

G. APPEARANCE Gina Dennik-Champion, Wisconsin Nurses Association
(WNA): Discussion of the WNA APRN Modernization Act Legislation
1) 2021 Assembly Bill 396 and 2021 Senate Bill 394

Presentation to State of Wisconsin Board of Nursing The APRN Modernization Act: Overview and Update

Presenter

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The APRN Modernization Act

- Rationale: Advanced Practice Registered Nursing needs to have a separate license in Wisconsin as it legally identifies the advanced clinical knowledge, skills, accountability and responsibilities for employers and the consumer.
- Reflects: the 2008 APRN Consensus Model (LACE) adopted by over 23 states.
- History: In 1995 Wisconsin was one of the first states that acknowledged APNs as advanced practitioners granting a certificate to prescribe APNPs.
- History: There are APNs that do not hold a prescriptive authority certificate and are not recognized in statute.
- History: In 2000 a documentation of a collaborative relationship between an APNP and physician in order to practice was adopted..

The APRN Modernization Act



Today: There are many reasons for adopting legislation that recognizes APRN practice.

1. 24 states recognize the practice and separate licensure of APRNs including full practice authority.
2. During the COVID pandemic, Governor Evers, suspended the Administrative Rule that required APNP collaboration with a physician.
3. Patient access to primary care and specialized services remains problematic. Greater utilization of APRNs is increasing but barriers to practicing at the top of license remains a dissatisfier.

Introduction of the APRN Modernization Act



AB 396 and SB 394 have been introduced and assigned to the Health Committees and Public Hearings took place.

Assembly sponsor: Representative Rachael Cabral-Guevera (NP, APNP, & owner of NP practice business)

Senate sponsor: Patrick Testin (Chair of the Senate Health Committee)

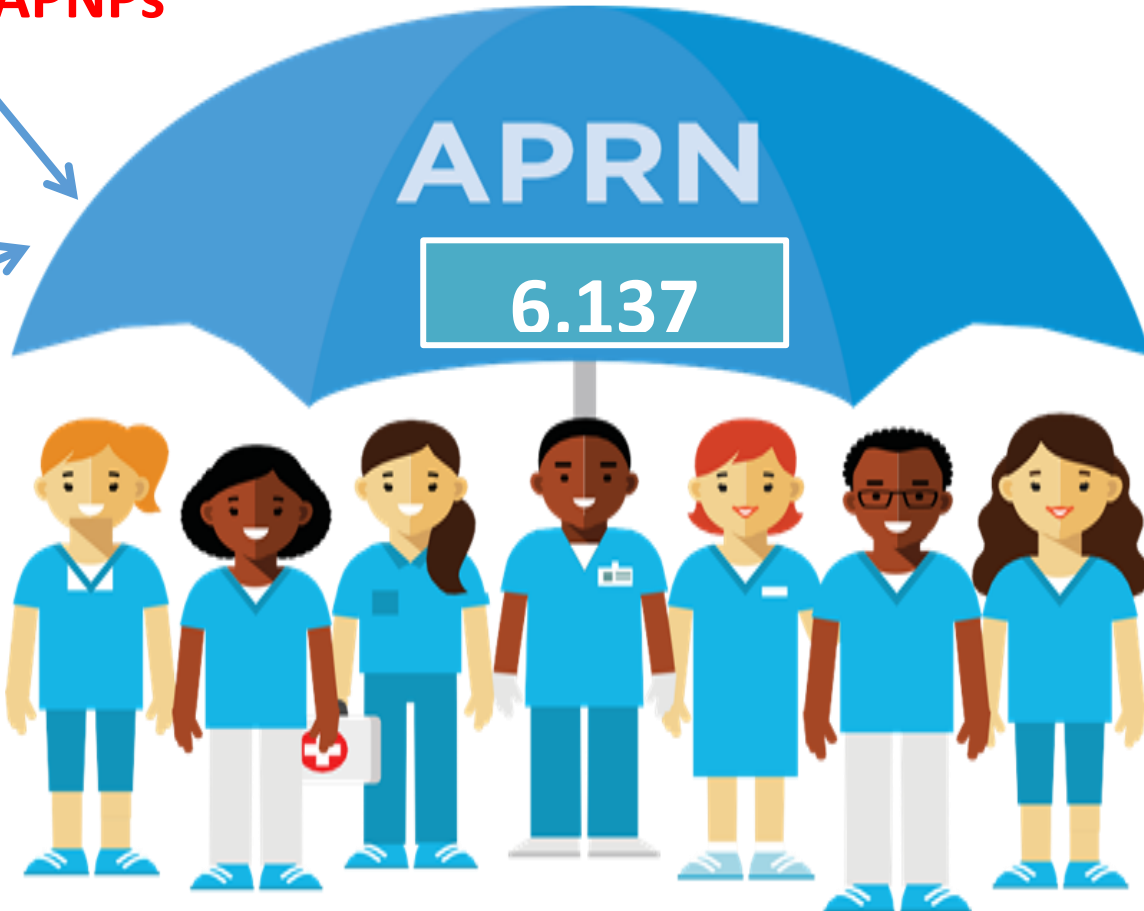
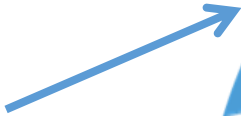
Future APRN Practitioners



~ 500 non- APNPs



5,637 APNPs



Overview of the AB 396 & SB 394

- Provides a separate license for APRN
- Includes the practice role (CNM, CRNA, CNS NP)
- Provides title protection for APRN. CNM, CRNA, CNS and NP.
- Allows all APRNs currently practicing in a recognized role to receive an APRN license.
- Replaces APRN with APNP in over 50 other state statutes.
- Repeals §441.15 – Nurse Midwife Practice Act
- Repeals §441.16 – Prescription Privileges for Advanced Practice Nurses

Overview of the AB 396 & SB 394

- **Criteria for licensure:**

- Graduated from an accredited APRN education program approved by the Board of Nursing
- Graduated with a Master's Degree (or post-Master's certificate) or higher in one of the four roles.
- Hold National Board Certification that is approved by the Board of Nursing.
- Evidence of having medical malpractice insurance coverage

Overview of the AB 396 & SB 394

- Includes a description of the scope of practice for each role.
- Clarifies the practice standard regarding the managing of patient care situations that are beyond the APRN expertise to include consult, collaborate or refer the patient to another health care provider.
- Allows for the delegation of a task or order to another clinically trained health care worker.
- Employer can continue to require APRN collaboration with a physician
- Requires 16 hours of continuing education in clinical pharmacology and therapeutics includes 2 hours related to opioids)

Overview of the AB 396 & SB 394

Authorizes the Board of Nursing to create Administrative Rules

1. The board may establish additional criteria related to practice, education or certification for the APRN non-prescriber
2. May promulgate rules regarding the CE requirements
3. Further define the scope of practice for APRN prescribers
4. Approve National Board Certification organizations.
5. Establish the appropriate education, training, or experience requirements
6. Specify the classes of drugs, individual drugs, or devices that may not be prescribed
7. Conditions for RN to administer a prescribed drug or under direction of RN

Overview of the AB 396 & SB 394

- Initial License (Desired)
 - APNP's certificate will convert to APRN license.
 - Non-prescribing APNs currently practicing in an APN role will apply for APRN license and the license will indicate “non-prescriber”

Overview of the AB 396 & SB 394

- License renewal process
 - Will be every two years in the even numbered years.
 - Submit to the board on an approved form
 - name and residence,
 - the nursing workforce survey
 - fee
 - evidence of having satisfied the continuing education requirements
 - evidence of any malpractice liability insurance coverage

Status of SB 394 and AB 396



- 31 legislator co-sponsors
- 18 - Lobbying organizations registering in **support** (Nursing related associations, health insurance companies, consumer advocates and LTC related groups, business representative)
- 9 - Lobbying organizations registering in **opposition** (All physician related associations)
- 2 - Undisclosed and 2 “other”

Public Hearing – SB 394 (07/28/21)

16 speaking in favor

- Nursing Associations representing (CRNAs, CNMs, CNS, & NPs) & other Nurses
- Business and Medical Economist
- Public Health

8 speaking against

- Anesthesiologist
- Medical Society
- Family Practice
- UW School Medicine and Public Health

Information only – Wisconsin Hospital Association

Public Hearing – AB 396 (07/29/21)

- 31 speaking in favor – Nurses/Nurse Associations
- 2 Business and Medical Economists
- 8 Against – Anesthesiologist, Wisconsin Medical Society, Family Practice

Public Hearings



- General Impression – Nursing Related Testimony
 - Great testimony
 - Great facts
 - Diverse information
 - Stayed positive
 - Able to refute opposition statements

Next steps



Need to have the bills be voted out of the two Health Committees in order to get voted on by the full Senate and Assembly.

Thank you for the opportunity to
present this information

