curve and prevent the worst-case situations we have seen in other parts of the country and the world;

WHEREAS, as we work to slow the virus, we need to also work to carefully and thoughtfully speed up our economy;

WHEREAS, people all over the state have made great sacrifices with their businesses and incomes;

WHEREAS, as we continue to be safer at home, we also must find creative ways to get businesses and employees back on their feet in a way that will not sacrifice our progress in fighting the spread of COVID-19; and

WHEREAS, when deciding whether to extend the Safer at Home Order, the administration considered the rate of spread of COVID-19 in Wisconsin; the health care capacity to meet the needs of the state; the testing, contact tracing, and isolation capacity in the state; the availability of personal protective equipment for healthcare workers, first responders, and other public servants that are required to perform face-to-face services; and the economic needs of Wisconsin and Wisconsinites.

NOW THEREFORE, I, Andrea Palm, Department of Health Services Secretary-designee, by the authority vested in me by the Laws of the State, including but not limited to Section 252.02(3), (4), and (6) of the Wisconsin Statutes, order the following:

- 1. Stay at home or place of residence.** All individuals present within the State of Wisconsin are ordered to stay at home or at their place of

residence, with exceptions outlined below. To the extent individuals are using shared or outdoor spaces other than their home or residence, they must at all times as reasonably possible maintain social distancing of at least six (6) feet from any other person consistent with Social Distancing Requirements as defined below, except that they do not need to maintain social distancing between individuals residing in a single living unit or household. Individuals may leave their homes or residences only for the following functions as are defined in this Order:

- a. **Essential Activities** (defined in section 11);
- b. **Essential Governmental Functions** (defined in section 12);
- c. To operate **Essential Businesses and Operations** (defined in section 13);
- d. To perform non-essential **Minimum Basic Operations** (defined in section 14);
- e. **Essential Travel** (defined in section 15); and
- f. **Special Situations** (defined in section 8, 9, and 10).

Individuals experiencing homelessness are exempt from this Section, but are strongly urged to obtain shelter. Governmental and other entities are strongly urged to make such shelter available as soon as possible to the maximum extent practicable and to follow the Wisconsin Department of Public Health (DHS) and the U.S. Centers for Disease Control and Prevention (CDC) guidance on COVID-19 risk mitigation practices.

Individuals whose homes or residences are unsafe or become unsafe, such as victims of domestic violence, are permitted and urged to leave their home and stay at a safe alternative location. For purposes of this Order, homes or residences include hotels, motels, shared rental units, dormitories, shelters, and similar facilities.

2. **Business operations**

- a. **Non-essential business and operations must cease.** All for-profit and non-profit businesses with a facility in Wisconsin, except Essential Businesses and Operations as defined below, must cease all activities at facilities located within Wisconsin, except:

- i. Minimum Basic Operations, as defined below.

- ii.** Any operations consisting exclusively of employees or contractors performing activities at their own home or residences (i.e., working from home).

b. Safe Business Practices

- i.** All businesses, including Essential Businesses and Operations, shall:
 - 1.** To the greatest extent feasible, use technology to avoid meeting in person, including virtual meetings, teleconference, and remote work (i.e. work from home).
 - 2.** Cease door-to-door solicitation.
- ii.** Essential Businesses and Operations are encouraged to remain open. Essential businesses and operations shall:
 - 1.** To the greatest extent feasible, comply with Social Distancing Requirements as defined in this Order between all individuals on the premises, including but not limited to employees, customers, and members of the public.
 - 2.** Restrict the number of workers present on premises to no more than is strictly necessary to perform the essential operation.
 - 3.** Increase standards of facility cleaning and disinfection to limit worker and patron exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace.
 - 4.** Adopt policies to prevent workers from entering the premises if they display respiratory symptoms or have had contact with a person with a confirmed diagnosis of COVID-19.
- iii.** Essential Businesses or Operations that remain open for in-person sales, including retail stores, shall:
 - 1.** Consider establishing curbside pick-up to reduce in-store traffic and mitigate outdoor lines.

b. Libraries. Public libraries shall remain closed for all in-person services, except that they may provide the following services:

- i.** On-line services and programming.
- ii.** Curb-side pick-up of books and other library materials, if all operations are performed by one person in a room or confined space. Materials must be requested online or by phone before pick-up. The library may not require a signature from the patron. The library must schedule pick-ups to ensure compliance with Social Distancing Requirements as defined in Section 16 of the Safer at Home Order.
- iii.** Any Essential Governmental Function.
- iv.** Food distribution.

c. Places of public amusement and activity. Whether indoors or outdoors, places of public amusement and activity are closed, including but not limited to amusement parks, carnivals, water parks, licensed public or private swimming pools, splash pads, aquariums, zoos, museums, arcades, fairs, children's play centers, playgrounds, funplexes, theme parks, bowling alleys, movie and other theaters, concert and music halls, country clubs, social clubs, and gyms and fitness centers. The following exceptions apply:

- i.** Public and private golf courses may open, with the following restrictions:
 - 1.** The use of golf carts is prohibited.
 - 2.** Social Distancing Requirements must be observed at all times, unless the players reside in the same living unit or household.
 - 3.** All tee times and payments must be made in advance online or by phone.
 - 4.** Clubhouses and pro shops must remain closed. Any restaurant or bar facility may remain open and must comply with all restrictions in Section 13.d. and 13.e. of this Order.
 - 5.** Tee times must be spaced to avoid multiple foursomes from clustering or gathering at any stage of the course.
 - 6.** All maintenance work and groundskeepers shall comply with Section 2.b.i. and 2.b.ii. of this Order. All other functions may only continue under Minimum Basic Operations.
 - 7.** Driving ranges and miniature golf must remain closed.

ii. Public parks and open space may be closed at the discretion of the local health officials, if any of the following occur:

1. The number of people frequenting the area at one time makes it difficult to comply with Social Distancing Requirements.
2. Repeated vandalism or disturbing the peace.
3. Repeated violations of the Safer at Home Order that create a risk to individuals in the area.
4. The local government does not have the ability to monitor or enforce Social Distancing Requirements.

d. Salons and spas. This includes, but is not limited to, hair salons, barber shops, nail salons, day spas, electrolysis providers, waxing salons, eyebrow-care establishments, tattoo parlors, body art establishments, and tanning facilities.

5. Prohibited and permitted travel. All forms of travel are prohibited, except for Essential Travel as defined in this Order. Individuals riding on public transit must comply with Social Distancing Requirements to the greatest extent possible.

6. Follow DHS and CDC guidelines. When taking any action permitted under this Order, all individuals, organizations, government bodies, and any other permitted group of individuals shall, to the extent possible, follow DHS guidelines located here: <https://www.dhs.wisconsin.gov/covid-19/index.htm>.

All Essential Businesses and Operations and all businesses performing Minimum Basic Operations shall comply with DHS guidelines for businesses located here: <https://www.dhs.wisconsin.gov/covid-19/employers.htm>.

7. Elderly people and those who are vulnerable as a result of underlying health conditions should take additional precautions. People at high risk of severe illness from COVID-19 and people who are sick are urged to stay in their home or residence to the extent possible except as necessary to seek medical care. Nothing in this Order prevents DHS and local health officials from issuing and enforcing isolation and quarantine orders pursuant to Wis. Stat. ch. 252 and local ordinances.

SPECIAL SITUATIONS

- 8. Healthcare and Public Health Operations.** For purposes of this Order, individuals may leave their residence to work for or obtain services at any Healthcare and Public Health Operations.

Healthcare and Public Health Operations includes, but is not limited to: hospitals; medical facilities; clinics; ambulatory surgery centers for response to urgent health issues or related COVID-19 activities; manufacturers, technicians, logistics, and warehouse operators and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing disinfecting or sterilization supplies, and tissue and paper towel products; dental offices; pharmacies; public health entities, including those that compile, model, analyze, and communicate public health information; pharmaceutical, pharmacy, medical device and equipment, and biotechnology companies (including operations, research and development, manufacture, and supply chain); healthcare information technology companies; organizations collecting blood, platelets, plasma, and other necessary materials; obstetricians, gynecologists, and midwife practices; eye care centers, including those that sell glasses and contact lenses; home health agencies and providers; mental health and substance abuse providers; detoxification and alcohol or drug treatment programs and facilities; syringe access programs, and naloxone distribution programs; other healthcare facilities and suppliers and providers of any related or any ancillary healthcare services; entities that transport and dispose of medical materials and remains; personal care agencies; hospices; allied health providers; acupuncturists; massage therapists; chiropractors; and adult family homes.

Specifically included in Healthcare and Public Health Operations are manufacturers, technicians, logistics, and warehouse operators and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing disinfecting or sterilization supplies, and tissue and paper towel products.

Healthcare and Public Health Operations also includes veterinary care and all healthcare services provided to animals. Non-essential veterinary care should be avoided.

Cafeterias and food service in health care facilities may remain open for staff and authorized visitors only, subject to the following restrictions:

- a.** Self-service operations of salad bars, beverages stations, and buffets are prohibited.

- b. Customers are prohibited from self-dispensing any unpackaged food or beverage.
- c. Customers and staff shall comply with Social Distancing Requirements, including in seating areas and lines.

Healthcare and Public Health Operations shall be broadly construed to avoid any impediments to the delivery of healthcare, broadly defined. Healthcare and Public Health Operations does not include fitness and exercise gyms, hair salons, barber shops, nail salons, day spas, electrolysis providers, tattoo parlors, body art establishments, tanning facilities, and similar facilities.

- 9. Human Service Operations.** For purposes of this Order, individuals may leave their residence to work for or obtain services at any state, institutional, or community-based setting providing human services to the public.

Human Service Operations includes, but is not limited to: long-term care and assisted living facilities, as long as the facility follows all current DHS Recommendations for Prevention of COVID-19 in Long-Term Facilities and Assisted Living Facilities and all applicable U.S. Centers for Disease Control Recommendations; residential settings and shelters for adults, seniors, children, victims of domestic abuse, people with disabilities, people with substance use disorders, or mental illness; transitional facilities; home-based settings to provide services to individuals with physical, intellectual, or developmental disabilities, seniors, adults, or children; adult day care, adult day services, and supportive home care; field offices that provide and help to determine eligibility for basic needs including food, cash assistance, medical coverage, vocational services, or rehabilitation services; developmental centers; adoption agencies; businesses that provide food, shelter, social services, or other necessities of life for economically disadvantaged individuals, individuals with physical, intellectual, or developmental disabilities, or otherwise needy individuals.

Human Services Operations shall be construed broadly to avoid any impacts to the delivery of human services, broadly defined.

- 10. Essential Infrastructure.** For purposes of this Order, individuals may leave their residence to provide any services or perform any work necessary to offer, provide, operate, maintain, and repair Essential Infrastructure.

Essential Infrastructure includes, but is not limited to: food production, distribution, fulfillment centers, storage facilities, marinas, and sales; construction (including, but not limited to, construction required in

response to this public health emergency, hospital construction, construction of long-term care and assisted living facilities, public works construction, school construction, Essential Business and Operations construction, construction necessary for Essential Governmental Functions, and housing construction, except that optional or aesthetic construction should be avoided except as permitted as a Minimum Basic Operation); building management and maintenance; airport operations; operation and maintenance of utilities, including water, sewer, gas, and electric (including power generation, distribution, production of raw materials, and Wisconsin Department of Natural Resources-certified and registered drinking water and wastewater testing laboratories); Wisconsin Home Energy Assistance, Low Income Home Energy Assistance Program, and Public Benefits Energy Assistance Program offices, customer service centers, and public intake centers; distribution centers; oil and biofuel refining; roads, highways, railroads, and public transportation; ports; cybersecurity operations; flood control; solid waste and recycling collection and removal; and internet, video, and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services).

Essential Infrastructure shall be construed broadly to avoid any impacts to essential infrastructure, broadly defined.

DEFINITIONS

11. Essential Activities. Individuals may leave their home or residence to perform any of the following:

- a. Health and safety.** To engage in activities or perform tasks essential to their health and safety, or to the health and safety of their family or household members, including pets, such as, by way of example only and without limitation, obtaining medical supplies or medication, seeking emergency services, or visiting a health care or behavior health care professional. Individuals should rely on telehealth options whenever feasible.
- b. Necessary supplies and services.** To obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others, such as, by way of example only and without limitation: canned food, dry goods, fresh fruits and vegetables, gasoline, propane, pet supply, fresh meats, fish, and poultry, and any other household consumer products, and products necessary to maintain the safety, sanitation, and essential operation of residences.

- c. Outdoor activity.** To engage in outdoor activity, including visiting public and state parks, provided individuals comply with Social Distancing Requirements as defined below. Such activities include, by way of example and without limitation, walking, biking, hiking, or running. Individuals may not engage in team or contact sports such as by way of example and without limitation, basketball, ultimate frisbee, soccer, or football, as these activities do not comply with Social Distancing Requirements. Playgrounds are closed.
- d. Certain types of work.** To perform work at Essential Businesses or Operations or to otherwise carry out activities specifically permitted in this Order, including Minimum Basic Operations and obtaining supplies needed to work from home.
- e. Take care of others.** To care for a family member, friend, or pet in another household, and to transport family members, friends, or pets as allowed in this Order.

12. Essential Governmental Functions. Essential Governmental Functions means all services provided by the State, Tribal, or local governments needed to ensure the continuing operation of the government body and provide and support the health, safety, and welfare of the public. Each government body shall determine its Essential Government Function, if any, and identify employees and contractors necessary to the performance of those functions.

For purposes of this Order, all paid or volunteer first responders including law enforcement, EMS, and firefighters; first responder training academies; building inspectors; emergency management personnel; emergency dispatchers; court personnel, jurors and grand jurors; corrections personnel; hazardous materials responders; child protection and child welfare personnel; housing and shelter personnel; National Guard and military; and others working for or to support Essential Businesses and Operations are categorically exempt from this Order.

This section does not limit the ability or authority of the Wisconsin Supreme Court to use its constitutional supervisory authority over lower courts to limit or adjust court functions in response to the Public Health Emergency. This section does not limit the ability or authority of the Wisconsin Legislature to meet or conduct business.

Government bodies should continue to follow the Wisconsin Department of Justice's Office of Open Government guidance regarding holding government meetings and should consult directly with that office

regarding specific open meetings questions. The guidance is available here: https://www.doj.state.wi.us/sites/default/files/news-media/3.20.20_OOG_Final.pdf. Government bodies with additional questions about open meetings requirements should consult with the Wisconsin Department of Justice's Office of Open Government.

13. Essential Businesses and Operations. For the purposes of this Order, Essential Businesses and Operations means Healthcare and Public Health Operations, Human Services Operations, Essential Infrastructure, and Essential Governmental Functions, and the following:

- a. CISA List.** Any business or worker identified in the U.S. Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (CISA), *Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response*, updated March 23, 2020, and any subsequent versions of this Memorandum.
- b. Stores that sell groceries and medicine.** Grocery stores, bakeries, pharmacies, farm and produce stands, supermarkets, food banks and food pantries, convenience stores, and other establishments engaged in the retail sale of groceries, canned food, dry goods, frozen foods, fresh fruits and vegetables, pet supply, fresh meats, fish, poultry, prepared food, alcoholic and non-alcoholic beverages, and any other household consumer products (such as cleaning and personal care products). Such establishments shall:
 - i.** Close all seating intended for consuming food.
 - ii.** Cease any self-service operations of salad bars, beverage stations, and buffets.
 - iii.** Except for grocery stores, prohibit customers from self-dispensing all unpackaged food.
 - iv.** Abide by Social Distancing Requirements.

This section should not be interpreted to provide an exemption for businesses engaged in the sale of food or beverage ancillary to its primary purpose, such as those businesses required to close under Section 4 who also may engage in some food or beverage sales.

- c. Food and beverage production, transport, and agriculture.** Food and beverage manufacturing, production, processing, transportation, and cultivation; farming, livestock, fishing,

baking, and other production agriculture, including cultivation, marketing, production, and distribution of animals and goods for consumption; businesses that provide food, shelter, and other necessities of life for animals, including animal shelters, boarding, rescues, kennels, and adopting facilities; farm and agriculture equipment, supplies, and repair services.

d. Restaurants. Restaurants shall close, except as follows:

- i.** Restaurants may remain open for food take-out or delivery service only.
- ii.** Alcohol sales must comply with section 13.e. below.
- iii.** Customers may enter the above establishments only for the purpose of ordering, pick up, and paying for food or beverage or both.
- iv.** No seating may be provided.
- v.** Food and drink may not be consumed on premises, either indoors or outdoors.
- vi.** Establishments shall meet Social Distancing Requirements between all individuals on the premises to the extent possible.
- vii.** Cease any self-service operations of salad bars, beverage stations, and buffets.
- viii.** Customers are prohibited from self-dispensing any unpackaged food or beverage.

e. Bars. This includes breweries, brewpubs, wineries, distilleries, and alcohol beverage retailers. Such establishments shall close, except as follows:

- i.** Carryout sales of alcohol beverages and food are allowed, if permitted by state law and municipal ordinance.
- ii.** Delivery of alcohol beverages to retail customers is prohibited.
- iii.** Wineries holding direct wine shippers' permits may make deliveries of wine in accordance with their permit.
- iv.** Customers may enter the above establishments only for the purpose of ordering, pick up, and paying for food or beverage or both.
- v.** No seating may be provided.
- vi.** Food and drink may not be consumed on premises, either indoors or outdoors.
- vii.** Establishments shall meet Social Distancing Requirements between all individuals on the premises to the extent possible.

- viii.** Self-service operations of salad bars, beverage stations, and buffets are prohibited.
- ix.** Customers are prohibited from self-dispensing any unpackaged food or beverage.

f. Child care settings. Secretary-designee Andrea Palm's Emergency Order #6 remains in effect, with the following amendments:

i. Child care settings shall prioritize care for families as follows:

1. Tier 1: employees, contractors, and other support staff working in health care;
2. Tier 2: employees, contractors, and other staff in vital areas including but not limited to military; long term care; residential care; pharmacies; child care; child welfare; government operations; public safety and critical infrastructure such as sanitation, transportation, utilities, telecommunications; grocery and food services; supply chain operations; and other sectors as determined by the Secretary of the Department of Children and Families.

ii. Child care settings include all licensed and certified child care providers who may provide care for any age or ages of children up to 13 years of age, unless specially licensed for children with disabilities up to 19 years of age.

g. Organizations that provide charitable and social services. Businesses and religious and secular nonprofit organizations, including prevocational group supportive employment, food banks and food pantries, when providing food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this public health emergency, and people with disabilities.

h. Weddings, funerals, and religious entities. Religious facilities, entities, groups, and gatherings, and weddings and funerals, except that any gathering shall include fewer than 10 people in a room or confined space at a time and individuals shall adhere to Social Distancing Requirements as much as possible.

- i. Funeral establishments.** Funeral establishments, as defined in Wis. Stat. § 445.01(6), except that any gathering shall include fewer than 10 people in a room or confined space at a time and individuals shall adhere to Social Distancing Requirements as much as possible.
- j. Media.** Newspapers, television, radio, and other media services.
- k. Gas stations and businesses needed for transportation.** Gas stations; auto and motorcycle supply, repair and sales; boat supply, repair, and sales; and bicycle supply, repair, and sales.
- l. Financial institutions and services.** Banks, credit unions, and other depository or lending institutions; licensed financial service providers; insurance services; personnel necessary to perform essential functions at broker dealers and investment advisor offices.
- m. Hardware and supplies stores.** Hardware stores and businesses that sell electrical, plumbing, heating, and construction material.
- n. Critical trades.** Building and Construction Tradesmen and Tradeswomen, and other trades including but not limited to plumbers, electricians, carpenters, laborers, sheet metal, iron workers, masonry, pipe trades, fabricators, finishers, exterminators, pesticide application, cleaning and janitorial staff for commercial and governmental properties, security staff, operating engineers, HVAC, painting, moving and relocation services, forestry and arborists, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, Essential Governmental Functions, and Essential Businesses and Operations.
- o. Mail, post, shipping, logistics, delivery, and pick-up services.** Post offices and other businesses that provide shipping and delivery services, and businesses that ship or deliver groceries, food, beverages, goods or services to end users or through commercial channels.
- p. Laundry services.** Laundromats, dry cleaners, industrial laundry services, and laundry service providers.

- q. Supplies to work from home.** Businesses that sell, manufacture, or supply products needed for people to work from home.
- r. Supplies for Essential Businesses and Operations and Essential Governmental Functions.** Businesses that sell, manufacture, or supply other Essential Businesses and Operations and Essential Governmental Functions with the support or supplies necessary to operate, including computers; audio and video electronics; household appliances; IT and telecommunication equipment; hardware; paint; flat glass; electrical, plumbing, and heating materials; construction materials and equipment; sanitary equipment; personal hygiene products; food, food additives, ingredients, and components; medical and orthopedic equipment; firearm and ammunition suppliers and retailers for purposes of safety and security; optics and photography equipment; diagnostic; food and beverages; chemicals; paper and paper products; soaps and detergents.

Any business or operation that is considered an Essential Business or Operation under this section may only perform those business operations which are necessary for the Essential Business and Operations or Essential Governmental Functions to which they are supplying goods or services. Any non-essential goods or services may only continue as Minimum Basic Operations.

- s. Transportation.** Airlines, taxis, transportation network providers (such as Uber and Lyft), vehicle rental services, paratransit, and other private, public, and commercial transportation and logistics providers necessary for Essential Activities and other purposes expressly authorized in this Order.
- t. Home-based care and services.** Home-based care for seniors, adults, children, or people with disabilities, substance use disorders, or mental illness, including caregivers or nannies who may travel to the child's home to provide care, and other in-home services including meal delivery.
- u. Professional services.** Professional services, such as legal or accounting services, insurance services, real estate services (including appraisal, home inspection, and title services). These services shall, to the greatest extent possible, use technology to avoid meeting in person, including virtual meetings, teleconference, and remote work (i.e. work from home).

v. Manufacture, distribution, and supply chain for critical products and industries. Manufacturing companies, distributors, and supply chain companies producing and supplying essential products and services in and for industries such as pharmaceutical, technology, biotechnology, healthcare, chemicals and sanitation, waste pickup and disposal, agriculture, food and beverage, transportation, energy, steel and steel products, petroleum and fuel, mining, construction, national defense, communications, and products used by other Essential Governmental Functions and Essential Businesses and Operations.

Any business or operation that is considered an Essential Business or Operation under this section may only perform those business operations which are necessary for the Essential Business and Operations or Essential Governmental Functions to which they are supplying goods or services. Any non-essential goods or services may only continue as Minimum Basic Operations.

w. Critical labor union functions. Essential activities include the administration of health and welfare funds and personnel checking on the well-being and safety of members providing services in Essential Business and Operations, provided the checks are done by telephone or remotely where possible.

x. Hotels and motels. Hotels and motels, except that such establishments shall:

i. Comply with requirements of 13.b, 13.d. and 13.e.

ii. Close swimming pools, hot tubs, and exercise facilities.

iii. Prohibit guests from congregating in lobbies or other common areas, including providing adequate space to adhere to Social Distancing Requirements while queuing for front desk services.

y. Higher educational institutions. Higher educational institutions, for purposes of facilitating distance learning, performing critical research, or performing essential functions as determined by the institution.

z. WEDC designated businesses. In the exceptional circumstance that a business is not listed in this Order as an Essential Business or Operations but believes that it should be included in that designation, the business should consult the information page on the Wisconsin Economic Development Corporation (WEDC) website, here: www.wedc.org/nonessentialbusiness. If a business still believes that it does not fall within the meaning of Essential Businesses and Operations, it may apply to the Wisconsin Economic Development Corporation (WEDC) using the provided form requesting designation as such.

14. Minimum Basic Operations. For the purposes of this Order, Minimum Basic Operations include the following, provided that employees comply with Social Distancing Requirements, to the extent possible, while carrying out such operations:

a. Basic functions. The minimum necessary activities to maintain the value of the business's inventory, preserve the condition of the business's physical plant and equipment, ensure security, process payroll and employee benefits, or for related functions, including where these functions are outsourced to other entities.

b. Facilitating remote work. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.

c. Employee designation. Non-essential businesses and operations must determine which of their workers are necessary to conduct Minimum Basic Operations and inform such workers of that designation.

d. Delivery and mailings. Minimum Basic Operations may include fulfilling nonessential deliveries, mailing parcels, or receiving parcels if all of the operations are performed by one person in a room or confined space, including a car or truck. Delivery or parcel services may not require a signature by the recipient. Suppliers to non-essential businesses and supply chains for non-essential businesses are non-essential and shall only operate under Minimum Basic Operations to provide goods or services to other non-essential businesses operating under this section.

e. Curb-side pick-up. Minimum Basic Operations may include curb-side pick-up of goods, if all of the operations are performed by one person in a room or confined space at a time, including a car or truck. Goods must be purchased online or by phone before

pick-up. The goods must be pre-packaged by the manufacturer, distributor, or store. The store may not require a signature by the customer. The store must schedule pick-ups to ensure compliance with Social Distancing Requirements as defined in section 16 of the Safer at Home Order. Suppliers to non-essential businesses and supply chains for non-essential businesses are non-essential and shall only operate under Minimum Basic Operations to provide goods or services to other non-essential businesses operating under this section.

f. Arts and craft stores. Arts and craft stores may offer curbside pick-up as described in section 14.e. More than one staff member, but no more than the minimum number of staff necessary, may work at the store solely for filling orders for materials for making personal protective equipment (i.e. homemade facemasks). The additional staff allowed in this section may not sell, package, or assist in any way with the sale of items not necessary for making personal protective equipment. All staff working to fulfill or process orders for personal protective equipment must comply with all requirements in Section 2.b.i. and 2.b.ii. of this Order.

g. Aesthetic or optional exterior work. Minimum Basic Operations may include aesthetic or optional exterior residential construction and lawn care, if all the operations are performed by one person in a room or confined space, including a car or truck. No more than one employee or worker may be on the site at a time. Services may not require a signature by the recipient. Aesthetic or optional exterior work requiring more than one person on the site are prohibited.

15. Essential Travel. Individuals are strongly encouraged to remain at their primary residence or home. Travel to second homes or residences should be avoided if possible. Consistent with federal guidance and to protect our neighboring states, Wisconsin residents are encouraged to stay close to home and strongly discouraged from engaging in unnecessary travel. Individuals engaged in any Essential Travel must comply with Social Distancing Requirements to the extent possible. For the purposes of this Order, Essential Travel includes:

a. Any travel related to the provision of or access to Essential Activities, Special Situations, Essential Governmental Functions, Essential Businesses and Operations, or Minimum Basic Operations.

- b. Travel to care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons.
- c. Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, or any other related services.
- d. Travel to return to a place of residence from outside the jurisdiction.
- e. Travel required by law enforcement or court order, including to transport children pursuant to a custody agreement.
- f. Travel required for non-residents to return to their place of residence outside Wisconsin. Individuals are strongly encouraged to verify that their transportation out of Wisconsin remains available and functional prior to commencing such travel.

16. Social Distancing Requirements. For purposes of this Order, Social Distancing Requirements includes:

- a. Maintaining social distancing of six (6) feet between people;
- b. Washing hands with soap and water for at least 20 seconds as frequently as possible or using hand sanitizer;
- c. Covering coughs or sneezes (into the sleeve or elbow, not hands);
- d. Regularly cleaning high-touch surfaces;
- e. Not shaking hands; and
- f. Following all other public health recommendations issued by DHS and the U.S. Centers for Disease Control.

ENFORCEMENT AND APPLICABILITY

17. Tribal Nations.

- a. Activities by Tribal members within the boundaries of their Tribal reservations and federal land held in trust for any one of the eleven federally recognized Tribes in Wisconsin are exempt from the restrictions in this Order but may be subject to restrictions by tribal authorities.
- b. Non-tribal members should be respectful of and avoid non-essential travel to Tribal territory.

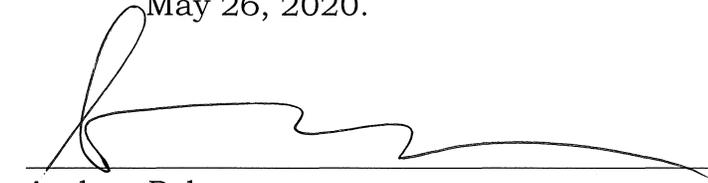
c. Wisconsin's local governments shall coordinate, collaborate, and share information with the Tribal Nations in their region.

18. Enforcement. This Order is enforceable by any local law enforcement official, including county sheriffs. Violation or obstruction of this Order is punishable by up to 30 days imprisonment, or up to \$250 fine, or both. Wis. Stat. § 252.25.

19. Severability. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

20. Supremacy. This Order supersedes any local order that is in conflict with this order.

21. Duration. This Order shall become effective at 8:00 a.m. on Friday, April 24, 2020. This Order shall remain in effect until 8:00 a.m. on Tuesday, May 26, 2020.



Andrea Palm
Secretary-designee
Department of Health Services

04/16/2020

Date

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

AGENDA REQUEST FORM

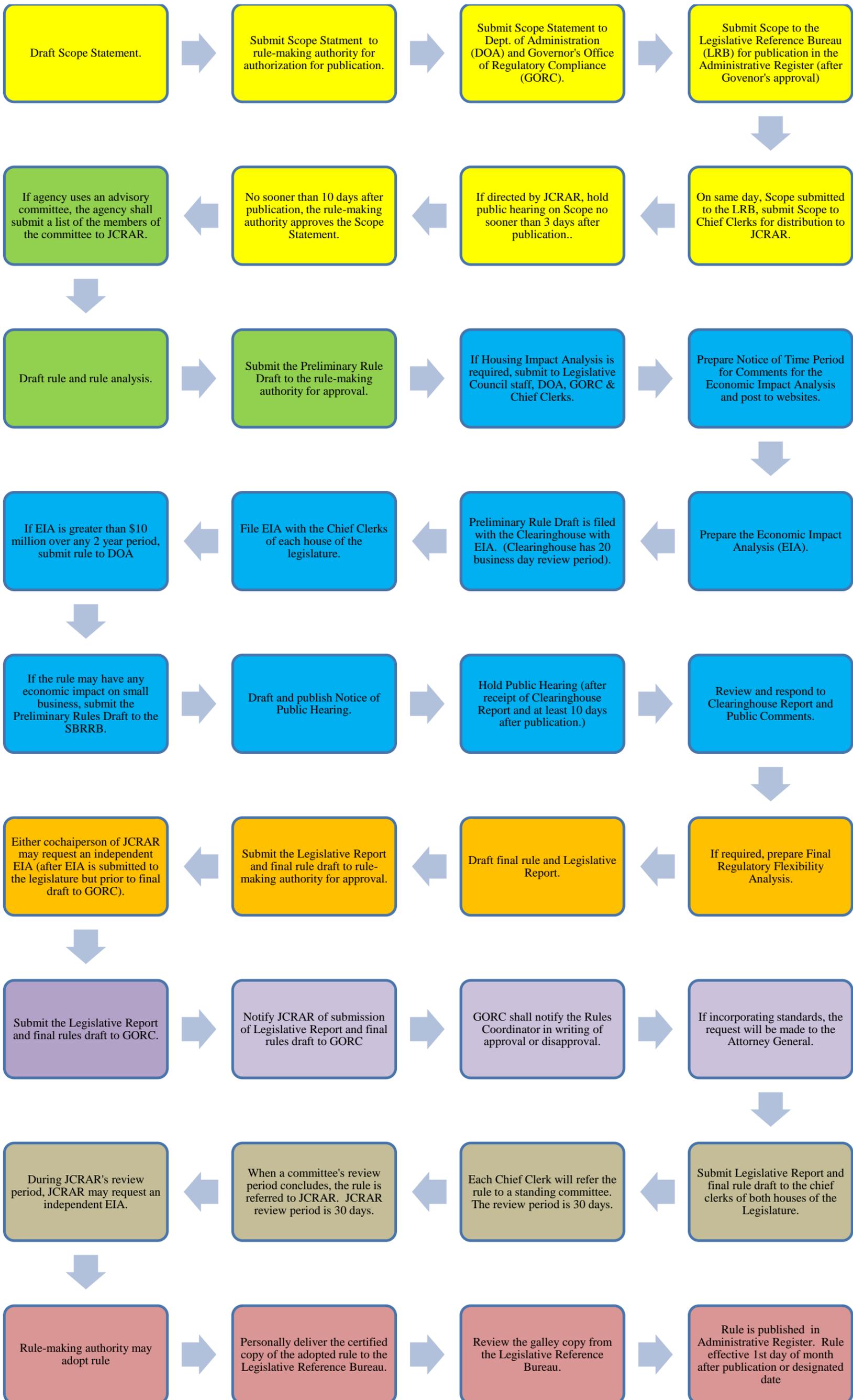
1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 4/15/20 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing Legislation and Rules Committee			
4) Meeting Date: 4/20/20	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. Proposals for N 1 to 8, Relating to Requirements in Emergency Situations 2. 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			
Signature of person making this request <i>Dale Kleven</i>		Date <i>April 15, 2020</i>	
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.			

EMERGENCY RULE PROCEDURES

If preservation of the public peace, health, safety, or welfare necessitates placing a rule into effect prior to the time it could be effective if the agency were to comply with the notice, hearing, legislative review, and publication requirements, the agency may adopt the rule as an emergency rule.

1. In order to promulgate an emergency rule, the Rules Coordinator must first prepare a scope statement. As with proposed permanent rules, no state employee or official may perform any activity in connection with the drafting of a proposed emergency rule, except for an activity necessary to prepare the scope statement, until the Governor and the board approve the scope statement. An agency that intends to promulgate both an emergency rule and a proposed permanent rule that are identical in substance may submit one scope statement indicating that intent.
2. Following adoption of the rule by the board, the Rules Coordinator submits the Emergency Rule to the Fiscal Office who determines the Fiscal Estimate.
3. The Rules Coordinator submits the proposed emergency rule in final draft form to the Governor for approval.
4. After the Governor approves the rule, the Rules Coordinator presents the emergency rule to the board for adoption.
5. The Rules Coordinator submits the Legal or Public Notice Order to the Wisconsin State Journal for publication. The rule becomes effective upon publication in the newspaper and, unless extensions are granted, are in effect for 150 days.
6. If a permanent rule is being promulgated, the Rules Coordinator posts the permanent rule for economic impact comments.
7. The public hearing on an emergency rule is held within 45 days after the adoption of the emergency rule. However, if also promulgating a permanent rule, the public hearing on the emergency rule and permanent rule shall be held within 90 days of the adoption of the emergency rule or within 30 days after receiving the Clearinghouse Report on the rule, whichever is later.
8. An extension of an emergency rule may be requested no later than 30 days before the initial expiration date of the emergency rule. The Rules Coordinator submits the letter to JCRAR with evidence of a threat to the public peace, health, safety or welfare that can only be avoided by extending the emergency rule; evidence that a permanent rule cannot be in effect on or before the date of the emergency rule expiring; and the number of days requested for extension (not to exceed 60 days).
9. Additional extensions may be requested, however, the total period for all extensions may not exceed 120 days.

PERMANENT RULE PROMULGATION



¹ A scope expires 30 months after the date on which it is published in the register. After it expires, an agency may not submit a proposed rule based upon that scope to the legislature for review and any rule that has not been submitted to the legislature for review before that date shall be considered withdrawn.

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 1 to 8

Relating to: Requirements in Emergency Situations

Rule Type: Emergency and Permanent

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

Governor Evers has issued Executive Order 72, which proclaims a public health emergency exists for the State of Wisconsin. As this emergency has potential to have a significant impact on nursing, the Board finds that emergency rules are necessary for the preservation of public health and safety.

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

The Board will conduct a comprehensive review of its rules with the objective of establishing waivers and alternate requirements that the Board may utilize to respond to emergency situations. The review will include provisions concerning reciprocal licensure for nurses, including advanced practice nurses, licensed in other states; licensure for nurses returning to practice; clinical educational requirements for nursing students; simulation requirements for clinical hours; temporary licensure for graduate nurses and graduate practical nurses; and supervision and licensure requirements for advanced practice nurses.

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

The Board has identified the need for a review and update of its rules as identified above to ensure the Board is prepared to address emergency situations, including the public health emergency proclaimed in Executive Order 72.

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

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 441.01 (3), Stats., provides “[t]he board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.”

Section 441.15 (3) (c), Stats., provides “[t]he 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.”

Section 441.16 (3), Stats., requires the Board to promulgate rules necessary to administer the prescription privileges of nurses, including defining the scope of practice within which an advanced practice nurse may issue prescription orders.

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

100 hours

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

Schools of nursing, nursing students, nurses licensed in Wisconsin and other states, health care facilities, and individuals in need of nursing services.

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

None

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

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Dale Kleven, (608) 261-4472, DSPSAdminRules@wisconsin.gov

Authorized Signature

Date Submitted

For the Committee's consideration is draft rule language concerning the ability of the Board to grant temporary waivers and variances in response to a declared state of emergency:

N ____ Temporary waiver of or variance to requirements. (1) The board may temporarily waive or grant a temporary variance to a requirement of this chapter if all of the following apply:

- (a)** A state of emergency under s. 323.10, Stats., is in effect.
 - (b)** The board has the statutory authority, as determined by the legislative council staff, to promulgate a rule granting the waiver or variance.
 - (c)** The board determines preservation of the public health, safety, or welfare necessitates putting a waiver or variance into effect prior to the time it would take effect if the board complied with the procedures under s. 227.24, Stats.
- (2)** A waiver or variance granted under sub. (1) shall take effect upon publication in the Wisconsin administrative register or on any later date specified by the board and remain in effect for a stated term not to exceed the duration, as determined under s. 323.10, Stats., of the state of emergency.

The parameters within which the Board may act under the above provisions are very specific, including a review of the Board's statutory authority by the Legislative Council (a nonpartisan service agency of the Legislature) and a requirement that the Board publicly notice its action in the Wisconsin Administrative Register. I believe this would be a useful tool for the Board during a declared state of emergency to take action more quickly than would be possible through emergency rules.

Prepared by: Dale Kleven, Administrative Rules Coordinator

Chapter N 1

APPROVAL FOR SCHOOLS OF NURSING

N 1.01	Authority and intent.
N 1.02	Definitions.
N 1.03	Authorization to plan a school of nursing.
N 1.04	Authorization to admit students.
N 1.05	Approval of school of nursing.
N 1.06	Approval of out of state school of nursing.

N 1.07	Accreditation.
N 1.08	Standards.
N 1.09	Annual pass rates.
N 1.10	Continuation of board approval.
N 1.11	Closure of a school of nursing.
N 1.12	Nursing refresher course approval.

Note: Chapter N 1 as it existed on January 31, 1983 was repealed and a new chapter N 1 was created effective January 1, 1983. Chapter N 1 as it existed on July 31, 2014 was repealed and a new chapter N 1 was created effective August 1, 2014.

N 1.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 441.01 (3), Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to clarify requirements and develop efficient timelines for the nursing school approval process and to reduce duplication that exists between the board and nursing accreditation processes for nursing schools.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (2), Register, August, 1989, No. 404, eff. 9-1-89; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1989, No. 404; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14.

N 1.02 Definitions. In this chapter:

(1) “Annual NCLEX pass rate” means the pass rates for those who took the NCLEX or advanced practice certification examination between January 1 and December 31.

(2) “Board” means board of nursing.

(3) “Certificate of completion” means a student has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.

(4) “Class” means a graduating class for each 12-month period.

(5) “Institution” means the college, university or governing body which has the authority to conduct a school of nursing.

(5g) “Institutional accreditation” means that the institution conforms to the standards of education prescribed by a regional accrediting commission recognized by the U.S. department of education.

(5r) “NCLEX” means national council licensure examination.

(6) “Nursing accreditation” means the school of nursing conforms to the standards of a board recognized nursing accreditation agency.

(8) “Out-of-state school” means a school operating in Wisconsin with a physical location outside of Wisconsin.

(10) “School of nursing” means a school for professional nurses or practical nurses.

(11) “School of practical nursing” means a school preparing students for practical nurse licensure.

(12) “School of professional nursing” means a school preparing nursing students at the associate, bachelor’s, or graduate degree level. This includes schools granting any of the following:

(a) Certificate of completion for practical nurse licensure or professional nurse licensure.

(b) Postlicensure bachelor’s degree.

(13) “Simulation” means planned clinical experiences to develop clinical judgment and assess learning utilizing patient

simulators in an environment and under conditions that provide a realistic clinical scenario.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; r. and recr. (1), r. (5) and (7), renum. (2) to (4), (8), (10) and (11) to be (3) to (5), (7), (13) and (14), cr. (2), (8), (10) to (12) and (15), am. (6) and (9) (intro.), Register, July, 1989, No. 403, eff. 8-1-89; CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; renumbering (7) and (9) to (5r) and (5g) under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703; CR 17-095: cr. (13) Register August 2018 No. 752, eff. 9-1-18; CR 17-096: am. (1), (5g), r. and recr. (12) Register August 2018 No. 752, eff. 9-1-18.

N 1.03 Authorization to plan a school of nursing.

(1) An institution planning to establish and conduct a school of nursing for professional or practical nursing shall file with the board an application including all of the following:

(a) Name and address of the controlling institution and evidence of the accreditation status of the controlling institution.

(b) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.

(c) Evidence of the availability of sufficient clinical facilities and resources. No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the board.

(d) Plans to recruit and employ a qualified educational administrator and qualified faculty.

(f) A proposed timeline for planning and implementing the program and intended date of entry for the first class.

(2) The board shall make a decision on the application within two months of the receipt of the completed application and notify the controlling institution of the action taken.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; CR 17-096: am. (1) (c) Register August 2018 No. 752, eff. 9-1-18.

N 1.04 Authorization to admit students. (1) The school of nursing shall file with the board an application including all of the following:

(a) Verification of employment of an educational administrator meeting the qualifications in s. N 1.08 (2) (a).

(b) Evidence of employment of sufficient number of faculty meeting the qualifications in s. N 1.08 (3) to teach the courses offered for the first six months.

(c) The school of nursing’s philosophy and objectives.

(d) An overview of curriculum including all of the following:

1. Content.
2. Course sequence.
3. Course descriptions.
5. Course syllabi for the first year and plan for subsequent years.

(dm) Documentation of a school evaluation plan.

(e) Verification of the establishment of student policies for admission, progression, retention, and graduation.

(em) Documentation of a plan for student or prospective student access to student policies.

(f) Verification of the students’ ability to acquire clinical skills by providing all of the following:

1. Written agreements from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients. All written agreements shall be signed and dated after the date on which the school of nursing was granted authorization to plan by the board.

2. Documentation of simulation equipment and experiences.

3. Documentation that clinical experiences are representative of all areas of nursing practice covered by the school of nursing's curriculum.

(g) An updated timeline for implementing the program and intended date for entry of the first class.

(2) The board shall make a decision on the application within 2 months of the receipt of the completed application.

(2g) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting s. N 1.08 (3) standards to teach the courses offered four months from the date the report is due.

(2r) The board may review the school of nursing to determine whether s. N 1.08 standards are being met by requiring any of the following:

(a) A site survey.

(b) A self-assessment.

(c) A plan for improvement and any progress reports.

(3) Withdrawal of authorization may occur for failure to meet the standards in s. N 1.08.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-096: am. (1) (a), (b), r. (1) (d) 4., cr. (1) (dm), (em), am. (1) (f) 1., cr. (1) (f) 3., (2g), (2r) Register August 2018 No. 752, eff. 9-1-18; correction in (2g) made under s. 35.17, Stats., Register August 2018 No. 752.

N 1.05 Approval of school of nursing. (1) A school of nursing may apply for approval of the school of nursing upon graduation of the first class, but may not apply later than graduation of the third class. The school of nursing shall submit all of the following:

(a) A self-evaluation report setting forth evidence of compliance with the standards in s. N 1.08.

(b) The school of nursing's ongoing systematic evaluation plan. The systematic evaluation plan shall include an evaluation of the annual pass rate of any graduates who took the NCLEX or an advanced practice certification examination.

(2) The board may conduct a site survey of the school of nursing. A determination to conduct a site survey shall occur within 2 months of receipt of completed application for approval.

(3) The board shall make a decision on the application within two months of the completed site survey or receipt of the completed application, whichever is later. The board shall approve the school based on verification that the school of nursing is in compliance with nursing education standards in s. N 1.08.

(4) The board may grant conditional approval. The notice of conditional approval shall contain a short statement in plain language of the basis, specifying the standard upon which the conditional approval is based. A school of nursing that receives a conditional approval may not admit new students to the school of nursing until the school of nursing receives full approval. The school of nursing may apply for full approval in three months from the date the school of nursing receives conditional approval.

(5) If the board denies the school of nursing approval, the notice of denial shall contain a short statement in plain language of the basis for denial, specifying the standard upon which the denial is based. The controlling institution shall do all of the following:

(a) Implement the time frame established by the board for transfer of enrolled students to an approved school of nursing and report to the board the date of transfer for each student by name.

(b) Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

(c) Close the school of nursing when the last student has transferred.

(d) Submit progress reports during the closure process upon request of the board.

(6) A school of nursing denied approval or given a conditional approval may request a hearing within 30 calendar days after the mailing of a notice. The school of nursing may be granted a stay of the school closure during the appeal process.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-096: am. (1) (intro.), (b), (5) (c) Register August 2018 No. 752, eff. 9-1-18.

N 1.06 Approval of out of state school of nursing.

(1) APPROVAL. An out-of-state school of nursing shall be approved if all of the following requirements are met:

(a) The school is approved by the board of the state the school is located.

(b) The school is accredited by a nursing accreditation body recognized by the Wisconsin board.

(2) CONTINUED APPROVAL. An out-of-state school shall maintain approval as long as school of nursing meets the requirements in sub. (1).

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (2) made under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703.

N 1.07 Accreditation. (1) A school of nursing shall receive nursing accreditation by a board recognized nursing accreditation agency within three years of school approval.

(2) Schools of professional nursing that grant a certificate of completion shall hold accreditation at the level of the complete degree at which a diploma is conferred.

(3) Failure to maintain nursing accreditation shall result in withdrawal of school approval.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; CR 17-096: am. (1) Register August 2018 No. 752, eff. 9-1-18.

N 1.08 Standards. (1) ORGANIZATION AND ADMINISTRATION. The institution shall assume legal responsibility for overall conduct of the school of nursing. The institution shall do all of the following:

(a) Designate an educational administrator, establish administrative policies, and provide fiscal, human, physical, clinical, and technical learning resources adequate to support school processes, security, and outcomes.

(b) Maintain institutional accreditation.

(c) Develop and maintain written school of nursing administrative policies which are in accord with the institution.

(d) Have written documentation between the school of nursing and institutions which offer associated academic study, clinical facilities, and agencies for related services for students.

(2) EDUCATIONAL ADMINISTRATOR. (a) The qualifications for the educational administrator are all of the following:

1. Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

2. A graduate degree with a major in nursing. A doctoral degree is required for a school of nursing offering a graduate degree nursing program.

3. Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and one of the following:

a. Two years experience as an instructor in a nursing education program within the last 5 years.

b. One year experience as an instructor in a nursing education program within the last 5 years and the graduate degree included education preparation.

4. Current knowledge of nursing practice.

(b) The educational administrator shall notify the board within 5 business days of a vacancy in the educational administrator's position or change in educational administrator. Failure to report by the educational administrator is considered a violation of s. N 7.03 (1) (intro.).

(c) The institution shall designate an interim or permanent educational administrator and notify the board within 5 business days of a vacancy in the educational administrator position. The institution may request board approval of an interim educational administrator who does not meet the qualifications in par. (a).

(d) The interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship. The institution and new educational administrator shall notify the board within 5 business days of the institution's hiring of the educational administrator.

(3) FACULTY. (a) *Faculty standards.* The school of nursing shall have evidence of the faculty meeting the standards in this section on file in the school of nursing office and available upon request to the board.

(b) *Qualifications for professional nursing faculty.* The qualifications for the faculty of a school of professional nursing are all of the following:

1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

2. A graduate degree with a major in nursing.

3. Notwithstanding subd. 2., interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

(c) *Qualifications for practical nursing faculty.* The qualifications for the faculty of a school of practical nursing are all of the following:

1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

2. A baccalaureate degree with a major in nursing.

(d) *Faculty exceptions.* An educational administrator may apply to the board for exceptions to faculty requirements who are not teaching graduate level courses. A minimum of 50 percent of faculty must meet the faculty qualifications. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). The board may grant any of the following exceptions:

1. 'Standard exception.' A standard exception may be renewed upon showing proof of progress and continued active enrollment each year. The standard exception is for a person who has a baccalaureate degree in nursing and is actively enrolled in one of the following:

a. A master's program with a major in nursing.

b. A bachelor's in nursing to doctorate program in nursing.

c. A doctorate program in nursing.

2. 'Emergency exception.' A person with a bachelor's degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator

who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered, and the extenuating circumstances to the board prior to the board approving another emergency exception.

3. 'Non-nursing masters degree exception.' A non-nursing master's degree exception is for a person who has a unique combination of knowledge, experience, and skills that will best serve the school of nursing, faculty, and students in a specific content area. The person shall meet all of the following:

a. A bachelor's degree in nursing.

b. A graduate degree related to the topic of the course the person is teaching.

c. Nursing experience in the area of teaching assignment.

(4) CURRICULUM. The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by nursing faculty with a graduate degree and designed to teach students to use a systematic approach to clinical decision-making and safe patient care. Curriculum for graduate level courses shall be developed by nursing faculty with a doctoral degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:

(a) Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. The methods of instruction may include distance education methods.

(b) Diverse didactic and clinical learning experiences consistent with program outcomes.

(c) Coursework shall include all of the following:

1. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.

2. Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.

3. Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients from diverse cultural, ethnic, social and economic backgrounds. Prelicensure programs shall include patients across the lifespan.

(5) CLINICAL LEARNING EXPERIENCES. (a) Patient experiences shall occur in a variety of clinical or simulated settings of nursing practice expected at the level of licensure and shall include all of the following:

1. Integrating evidence-based research with patient goals and values to produce optimal care.

3. Providing patient-centered culturally competent care by doing all of the following:

b. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care.

c. Coordinating and managing patient care across settings.

d. Providing education at a level understandable by the patient.

4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve safe and effective patient care.

5. Experiencing quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

6. Using information technology to communicate, mitigate errors, and support decision-making.

(b) All entities selected for clinical experiences shall adhere to standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

(c) All faculty teaching clinical or practicum courses shall be experienced in the clinical area of the course and maintain clinical expertise.

(d) Faculty-supervised clinical practice shall include all of the following:

1. Development of skills in the provision of direct patient care.
4. Delegation to and supervision of other health care providers.
5. Effective application of the nursing process.

(e) Clinical experiences shall be supervised by qualified faculty.

(f) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(5m) SIMULATION. (a) Simulation used to meet clinical requirements shall adhere to all of the following:

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.

2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.

3. The simulation provides an opportunity for each student to participate while in the role of the nurse.

(b) Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

(6) PRECEPTORS. (a) Preceptors shall be approved by the faculty of the school of nursing.

(b) The school of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.

(c) Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the licensure level for which the student is being prepared.

(d) Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

(7) EVALUATION. The school of nursing shall implement a comprehensive, systematic plan for ongoing evaluation. Evidence of implementation shall reflect progress toward or achievement of program outcomes.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; corrections in (3) made under s. 13.92 (4) (b) 1., Stats., in (3) (a) made under s. 13.92 (4) (b) 2., Stats., and in (4) (intro.), (c) (intro.), (5) (a) (intro.), (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-095: am. (4) (intro.), (c) 3., (5) (a) (intro.), 1., r. (5) (a) 2., am. (5) (a) 3. (intro.), r. (5) (a) 3. a., r. and recr. (5) (a) 3. b., d., am. (5) (a) 4., 5., (b), (d) 1., r. (5) (d) 2., 3., cr. (5) (d) 5., (5m) Register August 2018 No. 752, eff. 9-1-18; CR 17-096: am. (1) (d), (2) (a) 2., r. and recr. (2) (a) 3., (b), cr. (2) (c), (d), r. and recr. (3) (b) 2., cr. (3) (b) 3., r. and recr. (3) (d) (intro.), 2., 3. (intro.), r. (3) (d) 3. d. Register August 2018 No. 752, eff. 9-1-18; correction in (3) (d) 2., 3. (intro.), (5) (a) 1., 5. made under s. 35.17, Stats., Register August 2018 No. 752, eff. 9-1-18.

N 1.09 Annual pass rates. (1) **GENERALLY.** The school of nursing NCLEX pass rate includes all precensure students taking the NCLEX in the school of nursing. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing. A school of nursing which contains graduate programs shall include all advanced practice certification examinations related to programs offered in the school of nursing.

(2) ANNUAL PASS RATE STANDARD. The annual pass rate of graduates taking the NCLEX or advanced practice certification examinations for all test takers is a minimum of 80%.

(3) ANNUAL PASS RATE STANDARD NOT MET. If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contribut-

ing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and institutional plan shall be submitted to the board within 45 days of the board notifying the school of nursing of its failure to meet the annual pass rate standard and the institutional plan shall be acted on by the board no later than July 15. Failure to have a board approved plan by July 15 results in a review of the school of nursing under s. N 1.10 (4).

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (title) made under s. 13.92 (4) (b) 2., Stats., Register July 2014 No. 703; CR 17-096: r. and recr. Register August 2018 No. 752, eff. 9-1-18.

N 1.10 Continuation of board approval. (1) Schools of nursing shall file with the board all of the following:

(a) Annual self-evaluation reports by February 1.

(b) All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards.

(c) Notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.

(2) Failure to maintain nursing accreditation shall result in withdrawal of board approval and the procedures in s. N 1.11 (2) will commence.

(3) The board may review the school of nursing to determine whether s. N 1.08 standards are being met in the following situations:

(a) Change in school nursing accreditation status.

(b) Nursing accreditation reports indicate standards are not being met.

(c) Complaints regarding the conduct of the school are received and it is necessary to evaluate the complaints.

(d) Failure to meet annual pass rate standard in s. N 1.09.

(e) Violation of any of the rules under this chapter.

(4) The review of the school may include any of the following:

(a) A site survey.

(b) A self-assessment.

(c) A plan for improvement and any progress reports.

(5) If the board makes a determination that s. N 1.08 standards are not being met, all of the following procedures shall be followed:

(a) The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.

(b) The board shall review the proposed plan and may make modifications to the plan.

(c) The school of nursing shall make progress reports to the board as requested.

(d) The board may withdraw board approval if the school of nursing continues to not meet standards.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (5) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-096: am. (1) (a) to (c), (3) (c), (d), (4) (b), (c) Register August 2018 No. 752, eff. 9-1-18.

N 1.11 Closure of a school of nursing. (1) **VOLUNTARY.** When a school of nursing intends to close, the institution shall do all of the following:

(a) Submit a plan of intent to close a school of nursing to the board, including all of the following:

1. The date of intended closure.

2. Reason for the closure.

3. Place for students who have not completed their nursing education.

(b) Ensure that the school of nursing is maintained, including retention of adequate number of faculty and approved curriculum, until the last student is transferred or graduates from the school of nursing.

(c) Notify the board of the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

(2) WITHDRAWAL OF NURSING APPROVAL. (a) If the board withdraws approval of the school of nursing, the notice of withdrawal of approval shall contain a short statement in plain language of the basis for withdrawal of approval. The school of nursing may request a hearing within 30 calendar days after the mailing date of the notice.

(b) The institution shall do all of the following if approval of the school is withdrawn:

1. Implement the time frame established by the board for transfer of enrolled students to an approved school and report to the board the date of transfer for each student by name.

2. Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

3. Close the school when the last student has transferred.

4. Submit progress reports during the closure process upon request of the board.

(c) The school of nursing may be granted a stay of the closure of the school during the appeal process.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; corrections in (1) (intro.), (2) (b) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

N 1.12 Nursing refresher course approval.

(1) INTENT OF NURSE REFRESHER COURSE. A nurse refresher course is designed for nurses who have not been practicing for five years or more.

(2) FACULTY. (a) The instructor shall have all of the following qualifications:

1. Masters degree in nursing.

2. Recent clinical experience or clinical teaching experience.

(b) If preceptors are used, the preceptor is selected by the instructor using criteria developed for the course and the instructor provides supervision of preceptors.

(3) PROFESSIONAL NURSE CONTENT. The nurse refresher course designed for professional nurse shall have all of the following content:

(a) Theory portion including all of the following:

1. Nursing process review.
2. Infection control.
3. Medication and pharmacology update.
4. Recent trends in nursing techniques and responsibilities.
5. Communication.
6. Documentation and reporting.
7. Supervision and delegation.

(b) Skills lab of at least 25 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 100 hours or more performed in a hospital, clinic, long-term, or sub-acute facility.

(4) PRACTICAL NURSE CONTENT. The nurse refresher course designed for practical nurses shall have all of the following content:

(a) Theory portion including all of the following:

1. Nursing process review.
2. Infection control.
3. Medication and pharmacology update.
4. Recent trends in nursing techniques and responsibilities.
5. Communication.
6. Documentation and reporting.
7. Supervision and delegation.
8. Aging population.

(b) Skills lab of at least 15 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 70 hours or more performed in a hospital, clinic, long-term, or sub-acute facility.

(5) APPROVAL PROCESS. The board will review curriculum of nurse refresher courses submitted for inclusion on a listing of approved courses. Individual course participants shall be required to submit curriculum only if the course is not on the approved list.

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (4) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

Chapter N 2

LICENSURE

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Note: Chapter N 4 as it existed on July 31, 1981 was repealed and a new chapter N 4 was created effective August 1, 1981. Chapter N 4 as it existed on March 31, 1984 was repealed and a new chapter N 2 was created effective April 1, 1984. Chapter N 2 as it existed on July 31, 2014 was repealed and a new chapter N 2 was created effective August 1, 2014.

Subchapter I — Authority; Definitions

N 2.01 Authority. (1) This chapter is adopted pursuant to authority of ss. 15.08, 227.11, and 441.01 (3), Stats.

History: Cr. Register, March, 1984, No. 339, eff. 4-1-84; am. (2), Register, May, 1990, No. 413, eff. 5-1-90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413, eff. 6-1-90; CR 14-002: r. and recr. Register July 2014 No. 703, eff. 8-1-14.

N 2.02 Definitions. As used in this chapter:

- (1) “Board” means board of nursing.
(1m) “Board-approved precicensure education program” means a nurse precicensure program from a Wisconsin-approved school or a precicensure program approved by another state board of nursing.
(2) “Board-approved school” means any of the following:
(a) A school in Wisconsin which has been approved by the board or the board has granted authorization to admit students under ch. N 1.
(b) A school which participates in the electronic application process.
(3) “Certificate of approval” means the verification from a school of nursing that the applicant has been approved to take the NCLEX prior to receiving a diploma in practical nursing or professional nursing.
(4) “Certificate of completion” means the verification from a school of nursing that the applicant has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.
(5) “Comparable school” means any of the following:
(a) A school holding nursing accreditation by a board-recognized nursing accreditation organization.
(b) A school located in the United States approved by the board of nursing for that jurisdiction.
(c) A school located in a U.S. territory or a province of Canada which is approved by the board of nursing for that jurisdiction and meets the standards of the Wisconsin board of nursing.
(6) “Department” means the department of safety and professional services.
(7) “Direct supervision” means immediate availability to coordinate, direct and inspect the practice of another.
(8) “LPN” means licensed practical nurse.

(8m) “Multistate license” means a license to practice as a registered or licensed practical nurse issued by Wisconsin that authorizes the licensed nurse to practice in all nurse licensure compact party states under a multistate licensure privilege.

(9) “NCLEX” means national council licensure examination

(9m) “Party state” means any state that has adopted the nurse licensure compact.

(10) “RN” means registered nurse.

(11) “Single state license” means a license issued by Wisconsin that does not include a multistate licensure privilege to practice in any other nurse licensure compact party state.

History: Cr. Register, March, 1984, No. 339, eff. 4-1-84; renum. (1), (2), (4) to (6) to be (2), (1), (5), (6) and (4) and am. (2), (4) and (5) am. (3), Register, May, 1990, No. 413, eff. 6-1-90; CR 01-049: am. (2), cr. (5m), Register October 2001 No. 550, eff. 11-1-01; correction in (3) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 14-002: r. and recr. Register July 2014 No. 703, eff. 8-1-14; CR 18-030 cr. (1m), (8m), (9m), (11) Register June 2019 No. 762, eff. 7-1-19; correction in (1m) made under s. 35.17, Stats., Register June 2019 No. 762.

Subchapter II — Licensure By Examination

N 2.10 Qualifications for licensure. (1) REGISTERED NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a registered nurse single state license if the applicant complies with all of the following requirements:

- (a) Graduates from a high school or its equivalent.
(b) Does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335, Stats.
(c) Graduates from any of the following:
1. A board-approved school of professional nursing.
2. A comparable school of professional nursing.
(d) In lieu of meeting the requirement in par. (c), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.
(e) Passes the NCLEX.

(1m) REGISTERED NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a registered nurse multistate license if the applicant meets all of the following requirements:

- (a) Graduated from one of the following:
1. A board-approved precicensure education program.
2. A foreign-registered nurse precicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved precicensure education program.
(b) If a graduate from a foreign precicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency

examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

(2) LICENSED PRACTICAL NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a single state practical nurse license if the applicant complies with all of the following requirements:

(a) Completed two years of high school or its equivalent.

(b) Is 18 years or older.

(c) Does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335.

(d) Graduates from any of the following:

1. A board-approved school of practical nursing.

2. A comparable school of practical nursing.

(e) In lieu of meeting the requirement in par. (d), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.

(f) Passes the NCLEX.

(2m) LICENSED PRACTICAL NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a practical nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:

1. A board-approved precicensure education program.

2. A foreign practical nurse precicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved precicensure education program.

(b) If a graduate from a foreign precicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (2) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 18-030: am. (1) (intro.), (2) (intro.), cr. (1m), (2m) Register June 2019 No. 762, eff. 7-1-19; corrections in (1m) (a) 1., 2., (2m) (a) 1., 2. made under s. 35.17, Stats., Register June 2019 No. 762.

N 2.105 Application procedure for a multistate license. (1) Each applicant for a multistate license shall complete and submit an application by the electronic application process or on forms provided by the department, declare Wisconsin as the primary state of residence, and pay the fee.

(2) The educational administrator or designee for a board-approved precicensure education program shall submit one of the following:

(a) Via the electronic application process a verification that the applicant has graduated.

(b) A certification of graduation.

(c) An official transcript indicating graduation.

(3) If the applicant graduated from a foreign precicensure education program, the applicant shall submit a certificate or report demonstrating verification from an independent credentials review agency that the precicensure education program is comparable to a board-approved precicensure education program.

(4) If the applicant graduated from a foreign precicensure program that was not taught in English or if English is not the applicant's native language, the applicant shall submit proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(5) (a) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of one of the following:

1. Certificate of approval.

2. Graduation.

(b) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(c) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(6) The applicant shall submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining an applicant's criminal history information from the federal bureau of investigation and the Wisconsin department of justice.

(7) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, the applicant shall provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

History: CR 18-030: cr. Register June 2019 No. 762, eff. 7-1-19; corrections in (1), (2) (intro.), (3) made under s. 35.17, Stats., Register June 2019 No. 762.

N 2.11 Application procedure for a single state license for applicants from board-approved schools. (1) Each applicant from a board-approved school shall complete and submit an application by the electronic application process or on forms provided by the department and shall pay the fee.

(2) The educational administrator or designee for a school of professional nursing or practical nursing shall submit any of the following:

(a) Via the electronic application process a verification that the applicant has graduated or received a certificate of completion.

(b) A certification of graduation or completion to the department.

(3) (a) The examination accepted by the board is the NCLEX.

(b) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of any of the following:

1. Certificate of approval.

2. Graduation.
3. Certificate of completion.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction to (3) (title) and renumbering (3) made under s. 13.92 (4) (b) 1. and 2., Stats., Register July 2014 No. 703; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

N 2.12 Application procedure for a single state license for applicants from comparable schools.

(1) Each applicant from a comparable school shall complete and submit an application on forms provided by the department.

(2) The school of professional nursing or practical nursing shall forward directly to the department, official transcripts of nursing education for applicants who graduated from the school. If the applicant graduated from a school of professional nursing or practical nursing from a U.S. territory or outside the United States, the applicant shall submit any of the following:

(a) For a professional nursing applicant, a valid certificate issued by the commission on graduates of foreign nursing schools or another board-approved entity which evaluates education.

(b) For a practical nursing applicant, a credential evaluation service academic report and demonstration of passing a board accepted language proficiency exam.

(3) (a) The examination accepted by the board is the NCLEX.

(b) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of any of the following:

1. Certificate of approval.
2. Graduation.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction to (3) (title) and renumbering (3) made under s. 13.92 (4) (b) 1. and 2., Stats., Register July 2014 No. 703; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

Subchapter III — Licensure by Endorsement

N 2.19 Endorsement of an applicant for a multistate license. (1) Each applicant for a multistate license by endorsement shall complete and submit an application on forms provided by the department and shall pay the fee.

(2) The applicant shall provide all of the following:

(a) Evidence of holding an active, unencumbered license.

(b) Declaration or evidence that Wisconsin is the primary state of residence.

(c) Evidence of graduation from one of the following:

1. A board-approved nurse prelicensure education program.

2. A foreign nurse prelicensure education program that has been approved by the authorizing accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.

(d) If the applicant graduated from a foreign prelicensure program not taught in English or if English is not the applicant's native language, evidence of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(e) Evidence of successfully passing an NCLEX exam or recognized predecessor.

(f) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

(3) The applicant shall submit, through an approved process, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the Wisconsin department of justice.

History: CR 18-030: cr. Register June 2019 No. 762, eff. 7-1-19; corrections in (2) (c) 1., 2. made under s. 35.17, Stats., Register June 2019 No. 762.

N 2.20 Endorsement of an applicant from a nurse licensure compact state for a single state license.

(1) A current license from a state which has adopted the nurse licensure compact under s. 441.51, Stats., is considered to have met educational and other qualifications comparable to those required in this state.

(2) An applicant from a nurse licensure compact state shall file a completed application, declare Wisconsin as the primary state of residence, and pay the applicable fee.

(3) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relates to the practice of nursing.

(4) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(5) An applicant who has a nursing license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin. Any license issued to an applicant with an encumbered nursing license elsewhere shall be a single state license to practice in the state of Wisconsin.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register December 2018 No. 756; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

N 2.21 Endorsement of an applicant from another U.S. state, territory or Canada for a single state license.

(1) (a) A license from a U.S. state that has not adopted the nurse licensure compact under s. 441.51, Stats., a U.S. territory or Can-

ada is considered to have met educational and other qualifications comparable to those required in this state provided the requirements of the initial license included all of the following:

1. Graduation from a school approved by the board in the jurisdiction of initial licensure or had education the board in the jurisdiction of initial licensure deemed to be comparable to a school that board approves.

2. Passage of the NCLEX.

(b) An applicant, whose initial license from another U.S. state, territory or Canada does not meet the requirements in par. (a), shall submit all of the following to the board to assist the board in determining whether the qualifications are comparable:

1. Evidence of educational qualifications.

2. Evidence of passing the NCLEX or other nursing licensure examination.

(2) An applicant shall submit a completed application and pay the applicable fee. The application shall include the following:

(a) Verification of licensure from the state, territory or province in which the original license by examination was issued and the state, territory or province in which the current, active license was issued.

(b) Documentation of employment history.

(c) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(d) An applicant who has a license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin.

(e) An applicant who has been terminated from any employment related to nursing shall provide the board with all related information necessary to determine current competency.

(f) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(3) An applicant who does not have current nursing education or been employed in a position that requires a nursing license within the last 5 years may apply to the board for a limited license to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license holder may petition the board for full licensure.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (a) (intro.) made under s. 13.92 (4) (b) 7, Stats., Register December 2018 No. 756; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

Subchapter IV — Temporary Permits

N 2.30 Definitions. In this subchapter:

(1) “G.N.” means graduate nurse.

(2) “G.P.N.” means graduate practical nurse.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.31 Application. A nurse who has graduated from a board-approved school or comparable school or granted a certificate of completion by a board-approved school may be granted a temporary permit. An applicant shall submit a completed application and pay the applicable fee. The application shall include any of the following:

(1) Verification from a board-approved school via the electronic application process that the applicant has graduated or received a certificate of completion.

(2) A certification of graduation or completion from a board-approved school.

(3) An official transcript of nursing education submitted by the school of professional nursing or practical nursing directly to the department.

Note: A temporary permit does not grant multistate licensure privileges.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.32 Title. (1) A registered nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate nurse” or the letters “G.N.”

(2) A practical nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate practical nurse” or the letters “G.P.N.”

(3) A registered nurse or practical nurse for licensure by endorsement who is granted a temporary permit may use the title “registered nurse” or “licensed practical nurse.”

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.33 Supervision. (1) Except as provided in sub. (2), the holder of a temporary permit shall practice only under the direct supervision of a registered nurse.

(2) A holder of a temporary permit who is currently licensed as a registered nurse or practical nurse in another jurisdiction may practice without the direct supervision of a registered nurse.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.34 Duration. The temporary permit is valid for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Practice under temporary permits, including renewals under s. N 2.35, may not exceed 6 months total duration.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.35 Renewal. (1) A temporary permit for a registered nurse or practical nurse may be renewed once by completing an application, completing a nursing workforce survey and payment of applicable fees.

(2) Subsequent renewals may be granted in hardship cases including illness, family illness or death, accident, natural disaster or delay of verification from another state. The board shall consider each application for renewal under this subsection individually on its merits, and the board may grant a renewal as deemed appropriate.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 2.36 Denial or revocation. A temporary permit may be denied or revoked for the following:

(1) Providing fraudulent information on an application for licensure.

(2) Misrepresentation of being an R.N., G.N., L.P.N. or G.P.N. without holding a valid temporary permit.

(3) Violation of any of the rules of conduct set forth in ch. N 7.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

Subchapter V — Renewal

N 2.40 Renewal. (1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the credential within 5 years shall do all of the following:

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

(b) Pay a nursing workforce survey fee.

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

(3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

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

(b) Pay a nursing workforce survey fee.

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

(d) Meet one of the following requirements:

1. Documentation of employment requiring a nursing license within the last five years.

2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

Note: The licensee may request the Board grant a limited license for the sole purpose of completing a nurse refresher course.

History: CR 15-099: cr. Register August 2016 No. 728, eff. 9-1-16.

N 2.41 Reinstatement. A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

(1) Evidence of completion of the requirements in s. N 2.40 (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.

History: CR 15-099: cr. Register August 2016 No. 728, eff. 9-1-16.

Chapter N 3

EXAMINING COUNCILS

N 3.01 Duties.
 N 3.02 Appointment.
 N 3.03 Registered nurses council.

N 3.04 Practical nurses council.
 N 3.05 Termination of council members.

Note: Chapter N 5 as it existed on July 31, 1981 was repealed and a new chapter N 5 was created effective August 1, 1981. Chapter N 5 as it existed on March 31, 1984 was repealed and a new chapter N 3 was created effective April 1, 1984. **Chapter N3 as it existed on July 31, 2014 was repealed and a new chapter N 3 was created effective August 1, 2014.**

N 3.01 Duties. The examining councils on registered nurses and licensed practical nurses serve the board of nursing in an advisory capacity.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 3.02 Appointment. (1) The board shall send to nursing related organizations, schools, and others a call for nominations for open council appointments prior to the expiration of a term.

(2) Nominations for council appointments shall be filed with the department. Consent of the person nominated shall be included. Self-nominations are allowed.

(3) The board shall appoint nominees from submitted nominations.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 3.03 Registered nurses council. (1) COMPOSITION. The registered nurses council shall consist of 4 registered nurses.

(2) QUALIFICATIONS. Qualifications for appointment to the registered nurse council are a current Wisconsin license to practice professional nursing and experience in nursing practice or nursing education within 3 years immediately preceding the appointment.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 3.04 Practical nurses council. (1) COMPOSITION. The practical nurses council shall consist of one registered nurse, 3 licensed practical nurses, and one registered nurse who is a faculty member of an approved school for practical nurses. No member may be a member of the examining council on registered nurses.

(2) QUALIFICATIONS. The qualifications for appointment to the practical nurses council are as follows:

(a) The 2 registered nurse members of the council shall have a current Wisconsin license to practice professional nursing. One registered nurse member shall have experience as a supervisor of practical nurses within 3 years immediately preceding the appointment. One registered nurse member shall be a faculty member of an approved school for practical nurses.

(b) The practical nurse members of the council shall have a current Wisconsin license to practice as a licensed practical nurse and experience in practical nursing within 3 years immediately preceding the appointment.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

N 3.05 Termination of council members. The board may terminate the appointment of a council member prior to the expiration of the term if it finds the member is not satisfactorily carrying out any of the duties or if the member is found to have violated rules of the board.

History: CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

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.

ing 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.

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 7

RULES OF CONDUCT

N 7.01 Authority and intent.
N 7.02 Definitions.

N 7.03 Grounds for denying or taking disciplinary action.

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

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

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

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

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

N 7.02 Definitions. As used in this chapter:

(1) "Board" means board of nursing.

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

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

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

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

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

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

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

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

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

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

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

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

(d) Practicing without an active license.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) Submitting false claims.

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

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

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

(h) Misrepresentation of credentials.

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

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

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

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

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

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

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

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

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

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

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

(j) Failure to treat.

(k) Inadequate or improper infection control practices.

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

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

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

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

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

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

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

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

(c) Inappropriate or inadequate supervision or delegation.

(d) Failing to supervise assigned student experiences

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

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

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

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

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

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

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

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.