Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way, 2nd Floor
PO Box 8366
Madison WI 53708-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
September 14, 2023

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. **Adoption of Agenda (1-5)**

B. **Approval of Minutes of August 8, 2023 (6-10)**

C. **Reminders: Conflicts of Interests, Scheduling Concerns**

D. Introductions, Announcements and Recognition – Discussion and Consideration
1. Introductions
   A. Amanda K. Kane, Registered Nurse Representative (Succeeds: Scott)
   B. Jennifer L. Malak, Registered Nurse Representative (Succeeds: Dolatowski)
   C. Shelly R. Sabourin, Registered Nurse Representative (Succeeds: Zentz)

E. **Administrative Matters – Discussion and Consideration (11)**
1. Department, Staff and Board Updates
2. 2023 Meeting Dates (11)
3. Policy Review
4. Election of Officers, Appointment of Liaisons and Alternates
3. Board Members – Term Expiration Dates
   a. Anderson, John G.– 7/1/2025
   b. Edelstein, Janice A. – 7/1/2024
   c. Guyton, Vera L. – 7/1/2025
   d. Kane, Amanda K. – 7/1/2027
   e. Malak, Jennifer L. – 7/1/2026
   f. McFarland, Rosalyn L. – 7/1/2026
   g. Sabourin, Shelly R. – 7/1/2027
   h. Saldivar Frias, Christian – 7/1/2023
   i. Weinman, Robert W. – 7/1/2027

F. Education and Examination Matters – Discussion and Consideration

G. Legislative and Policy Matters – Discussion and Consideration

H. **Administrative Rule Matters – Discussion and Consideration (12-36)**
   1. Discussion of N 6, Relating to Delegated Acts (13-31)
   2. Pending and Possible Rulemaking Projects (32-36)

I. Board Opioid Abuse Goal Setting and Report Pursuant to Wis. Stat § 440.035(2m)(c) – Discussion and Consideration (37-41)

J. Amending the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines Pursuant to the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain – Discussion and Consideration (42-46)

K. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration
   A. Travel Report: NCSBN Annual Meeting, Chicago, IL - August 15 - 18th, Chairperson Robert Weinman and Brad Wojciechowski

L. **Newsletter Matters – Discussion and Consideration (47)**

M. Nurse Licensure Compact (NLC) Update – Discussion and Consideration

N. Liaison Reports – Discussion and Consideration

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

P. **Public Comments**

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

Q. **Deliberation on Division of Legal Services and Compliance Matters**

1. **Administrative Warnings (48-68)**
   a. 21 NUR 679 – S.M.L. (48-49)
   b. 22 NUR 054 – A.M.G. (50-51)
   c. 22 NUR 271 – V.J.G. (52-53)
   d. 22 NUR 704 – J.S. (54-55)
   e. 22 NUR 720 – K.S.A. (56-57)
   f. 23 NUR 091 – L.J.S. (58-59)
2. **Case Closings (60-203)**
   a. 21 NUR 368 – A.H. & S.F. (60-68)
   b. 21 NUR 676 – A.E.W. (69-72)
   c. 21 NUR 772 – N.R.S (73-84)
   d. 21 NUR 773 – C.A.T. (85-91)
   e. 22 NUR 154 – G.V.K. (92-96)
   f. 22 NUR 283 – A.E. (97-102)
   g. 22 NUR 369 – A.E.W. (103-108)
   h. 22 NUR 535 – P.K.M. (109-114)
   i. 22 NUR 569 – L.M.D. (115-119)
   j. 22 NUR 600 – D.W. (120-122)
   k. 22 NUR 622 – S.F.&T.P. (123-127)
   l. 22 NUR 628 – V.C.M. (128-133)
   m. 22 NUR 695 – C.L.K. (134-148)
   n. 23 NUR 089 – D.Q. (143-145)
   o. 23 NUR 090 – J.I.J. (146-151)
   p. 23 NUR 117 – D.E.E. (152-155)
   q. 23 NUR 181 – S.E.R. (156-159)
   r. 23 NUR 226 – C.M.B. (160-163)
   s. 23 NUR 236 – Unknown (164-169)
   t. 23 NUR 237 – P.M.C. & R.M.R. & S.N.W. (170-178)
   u. 23 NUR 241 – K.L.L. (179-182)
   v. 23 NUR 260 – K.T. & J.W. (183-194)
   w. 23 NUR 277 – L.A.K. (195-200)
   x. 23 NUR 402 – L.L.Y. (201-203)
3. **Proposed Stipulations, Final Decisions, and Orders (204-337)**
   a. 21 NUR 725 – Stella F. Fields, L.P.N. (204-210)
   b. 21 NUR 732 – Briana L. Owens, R.N. (211-218)
   c. 21 NUR 741 – Pamela J. Mansfield, R.N. (219-224)
   d. 22 NUR 090 – Nicole A. Martinez, R.N. (225-232)
   e. 22 NUR 119 – Tiffany L. Schenck, R.N. (233- 238)
   f. 22 NUR 210 – Channell M. Jackson, R.N. (239-244)
   g. 22 NUR 246 – Theresa M. Lubich, L.P.N. (245-251)
   h. 22 NUR 317 & 22 NUR 574 – Tabitha D. Majors, R.N. (252-259)
   i. 22 NUR 396 – Joan M. Rengstorf, R.N. (260-265)
   j. 22 NUR 518 – Terra E. Green, R.N., A.P.N.P. (266-272)
   k. 22 NUR 563 – Rebecca M. Gosselin, R.N. (273-278)
   l. 22 NUR 577 – Jeryl A. Fehrman, L.P.N. (279-284)

m. 22 NUR 583 – Kelly J. Hagman, R.N. (285-295)
n. 23 NUR 010 – Tracy L. Dean, R.N. (296-306)
o. 23 NUR 024 – Mark J. Braendle, R.N. (307-312)
p. 23 NUR 051 & 23 NUR 427 – Heather R. Feld, R.N. (313-326)
q. 23 NUR 262 – Julie Barnharst, R.N. (327-337)

4. **Monitoring Matters (338-588)**
   a. **Monitor Olson (340-387)**
      1. Leah Morgan, R.N. – Requesting Modification of Monitoring Order (340-370)
      2. Cody Severson, R.N. – Review of Monitoring Materials (371-387)
   b. **Monitor Krogman (388-442)**
      1. Lacie Borde, R.N. – Requesting Modification of Monitoring Order (388-411)
      2. Amanda Kaufman, R.N. – Requesting Modification of Monitoring Order (412-442)
   c. **Monitor Wagner (443-484)**
      1. Jonathan Berens – Requesting Full Licensure (443-450)
      2. Erica Koerner, R.N. – Requesting Full Licensure (451-475)
      3. Peter Lemons, R.N. – Requesting Full Licensure (476-484)
   d. **Monitor Heller (485-588)**
      4. Casey Carpenter, R.N. – Requesting Full Licensure or Requesting Modification of Monitoring Order (485-512)
      5. Michelle Chadwick, L.P.N. – Requesting Full Licensure (513-532)
      6. Karla Price, L.P.N. – Requesting Full Licensure (533-550)
      7. Jason Schuckert, R.N. – Requesting Full Licensure (551-567)
      8. Macy Westphal, R.N. – Requesting Full Licensure (568-588)

R. Deliberation of Items Added After Preparation of the Agenda
   1. Education and Examination Matters
   2. Credentialing Matters
   3. DLSC Matters
   4. Monitoring Matters
   5. Professional Assistance Procedure (PAP) Matters
   6. Petitions for Summary Suspensions
   7. Petitions for Designation of Hearing Examiner
   8. Proposed Stipulations, Final Decisions and Order
   9. Proposed Interim Orders
   10. Administrative Warnings
   11. Review of Administrative Warnings
   12. Proposed Final Decisions and Orders
   13. Matters Relating to Costs/Orders Fixing Costs
   14. Case Closings
   15. Board Liaison Training
   16. Petitions for Assessments and Evaluations
   17. Petitions to Vacate Orders
   18. Remedial Education Cases
   19. Motions
   20. Petitions for Re-Hearing
   21. Appearances from Requests Received or Renewed

S. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

T. **Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate**

T. Open Session Items Noticed Above Not Completed in the Initial Open Session

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

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

ADJOURNMENT

NEXT MEETING: OCTOBER 12, 2023

****

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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at https:\\dsps.wi.gov. 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. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
AUGUST 10, 2023

PRESENT: John Anderson, Janice Edelstein, Vera Guyton, Christian Saldivar Frias, Robert Weinman, Emily Zentz

EXCUSED: Rosalyn McFarland

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

CALL TO ORDER

Robert Weinman, Chairperson, called the meeting to order at 8:08 a.m. A quorum was confirmed with six (6) members present.

ADOPTION OF THE AGENDA

MOTION: Vera Guyton moved, seconded by Janice Edelstein, to adopt the Agenda as published/amended. Motion carried unanimously.

APPROVAL OF MINUTES July 17, 2023

MOTION: John Anderson moved, seconded by Vera Guyton, to approve the Minutes of July 17, 2023 as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION

Recognition

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to recognize and thank Rosalyn McFarland for her years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

2022 RN SURVEY, WISCONSIN CENTER FOR NURSING- DISCUSSION AND CONSIDERATION

Presentation by Susan Zahner, PhD Principal Investigator

MOTION: Robert Weinman moved, seconded by Emily Zentz, to acknowledge and thank Dr. Susan Zahner for her presentation to the Board to discuss the 2022 RN Survey. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

N 2, relating to modification of Board review process to take the NCLEX

DRAFT

MOTION: John Anderson moved, seconded by Janice Edelstein, to authorize the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to review and approve the Adoption Order for Clearinghouse Rule 23-022 (N 2), relating to modification of Board review process to take the NCLEX, for publication upon the end of the legislative review period. Motion carried unanimously.

CLOSED SESSION

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigation with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Robert Weinman, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Vera Guyton-yes; Christian Saldivar Frias-yes; Robert Weinman-yes; and Emily Zentz-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:36 a.m.

(Vera Guyton excused 9:45 a.m.)

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Robert Weinman moved, seconded by Emily Zentz, to issue an Administrative Warning in the following DLSC Cases:
22 NUR 645 – B.E.M.
22 NUR 715 – G.H.G.
23 NUR 079 –J.N.H.
23 NUR 490 – K.E.S.
Motion carried unanimously.

Case Closings

MOTION: Robert Weinman moved, seconded by John Anderson, to close the following DLSC Cases for the reasons outlined below:
21 NUR 776 – T.P.A. – Prosecutorial Discretion (P1)
22 NUR 442 – K.M.R. - No Violation
22 NUR 446 – S.L.D. - Insufficient Evidence
22 NUR 471 – S.S. - Insufficient Evidence
22 NUR 597 – J.L.A. - Prosecutorial Discretion (P2)
22 NUR 650 – A.G.M. - Prosecutorial Discretion (P2)
22 NUR 807 – E.E.A. - Insufficient Evidence

22 NUR 853 – N.E.G. & C.M.W. - Insufficient Evidence
23 NUR 219 – L.A.N. - Prosecutorial Discretion (P1)
23 NUR 249 – Unknown - Insufficient Evidence
Motion carried unanimously.

(Vera Guyton returned 9:53 a.m.)

Proposed Stipulations and Final Decisions and Orders

MOTION: Robert Weinman moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
21 NUR 003 – Tina M. Montezon, L.P.N.
21 NUR 478 – Dina M. Twigg, R.N.
21 NUR 545 – Jennifer Riedel, R.N.
22 NUR 020 – Katrina A. Vandehei, R.N.
22 NUR 315 – Kathleen M. Daily, R.N.
22 NUR 454 – Brooke A. Lou, R.N.
22 NUR 565 – Jennifer M. Hutcheson, R.N.
22 NUR 596 – Renee S. Gardner, R.N.
22 NUR 634 – Elizabeth C. Armstrong, R.N., A.P.N.P.
22 NUR 716 – Cheryl L. Butler, R.N., A.P.N.P.
22 NUR 723 – Nathan Lesperance, R.N.
23 NUR 099 – Lindsay R. Wills, R.N.
23 NUR 175 – Kaitlyn N. Chovanec, R.N.
23 NUR 487 – Chelsey O. Sherburne, R.N.
Motion carried unanimously.

Deliberation on Proposed Final Decision and Orders

Joseph K. Leonard, R.N. – DHA Case # SPS-23-0018/DLSC Case # 21 NUR 284

MOTION: Janice Edelstein moved, seconded by Vera Guyton, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Joseph K. Leonard, R.N., DHA Case # SPS-23-0018/DLSC Case # 21 NUR 284. Motion carried unanimously.

Monitoring Matters

Dawn Johnson, R.N. – Requesting Full Licensure

MOTION: John Anderson moved, seconded by Vera Guyton, to grant the request of Dawn Johnson, R.N. for Full Licensure. Motion carried unanimously.

Derek Norkol, R.N. – Requesting Reinstatement of RN License

DRAFT

MOTION: Robert Weinman moved, seconded by John Anderson, to find that the Respondent has complied with the requirements of the November 3, 2011 order to complete an AODA assessment and fitness for duty evaluation. Based on review of the assessment and evaluation, the Board further finds that Respondent satisfactorily has shown no current concerns for alcohol or other drug dependency and that he is safe to practice nursing. Motion carried unanimously.

Kathryn Techmeier, R.N. – Requesting Modification of Monitoring Order

MOTION: Janice Edelstein moved, seconded by Emily Zentz, to grant the request of Kathryn Techmeier, R.N. for termination of AODA Treatment. Motion carried unanimously.

Charles Bower, R.N. – Requesting Modification of Monitoring Order

MOTION: Robert Weinman moved, seconded by John Anderson, to deny the request of Charles Bower, R.N. for reduction in drug test frequency to 18 annually, removal of alcohol consumption limitation, and access to controlled substances. Reason for Denial: Failure to demonstrate continuous and successful compliance under the original Board Order (2/13/2020). Motion carried unanimously.

Maja Espana, R.N. – Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by Robert Weinman, to grant the request of Maja Espana, R.N. for Full Licensure. Motion carried unanimously.

Ann Kohlbeck, R.N. – Review of Monitoring Materials

MOTION: Janice Edelstein moved, seconded by Vera Guyton, to impose additional limitations on the license of Ann Kohlbeck, R.N., based on the May 24, 2023 AODA assessment, requiring Respondent to complete a fitness to practice evaluation within 90 days from the date of this order from an independent evaluator approved by the Board or its designee, participate in mental health treatment including, but not limited to, individual counseling and quarterly treatment reports with a treater approved by the board or its designee. The frequency of required individual mental health therapy shall be determined by the treater. Respondent may petition the Board for full, unrestricted licensure upon demonstration of continuous, successful compliance with the terms of the order for at least one (1) year subject to additional limitations being imposed based on the fitness to practice evaluation. Motion carried unanimously.

Maximillian Miller, R.N. – Requesting Full Licensure

DRAFT

MOTION: Robert Weinman moved, seconded by Emily Zentz, to grant the request of Maximillian Miller, R.N. for Full licensure. Motion carried unanimously.

Cheryl Riebe, R.N. – Requesting Full Licensure

MOTION: John Anderson moved, seconded by Vera Guyton, to grant the request of Cheryl Riebe, R.N for Full licensure. Motion carried unanimously.

Jessica Shore, R.N. – Requesting Full Licensure

MOTION: Robert Weinman moved, seconded by Emily Zentz, to grant the request of Jessica Shore, R.N for Full licensure. Motion carried unanimously.

Jennifer Willems, R.N. – Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by John Anderson, to grant the request of Jennifer Willems, R.N. for Full Licensure once all the requirements of renewal are met. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Robert Weinman moved, seconded by John Anderson, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:46 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Robert Weinman moved, seconded by John Anderson, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Robert Weinman moved, seconded by Emily Zentz, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:48 a.m.

DRAFT

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Brenda Taylor, Board Services Supervisor	9/5/2022
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
9/14/2023	☐ Yes ☒ No	2023 Q4 Meeting Dates

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if applicable:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

The Board will review the following 2023 Q4 meeting dates:

- Thursday, October 12, 2023 → Virtual
- Thursday, November 9, 2023 → Virtual
- Thursday, December 14, 2023 → Virtual

11) Authorization

Brenda Taylor 9/4/2022

Signature of person making this request Date

Supervisor (Only required for post agenda deadline items) Date

Executive Director signature (Indicates approval for post agenda deadline items) Date

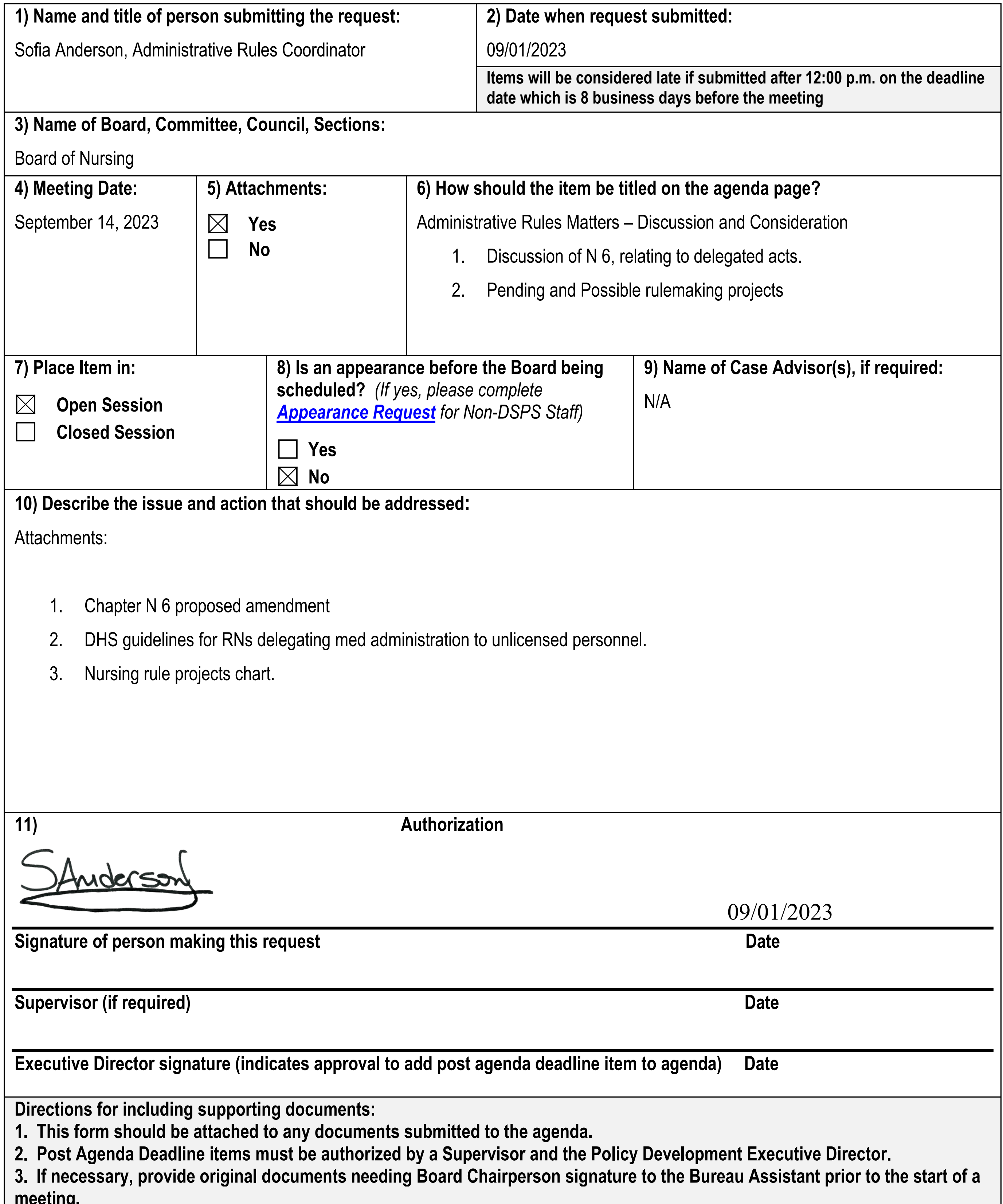
Directions for including supporting documents:

1. This form should be saved with any other documents submitted to the Agenda Items folders.
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.

Revised 03/2021

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM



1) Name and title of person submitting the request:	**2) Date when request submitted:**
Sofia Anderson, Administrative Rules Coordinator	09/01/2023
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:	**5) Attachments:**	**6) How should the item be titled on the agenda page?**
September 14, 2023	☒ **Yes** ☐ **No**	Administrative Rules Matters – Discussion and Consideration 1. Discussion of N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects

7) Place Item in:	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete* ***Appearance Request*** *for Non-DSPS Staff)*	**9) Name of Case Advisor(s), if required:**
☒ **Open Session** ☐ **Closed Session**	☐ **Yes** ☒ **No**	N/A

10) Describe the issue and action that should be addressed:

Attachments:

1. Chapter N 6 proposed amendment
2. DHS guidelines for RNs delegating med administration to unlicensed personnel.
3. Nursing rule projects chart.

11) Authorization

SAnderson

09/01/2023

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:
1. **This form should be attached to any documents submitted to the agenda.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

Revised 03/2021

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.

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.

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 or acts delegated by registered nurse or licensed practical nurse to eligible staff of certified facilities who have received the appropriate training and education required to perform the delegated act.

(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.

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.

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.

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.

MEDICATION ADMINISTRATION
BY UNLICENSED ASSISTIVE PERSONNEL (UAP)

Guidelines for Registered Nurses Delegating
Medication Administration to Unlicensed Assistive Personnel

Home Health Agency, Hospice, Hospital, Nursing Home, Community-Based Residential Facility, Adult Family Home, Residential Care Apartment Complex, Facility for the Developmentally Disabled or Intermediate Care Facility for Persons with Intellectual Disabilities, End-Stage Renal Dialysis Unit, Ambulatory Surgical Center

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance

P-01908 (05/2023)

Introduction

This document is intended to provide a compilation of current Wisconsin facility regulations that impact medication administration and registered nurse delegation of medication administration. This document also contains resources that licensed registered nurses may find useful when delegating medication administration to unlicensed assistive personnel (UAP). This document does not specifically address physician delegation or any healthcare professional delegation of medication administration other than registered nurse delegation. The information in this document is based on current regulations as of January 1, 2016.

Many licensed healthcare professionals are authorized by their license to delegate certain duties, including medication administration, to unlicensed personnel who are commonly referred to as unlicensed assistive personnel (UAPs).

UAPs in Wisconsin include individuals who are trained to perform certain healthcare-related duties under the supervision of healthcare professionals. UAPs may have job titles such as medication aide, nurse aide, or home health aide. The scope of duties for UAPs in regulated entities such as hospitals, nursing homes, assisted living, and community facilities is generally defined by the facility requirements and subject to the delegation of tasks to them by licensed healthcare professionals who supervise them.

Regulations for many regulated entities require registered nurses (RNs) be responsible for medication administration. The limits of that authority are governed by the laws and rules that regulate the practice of nursing in Wisconsin and the type of facility or entity in which an RN works. This publication reviews the use of unlicensed assistive personnel (UAPs), typically nursing assistants, to administer medications. This approach is subject to facility or agency regulations under which the entities operate laws and regulations that define the scope of nursing practice, the obligation of nurses to exercise professional judgment when delegating nursing duties to UAPs, and supervising UAPs in the performance of delegated duties.

Healthcare providers, nurses, administrators, and others routinely ask the Division of Quality Assurance (DQA) about the scope of UAP duties and the extent of supervision required for UAPs to whom RNs delegate medication administration. The complexity of each healthcare situation requires healthcare professionals to know the extent of delegation permitted in a particular setting and to exercise professional judgment in accordance with their licensure whether a task should be delegated to a UAP.

Common Questions and Answers

1. **What types of nursing acts may be delegated and to whom?**
   There is not a state statute listing nursing tasks that are appropriate for delegation to an UAP. The decision to delegate the nursing task is based on the nurse's assessment of the complexity of the nursing task and care, predictability of the health status of the patient, and the educational preparation and demonstrated abilities of the UAP. In addition, specific facility regulations may limit what acts may be delegated or to whom acts can be delegated.
2. **What are some of the criteria that a nurse might use in determining if a nursing related task may be delegated?**
   The delegated nursing task must be within the responsibilities of the nursing license. The nurse must have the nursing education, training, and experience to delegate the nursing task. The nursing task that is delegated must be commensurate with the educational preparation and abilities of the employee accepting the delegation. The nurse must provide supervision, direction, and assistance to the employee and provide observation and monitoring of the delegated tasks (Wis. Admin. Code ch. N 6). The Wisconsin Nurse's Association (WNA) has provided an algorithm for decision-making regarding delegation. The National Council of State Boards of Nursing (NCSBN) has an available delegation decision-making tree.
3. **What is the difference between training and delegation?**
   Training is the process of providing general health information to others regarding a health skill, condition, injury, medication, or procedure. The process of delegation includes instruction regarding the plan of care; administration of medication and/or procedure; direction, assistance, and observation of those supervised; and, evaluation of the effectiveness of the delegated nursing act. (Wis. Admin. Code ch. N 6).

Resources for Registered Nurses, Licensed Practical Nurses, and Nursing UAPs

- Wis. Admin. Code ch. N 6: http://docs.legis.wisconsin.gov/code/admin_code/n/6.pdf
- WNA Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel: http://www.wisconsinnurses.com/work_advoc/pdf_files/uaps.pdf
- NCSBN Delegation Concepts and Decision-Making Process Position Paper: https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

HOME HEALTH AGENCY (HHA)		
UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 133.02(4) "Home health aide" means an individual whose name is on the registry and who is eligible for employment in a home health agency, and who is employed by or under contract to a home health agency to provide home health aide services under supervision of a registered nurse. **DHS 133.02(5)** "Home health aide services" means personal care services which will facilitate the patient's self-care at home and are necessary to prevent or postpone institutionalization, but do not require performance by a registered nurse or licensed practical nurse. **DHS 133.06(4)(b) Employees.** Scope of duties. No employees may be assigned any duties for which they are not capable, as evidenced by training or possession of a license. **DHS 133.06(4)(e) Continuing Training.** A program of continuing training shall be provided to all employees as appropriate for the client population and the employee's duties. **DHS 133.08(2)(d) Policies.** To be fully informed of one's own health condition, unless medically contraindicated, and to be afforded the opportunity to participate in the planning of the home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research. **DHS 133.17(2)(g) Duties.** Home health aide services may include, but are not limited to: (g) assisting patients with self-administration of medications. **DHS 133.17(3) Assignments.** Home health aides shall be assigned specific patients by a registered nurse. Written instructions for patient care shall be prepared and updated for the aides at least each 60 days by a registered nurse or appropriate therapist, consistent with the plan of treatment under s. DHS 133.20. These instructions shall be reviewed by the immediate	All licensed/certified home health agencies providing administration of a medication by an UAP (HHA, PCW, other) must meet the following conditions: 1. The agency has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [42 CFR 484.14(e)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse (nurse aide assignment sheet). [(DHS 133.17(3) and 42 CFR 484.36(c)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 133.06(4)(b) and 42 CFR 484.36(c)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [DHS 133.17(1)] 5. Patients must be informed prior to delivery of service that unlicensed personnel will administer their medications. [DHS 133.08(2)(d) and 42 CFR 484.10(c)(1)] Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	UAPs (HHA and PCWs) may administer oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, inhalers, nasal inhaler, nebulizers, injections and vaginal suppositories, to patients, regardless of patient age or functional capacity when all of the following conditions are met: 1. The medication and ordered dose is preselected by a nurse, pharmacist or designated family member; 2. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, multi dose inhaler, nasal inhaler, nebulizer, injection, vaginal suppository; and 3. All General Requirements 1-6 are met (previous column). ***Home Health Aide (HHA) Medication Administration*** HHA can administer medications that are not preselected if the patient is self-directing adults or has a responsible adult physically present who understands the medication program and is able to direct the home health aide. Medications that are not preselected can be administered by the HHA to self-directing adults as delegated from the registered nurse if the following conditions are met: 1. When medication has not been preselected, there is documented evidence that the home health aide has been trained in the actions, uses, effects, adverse reactions and toxic effects of all the medications administered. Additionally, the home health aide must be trained in the appropriate responses to adverse reactions to any medication administered. The delegating registered nurse may require training to be verified by return demonstration with each home health aide who administers medication to a specific patient. [DHS 133.06(4)(b)] 2. The patient receiving the medication is a self-

<table>
<tr><th colspan="3">UAPs: Home Health Aide (HHA), Personal Care Worker (PCW)</th></tr>
<tr><th>Applicable State and Federal Regulations</th><th>General Requirements – Plain Language for Facility</th><th>Scope of Duty – Plain Language for UAP and RN</th></tr>
<tr><td>supervisors with their aides.
DHS 133.17 Home health aide services. (1) PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.

DHS 133.20(2) Contents of Plan. Each plan developed under subd. (1) shall include: (b) The methods for delivering needed care, and an indication of which professional disciplines are responsible for delivering the care.

42 CFR 484.10(c)(1) The patient has the right to be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.
i) The home health agency must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.
ii) The home health agency must advise the patient in advance of any change in the plan of care before the change is made.

42 CFR 484.14(e) Personnel policies. Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that is kept current.

42 CFR 484.36(c) Standard: Assignment and duties of the home health aide. (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</td><td></td><td>directing adult (18 or older) or a responsible adult is physically present to direct the home health aide in the administration of the medication;
3. The medication is one of the following: oral medication, sublingual medication, topical medication, rectal suppository, eye drop or ointment, ear drop, nasal inhaler, multi dose inhaler, nebulizer, injection, vaginal suppository; and
4. All General Requirements 1-6 are met (previous column).

For patients who have Medicaid, some of these delegated tasks may not be reimbursed or require preauthorization for reimbursement.</td></tr>
</table>

HOSPICE		
UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 131.13(12) "Nurse aide" means an individual employed by or under contract to a hospice to provide nurse aide services as specified ins. DHS 131.26 (2) (b) under the supervision of a registered nurse. **DHS 131.19 Patient rights.** (2) RIGHTS OF PATIENTS. In addition to rights to the information under sub. (1), each patient shall have all of the following rights: (b) To participate in planning care and in planning changes in care. (c) To select or refuse care or treatment. (L) To be informed prior to admission of the types of services available from the hospice, including contracted services and specialized services for unique patient groups such as children. (m) To be informed of those items and services that the hospice offers and for which the resident may be charged, and the amount of charges for those services. **DHS 131.31(4) DUTIES.** Hospice employees or contracted staff may be assigned only those duties for which they are capable, as evidenced by documented training or possession of a license or certificate. **DHS 131.31(5) CONTINUOUS TRAINING.** A program of continuing training directed at maintenance of appropriate skill levels shall be provided for all hospice employees providing services to patients and their families. **DHS 131.28 Governing body.** (2) The governing body shall do all of the following: (e) Ensure that nursing and physician services and drugs and biologicals are routinely available on a 24 hour basis 7 days a week. **DHS 131.32 Medical director.** (1) The hospice shall have a medical director who shall be a medical doctor or a doctor of osteopathy. (c) Ensure that medications are used within accepted standards of practice. **DHS 131.26 Non−core services.** (2) NURSE AIDE SERVICES. The hospice may provide nurse aide services as follows: (a) Assignment. Nurse aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a nurse aide shall be prepared by a registered nurse who is responsible for the supervision of a nurse aide as	All hospices providing administration of a medication by an UAP (hospice aide) must meet the following conditions: 1. The UAP must have taken a state-approved medication administration course. 2. The hospice has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. 3. There is a written delegation of this nursing act (medication administration) by the registered nurse. 4. There is documentation to support the educational preparation of the caregiver who administers medications. 5. There is immediate and accessible supervisory support available to the caregiver administering medications. 6. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 7. Supervision and delegation of the delegated nursing act meets the requirements of the Wis. Admin. Code. Ch. N 6.	A state-approved hospice medication administration course includes training on the following forms of medication administration: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi-dose oral inhalers, and nasal inhalers. All unlicensed personnel who administer medications in a hospice must take this course. If these individuals will administer other types of medications (e.g., nebulizers, injections, oxygen, medication via a G-tube, insulin), they must receive additional training, and that training must be documented.

HOSPICE		
UAPs: Hospice Aide (HA), Medication Aide / Hospice Aide (MA/HA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
specified under par. (c). (b) Plan of care. The nurse aide shall provide care in accordance with the patient's plan of care. Nurse aide services consist of, but are not be limited to all of the following: 5. Assisting patients with self−administration of medications. 6. Administering medications to patients if the aide has completed a state−approved medications administration course and has been delegated this responsibility in writing for the specific patient by a registered nurse. **42 CFR 418.106(d) Standard: Administration of drugs and biologicals.** (1) The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home. (2) Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:(i) A licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law;(ii) An employee who has completed a State-approved training program in medication administration; and (iii) The patient, upon approval by the interdisciplinary group.		

HOSPITAL		
UAPs: Nurse Aide, Medication Technician, Diagnostic Medication Assistants, Nurse Technician, Various Other Titles that Hospitals Use for UAP		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
42 CFR 482.23(c) Standard: Preparation and administration of drugs. Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patients care as specified under 482.12(c), and accepted standards of practice. All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.	All hospitals providing administration of a medication by an UAP must meet the following conditions: 1. The hospital has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [42 CFR 482.23(c)] 2. A registered nurse shall assign nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff. 3. There is immediate and accessible supervisory support to the UAP administering medications, when needed. 4. Patients must be informed, prior to delivery of service, that their medications will be administered by UAP. 5. Supervision and delegation of medications by nurses meets the requirements of Wis. Admin. Code ch. N 6.	The UAP administering medications in a hospital have their scope of duty determined by medical staff policies and procedures.

NURSING HOME		
UAPs: Medication Aide / Nurse Aide (MANA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 132.60(5)(d)1. Administration of medications. Personnel who may administer medications. In a nursing home, medication may be administered only by a nurse, a practitioner as defined in s. 450.07(1)(d), Stats., or a person who has completed training in a drug administration course approved by the department. **DHS 132.62(2)(a)3. Duties.** The director of nursing services shall be responsible for: a. Supervising the functions, activities, and training of the nursing personnel; b. Developing and maintaining standard nursing practice, nursing policy and procedure manual, and written job descriptions for each level of nursing personnel; c. Coordinating nursing services with other resident services; d. Designating the charge nurses provided for by this section; e. Being on call at all times, or designating other registered nurse to be on call, when no registered nurse is on duty in the facility; and f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each. **42 CFR 483.45** The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under and agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	All nursing homes providing administration of a medication by an UAP (Medication Aide/Nurse Aide) must meet the following conditions: 1. The nursing home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [(DHS 132.62(2)(a)3] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [(DHS 132.62(2)(a)3] 3. There is documentation to support the educational preparation of the caregiver that administers medications. [DHS 132.60(5)(d)1] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.45] 5. Residents must be informed, prior to delivery of service, that their medications will be administered by unlicensed personnel. [DHS 132.31(1)(n)] 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	A state-approved nursing home medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers. All unlicensed personnel who administer medications in a nursing home must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.

<table>
<tr><th colspan="3">COMMUNITY-BASED RESIDENTIAL FACILITY (CBRF)</th></tr>
<tr><th colspan="3">UAP: Various</th></tr>
<tr><th>Applicable State and Federal Regulations</th><th>General Requirements – Plain Language for Facility</th><th>Scope of Duty – Plain Language for UAP and RN</th></tr>
<tr><td>DHS 83.35 Assessment, individual service plan and evaluations. (c) Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 2. Medications the resident takes and the resident's ability to control and self−administer medications.
DHS 83.37 Medications. (2) MEDICATION ADMINISTRATION. (b) Medication administration supervised by a registered nurse, practitioner, or pharmacist. When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following:
1. The registered nurse, practitioner, or pharmacist coordinates, directs, and inspects the administration of medications and the medication administration system.
2. The registered nurse, practitioner, or pharmacist participates in the resident's assessment under s. DHS 83.35(1) and development and review of the individual service plan under s. DHS 83.35(3) regarding the resident's medical condition and the goals of the medication regimen.
(c) Medication administration not supervised by a registered nurse, practitioner, or pharmacist. When medication administration is not supervised by a registered nurse, practitioner, or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident's prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.
(e) Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments, or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non−licensed employees pursuant to s. N 6.03(3).</td><td>All CBRFs providing administration of a medication by an UAP (CBRF Staff who have taken the required medication training or equivalent) must meet the following conditions:
1. The CBRF has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the date and time of administration, any change in the resident's condition, and the identification of the person administering medication.
2. When nurse delegation is required, there is documentation indicating delegation of this nursing act (medication administration) by the registered nurse.
3. There is documentation to support the educational preparation of the caregiver who administers medications.
4. There is accessible supervisory support available to the caregiver administering medications.
5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 83.32(2)(a)2]
6. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.</td><td>If the CBRF is a nurse-supervised facility, the CBRF must assure the following:
1) CBRF staff must take approved CBRF medication training or equivalent before administering medications to residents.
2) Injections, nebulizers, stomal and enteral, vaginally or rectally administered medications are delegated by an RN (can be supervised by a LPN) to qualified CBRF staff.</td></tr>
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ADULT FAMILY HOME (AFH)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 88.06 (3)(c) The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. **DHS 88.06(3)(d)** The individual service plan shall contain at least the following: 1. A description of the services the licensee will provide to meet assessed need. 2. Identification of the level of supervision required in the home and community. 3. Description of services provided by outside agencies. 4. Identification of who will monitor the plan. 5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. (e). A copy of the individual service plan shall be provided to all persons involved in the development of it. **DHS 88.07(2)(c)** Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee to provide. **DHS 88.07(3)(c)** If the licensee or service provider assists a resident with a prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. (d) Before a licensee or service provider dispenses or administers a prescription medication to a resident. The licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. (e) 1.The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident,	All adult family homes providing administration of a medication by UAP must meet the following conditions: 1. The adult family home has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration, and the identification of the person administering medication. [DHS 88.07(3)(e)] 2. When contracted nursing services include **nurse responsibility** for medication administration and the nurse delegates tasks to the AFH staff, there is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 88.06(3)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS 88.07(2)(c)] 4. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 88.10(3)(j) and 88.07(2)(c)] 5. If applicable, supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	If licensee provides medication administration, staff can only administer medications for which they were trained, for which they have orders, and for which the resident or resident's guardian have provided consent. If licensee has a registered nurse administering medications, they may decide to delegate various tasks. This delegation can define the scope of AFH staff who administers medications.

ADULT FAMILY HOME (AFH)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. 2. The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication. **DHS 88.10(3)(j) Treatment choice.** To receive all treatments prescribed by the resident's physician and to refuse any form of treatment unless the treatment has been ordered by a court. The written informed consent of the resident or resident's guardian is required for any treatment administered by the adult family home.		

RESIDENTIAL CARE APARTMENT COMPLEX (RCAC)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 89.13(21) "Medication administration" means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner. **DHS 89.13(22)** "Medication management" means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration. **DHS 89.13(24)** "Nursing services" means nursing procedures, excluding personal services, which, according to the provisions of ch. 441, Stat., the nurse practice act, must be performed by a registered nurse or as a delegated act under the supervision of a registered nurse. **DHS 89.23(4)(a) Service providers.** 2. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or as a delegated task, under the supervision of a nurse or pharmacist. **DHS 89.28 Risk Agreement**. (2) Content (a) 3. What the facility will and will not do to meet the tenant's needs and comply with the tenant's preference relative to the identified in the course of action. 4. Alternatives offered to reduce the risk or mitigate the consequences relating to the situation or condition. 5. The agreed-upon course of action, including responsibilities of both the tenant and the facility. 6. The tenant's understanding and acceptance of responsibilities for the outcome from the agreed-upon course of action.	All RCACs providing administration of a medication by an UAP must meet the following conditions: 1. The RCAC has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. [(DHS 89.13(22)] 2. There is evidence of delegation of this nursing act (medication administration) by the registered nurse. [DHS 89.23(4)(a)] 3. There is evidence to support the educational preparation of the caregiver who administers medications. [DHS 89.23(4)(a)] 4. There is accessible supervisory support available to the caregiver administering medications. [DHS 89.23(4)(a)] 5. Residents must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. [DHS 89.28] 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	Service agreements shall outline any medication administration and medication management tasks, including who is performing those tasks. Resident and/or family should be informed of the qualifications of these individuals.

FACILITY FOR THE DEVELOPMENTALLY DISABLED (FDD) OR INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)		
UAP: Medication Aide / Nurse Aide (MANA)		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
DHS 134.60(4)(a)1. Orders. Medications, treatments, and habilitative or rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident's right to refuse them. **DHS 134.60(4)(d) Administration of medications.** 1. Medications may be administered only by a nurse, a practitioner or a person who has completed training in a drug administration course approved by the department. Facility staff shall immediately record the administration of medications in a resident's record. 2. Facilities shall develop policies and procedures designed to provide safe and accurate administration of medications and these policies and procedures shall be followed by personnel assigned to prepare and administer medications and to record their administration. **42 CFR 483.45 Pharmacy services.** The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	All ICF/IIDs or FDDs providing administration of a medication by a UAP (medication aide/nurse aide) must meet the following conditions: 1. The ICF/IID or FDD has written policies and procedures designed to provide safe and accurate administration of medication. Personnel assigned to administer medications shall follow these policies. This shall include the required documentation of the name of the medication, the dose, the route of administration, the time of administration and the identification of the person administering medication. [DHS 134.60(4)(d)] 2. There is a written delegation of this nursing act (medication administration) by the registered nurse. [DHS 134.60(4)(d)] 3. There is documentation to support the educational preparation of the caregiver who administers medications. [DHS134.60(4)(d)] 4. There is immediate and accessible supervisory support available to the caregiver administering medications. [42 CFR 483.460 (d)(5)] 5. Patients must be informed, prior to delivery of service, that unlicensed personnel will administer their medications. 6. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	A state-approved ICF/IID and FDD medication administration course covers medication administration technique including: oral, sublingual, topical, rectal suppositories, eye drops, eye ointments, ear drops, vaginal suppositories, multi dose oral inhalers, and nasal inhalers. All unlicensed personnel who administer medications in an ICF/IID or FDD must take this State of Wisconsin approved course or meet the course requirements. If these individuals will administer other types of medications (e.g., nebulizers, intravenous injections, oxygen, medication via a tube, insulin), they must receive additional training, and that training must be documented.

END-STAGE RENAL DIALYSIS UNIT (ESRD)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
42 CFR 405.2136(f) Standard: Patient care policies. These policies are developed by the physician responsible for supervising and directing the provision of ESRD services, or the facility's organized medical staff (if there is one), with the advice of (and with the provision for review of such policies from time to time, but at least annually, by) a group of professional personnel associated with the facility, including, but not limited to, one or more physicians and one or more registered nurses experienced in rendering ESRD care. **42 CFR 405.2136(f)(1)(vi)** The patient care policies cover the following: (v) Pharmaceutical services.	All ESRDs providing administration of a medication by an UAP must meet the following conditions: 1. The ESRD has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 4052136(f)] 2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	The UAP administering medications in an ESRD have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.

AMBULATORY SURGICAL CENTER (ASC)		
UAP: Various		
Applicable State and Federal Regulations	**General Requirements – Plain Language for Facility**	**Scope of Duty – Plain Language for UAP and RN**
42 CFR 416.48 Condition for Coverage – Pharmaceutical services. (a) Standard: Administration of Drugs. Drugs must be administered according to established policies and acceptable standards of practice.	All ASCs providing administration of a medication by UAPs must meet the following conditions: 1. The ASC has written policies and procedures designed to provide safe and accurate administration of medication. [42 CFR 416.48] 2. Supervision and delegation of the delegated nursing act meets the requirements of Wis. Admin. Code ch. N 6.	The UAP administering medications in an ASC have their scope of duty determined by medical staff policies and procedures. If a registered nurse is delegating medication administration to nurse UAPs, follow delegation requirements which can limit the scope of duties for unlicensed assistive personnel.

Board of Nursing
Rule Projects (Updated 09/01/2023)

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel (permanent rule)	The Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	Public Hearing held on August 16, 2023	Final Rule Draft and Legislative Report submission to Legislature
	049-22	12/20/2024	N/A	SPS 11	Military Medical Personnel (permanent rule)	Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program.	Public Hearing held on August 21, 2023	Final Rule Draft and Legislative Report submission to Legislature

Emergency Rules

EMR Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
EmR 2215	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Extended until August 27, 2023	N/A

Board of Nursing
Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	084-22	4/24/2025	8/11/2022	N 2	Modification of Board review process to take the NCLEX	The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process.	Legislative Review	If there are no objections, board can draft adoption order and submit it for publication after approval.

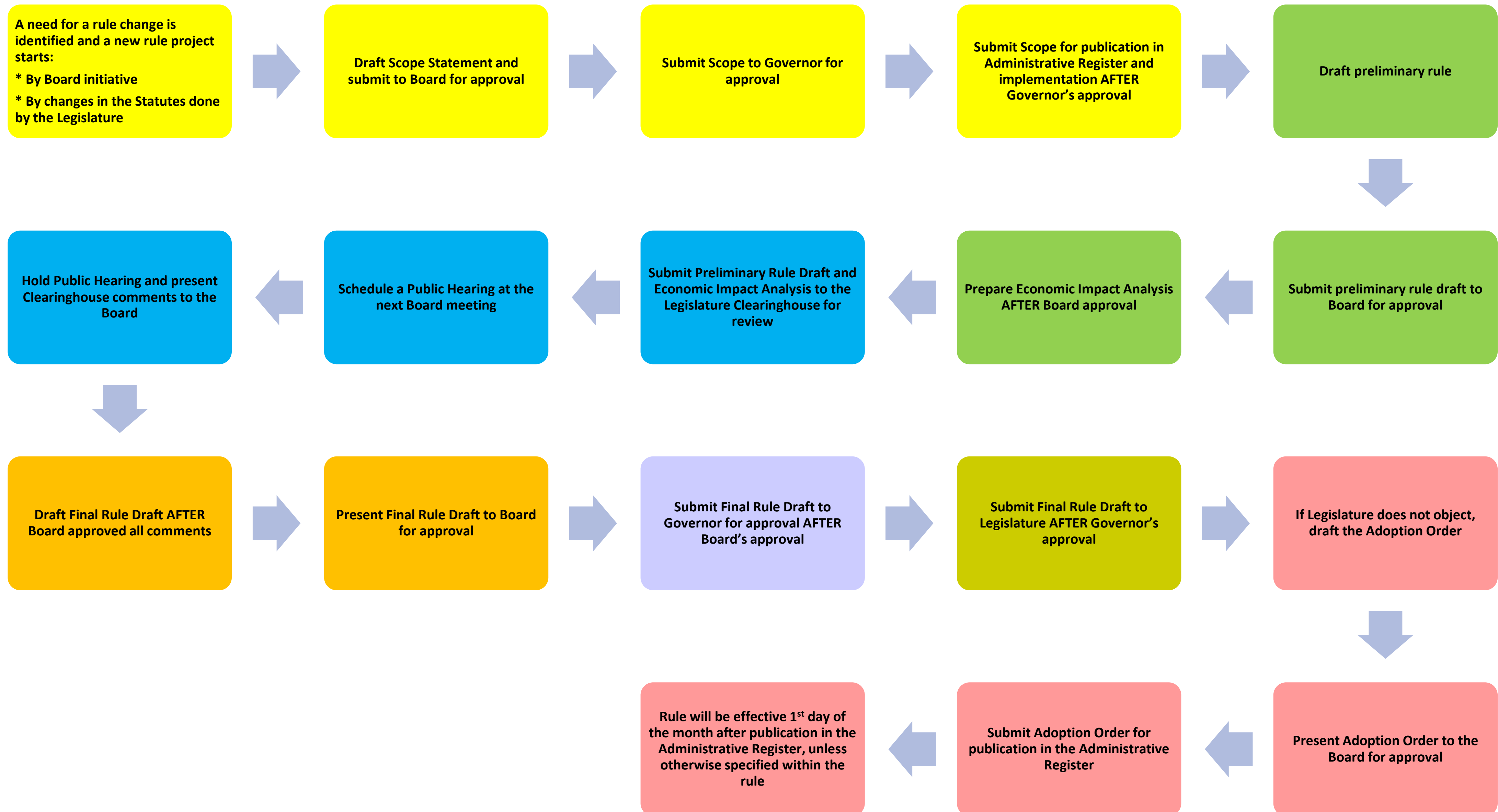
Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Drafting rule	EIA comment period
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	
			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	

Board of Nursing

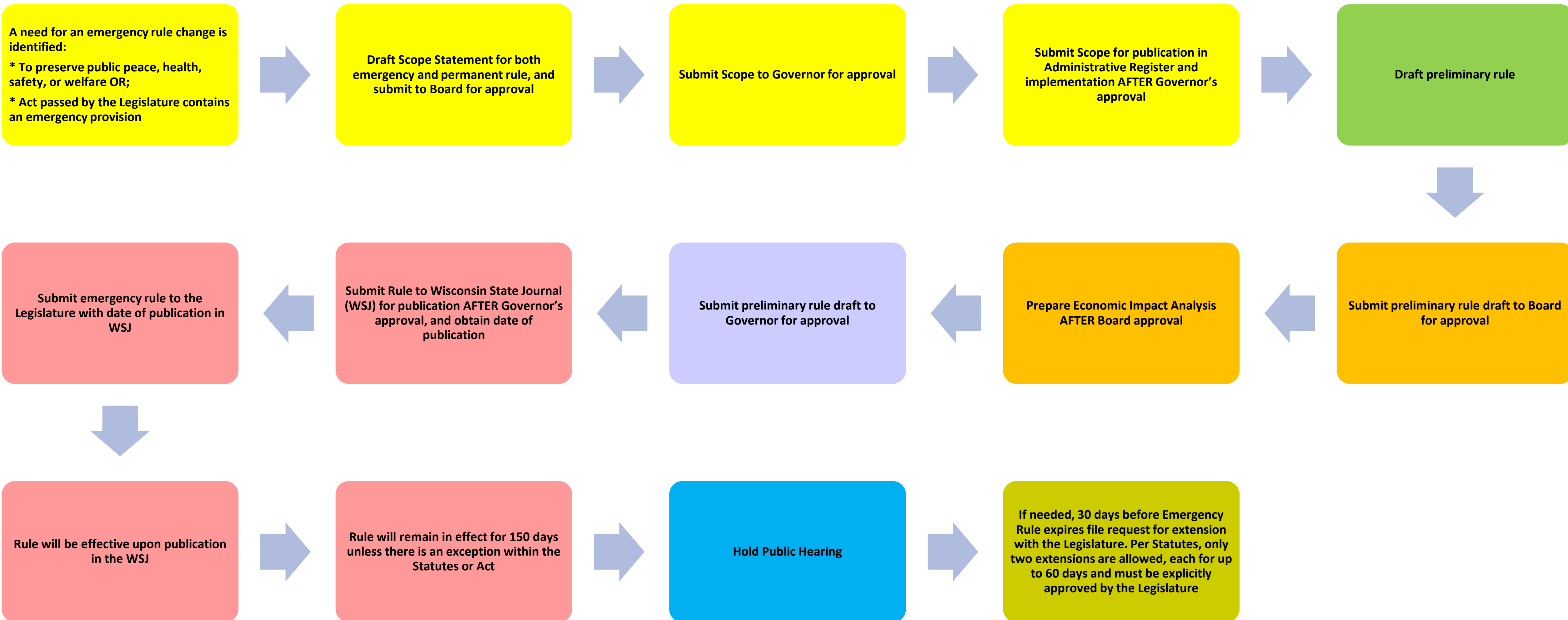
			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	

Boards Permanent Rule Process Chart



DISCLAIMER: This is a simplified version of the rulemaking process and does not reflect statutory wait periods or in-depth Legislature processes.

Board Emergency Rule Process Chart



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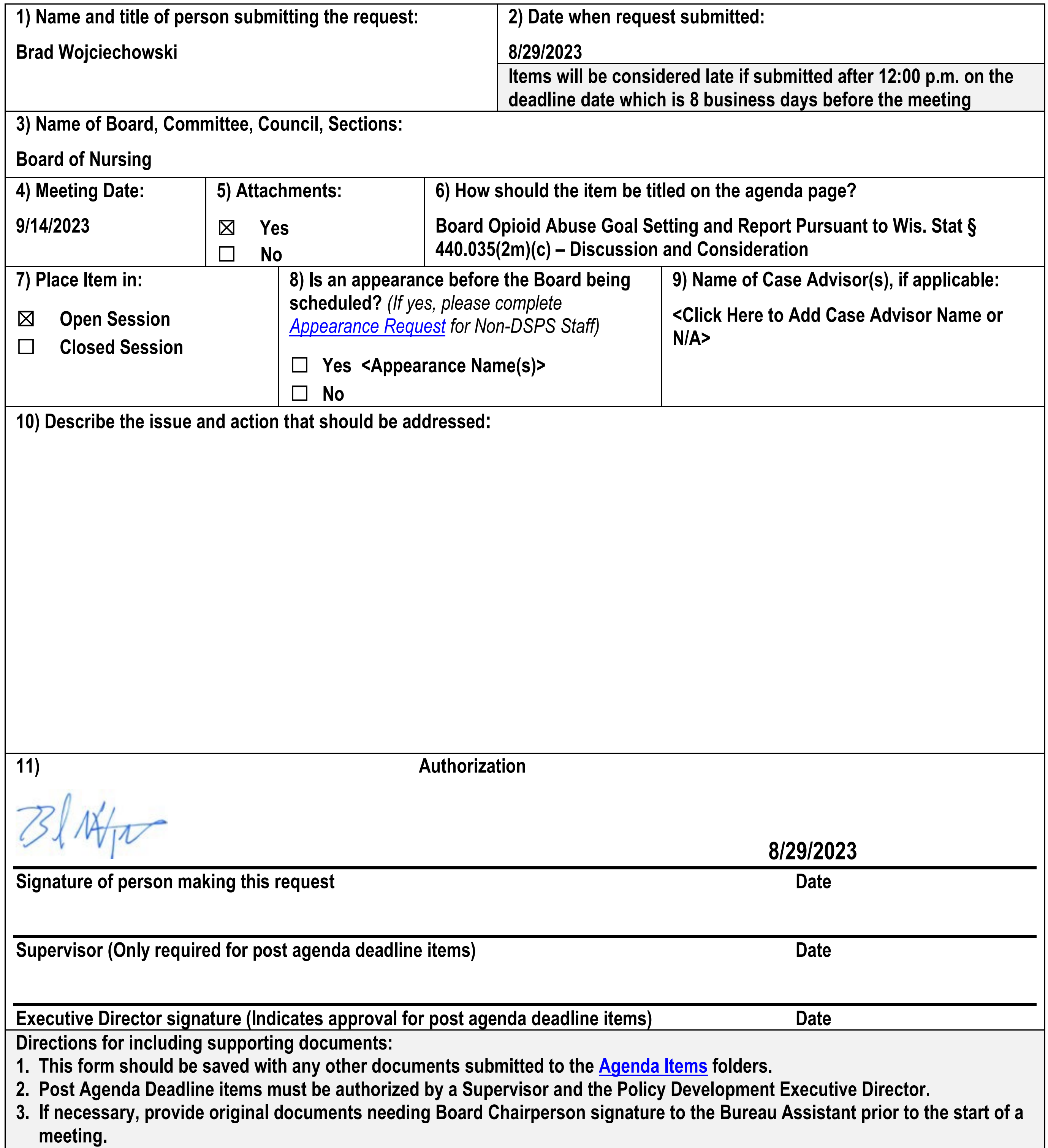
State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM



1) Name and title of person submitting the request:

Brad Wojciechowski

2) Date when request submitted:

8/29/2023

Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:

9/14/2023

5) Attachments:

☒ Yes
☐ No

6) How should the item be titled on the agenda page?

Board Opioid Abuse Goal Setting and Report Pursuant to Wis. Stat § 440.035(2m)(c) – Discussion and Consideration

7) Place Item in:

☒ Open Session
☐ Closed Session

8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*

☐ Yes <Appearance Name(s)>
☐ No

9) Name of Case Advisor(s), if applicable:

<Click Here to Add Case Advisor Name or N/A>

10) Describe the issue and action that should be addressed:

11) Authorization

[signature] 8/29/2023

Signature of person making this request — Date

Supervisor (Only required for post agenda deadline items) — Date

Executive Director signature (Indicates approval for post agenda deadline items) — Date

Directions for including supporting documents:
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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.

Revised 03/2021

Robert Weinman
Chairperson

Emily Zentz
Vice Chairperson

Janice Edelstein
Secretary

WISCONSIN BOARD OF NURSING

4822 Madison Yards Way
PO Box 8366
Madison WI 53708-8366

Email: dsps@wisconsin.gov
Voice: 608-266-2112
FAX: 608-251-3032

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REPORT ON OPIOID ABUSE

Proactive Efforts Taken by the Board of Nursing to Address Opioid Abuse

1. **Controlled Substances Prescribing Guidelines –** The Board of Nursing adopted Best Practices for Prescribing Controlled Substances Guidelines on January 12, 2017. The Guidelines were developed using the following:
    - Centers for Disease Control's *Guideline for Prescribing Opioids for Chronic Pain.*
    - American Association of Nurse Anesthetists' *Chronic Pain Management Guidelines*.
    - American Nurses Association's *Nursing's Role in Addressing Nation's Opioid Crisis.*
    - Federal Drug Administration's *Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics*.
    - Wisconsin Medical Examining Board's *Opioid Prescribing Guideline.*
    - Michigan's *Guidelines for the Use of Controlled Substances for the Treatment of Pain*.
    - The Joint Commission's *Statement on Pain Management.*
    - National Transportation Safety Board recommendations for advising patients of the effect-controlled substances may have on their ability to safely operate a vehicle.

    The Board of Nursing published the Guidelines in their newsletter and provided a copy of the Guidelines to every advanced practice nurse prescriber with an active license and an email on file with the Department of Safety and Professional Services. The Guidelines are available at https://dsps.wi.gov/Documents/BoardCouncils/NUR/NURGuideline.pdf

2. **Controlled Substances Continuing Education –** The Board of Nursing requires each advanced practice nurse prescriber to complete 2 hours of the required 16 hours of continuing education in the topic of responsible prescribing of controlled substances.

3. **Prescription Drug Monitoring Program (PDMP) Information in Newsletter –** The Board of Nursing has highlighted information regarding the Prescription Drug Monitoring Program in their newsletter.

4. **PDMP Prescribing Metrics for Prescribing Practice Complaints –** The Board of Nursing Screening Panel reviews the PDMP Prescribing Metrics Summary for any advanced practice nurse prescriber who has a complaint relating to the advance practice nurse prescriber's prescribing practices.

5. **Membership on the Controlled Substances Board –** A member of the Board of Nursing is designated as a standing member of the Controlled Substances Board (CSB). The CSB is instrumental in the efforts to combat opioid abuse, primarily through its involvement with the PDMP and the scheduling of controlled substances under Wisconsin's Controlled Substances Act.

2023 Goals for Addressing the Issue of Opioid Abuse as it Relates to the Practice of Nursing

1. **Compliance with the PDMP Provider Review Requirement –**The Board of Nursing will continue its effort to increase compliance by raising awareness of the PDMP provider review requirement.

2. **Education** – The Board of Nursing will continue to explore opportunities to expand on its educational outreach in the areas of safe opioid prescribing and opioid abuse.

3. **PDMP Outreach –** The Board of Nursing will continue to work with PDMP staff to provide information concerning the PDMP to its licensees.

4. **PDMP Prescribing Outliers –** The Board of Nursing will continue to review referrals of advanced practice nurse prescribers from the Controlled Substances Board to identify those advance practice nurse prescribers whose prescribing practices are outliers. In addition, the Board of Nursing Screening Panel will continue to review the PDMP Prescribing Metrics Summary for any advanced practice nurse prescriber who has a complaint relating to the advance practice nurse prescriber's prescribing practices.

5. **Controlled Substances Prescribing Guidelines.** Currently, the Board of Nursing adopts the 2016 Best Practices for Prescribing Controlled Substances Guidelines. The Board is currently reviewing the updated 2022 CDC Clinical Practice Guideline for Prescribing Opioids which were released in December 2022, and will adopt before January 1, 2024.

6. **Administrative Rules –** The Board of Nursing will review the delegated authorities and actions of registered nurses and licensed practical nurses in the administration of medications and controlled substances (N 6).

Actions Taken by the Board of Nursing to Achieve the Goals Identified in Previous Reports

1. **Compliance with Provider Review Requirement –** The Board of Nursing's goal was to continue its effort to increase compliance by raising awareness of the PDMP provider review requirement. As a means of facilitating this effort, the Board has requested PDMP staff to provide data on waivers for advanced practice nurse prescribers.

2. **Education –** The Board of Nursing's goal was to explore opportunities to expand on its educational outreach in the areas of safe opioid prescribing and opioid abuse. The Board has requested PDMP staff to provide opioid abuse statistics coming out of the COVID-19 public health emergency, as the Board anticipates this information will produce opportunities to expand on its educational outreach.

3. **PDMP Outreach –** The Board of Nursing's goal was to continue to work with PDMP staff to provide information concerning the PDMP to its licensees. As a member of the Controlled Substances Board, an appointed member of the Board of Nursing, regularly meets with and receives updates from PDMP staff. During the current reporting period, PDMP staff provided the following updates on the enhancement of the Enhanced

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Prescription Drug Monitoring Program (ePDMP) at the CSB meetings January to May 2023:

1. **WI ePDMP 3-Year Holistic Enhancement**: DSPS will conclude the 3-year enhancement project by the end of Summer 2023. The new WI ePDMP system will enable time-responsive data-processing, upgrade the patient matching capacities, and improve the user interface.
2. **New pricing models of EHR integration:** DSPS continued the program that introduced the elimination of start-up and monthly fees associated with integrating into electronic health record systems, expanding access to the ePDMP while simultaneously combating prescription opioid misuse.

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3. **National Provider Identifier (NPI) to be required for ePDMP User Accounts in 2024:** This requirement will enable the ePDMP to accept dispensing of gabapentin or any non-scheduled drug to be monitored in the future particularly those that are prescribed by a provider who does not have an active DEA number. The NPI key will then be used to match dispensing records when DEA number is not present. Existing prescribing healthcare processional account users will be provided with the opportunity to add NPI to their ePDMP account profile prior to the rule change goes into effect and requirement is enforced.
4. **CSB PDMP quarterly reports:** 2023 Q1 and Q2 reports were completed and made available on the CSB website.

4.PDMP prescribing outliers – The Board of Nursing's goal was to continue to review referrals of advanced practice nurse prescribers from the Controlled Substances Board (CSB) to identify those advance practice nurse prescribers whose prescribing practices are outliers.

The Controlled Substances Board referred a total of zero Advanced Practice Nurse Prescribers to the Division of Legal Services and Compliance (DLSC) Intake for further proceedings during the current reviewing period (Jan-May 2023).

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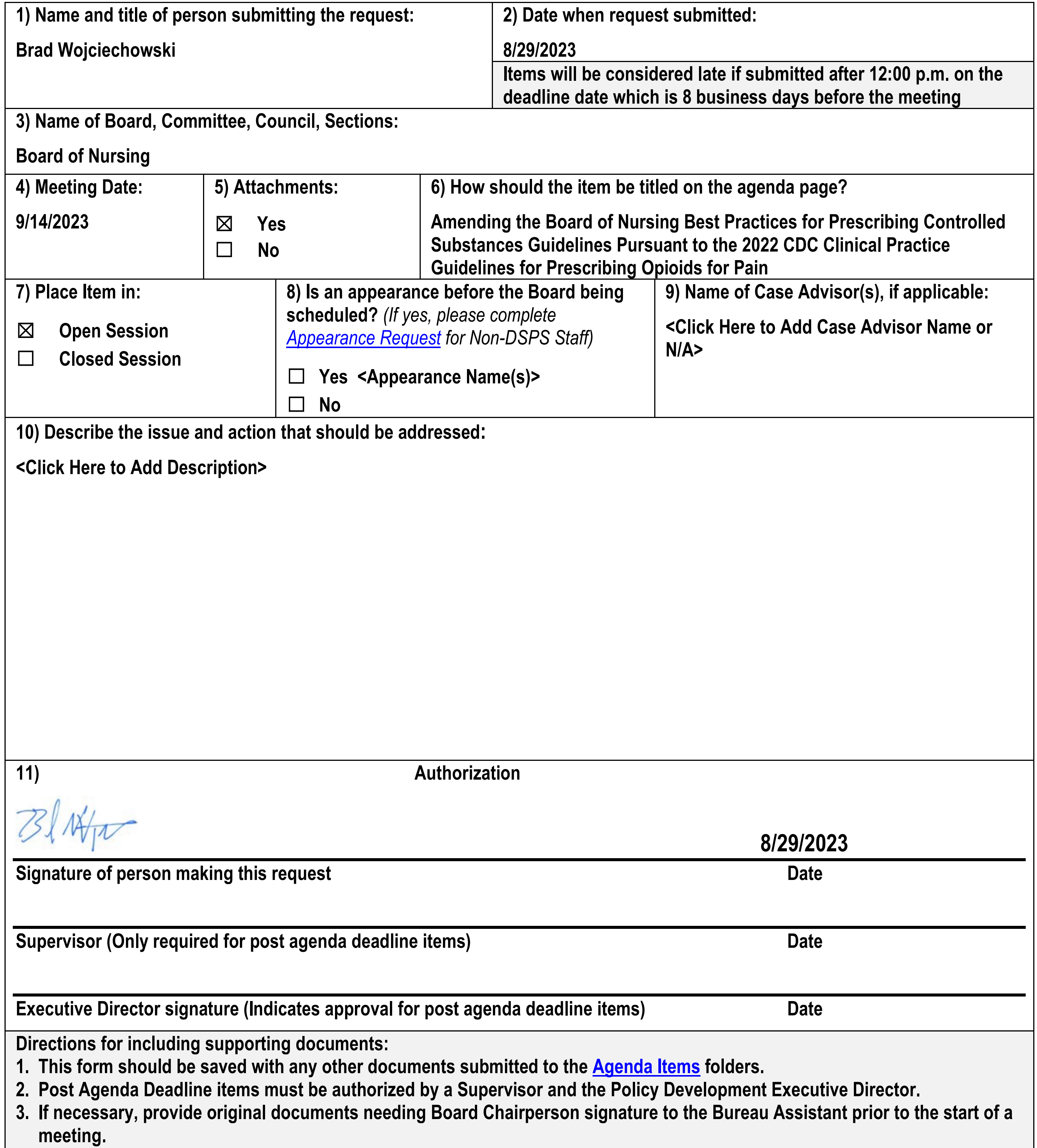
State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM



1) Name and title of person submitting the request:	2) Date when request submitted:
Brad Wojciechowski	8/29/2023
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
9/14/2023	☒ Yes ☐ No	Amending the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines Pursuant to the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete [Appearance Request] for Non-DSPS Staff)*	9) Name of Case Advisor(s), if applicable:
☒ Open Session ☐ Closed Session	☐ Yes <Appearance Name(s)> ☐ No	<Click Here to Add Case Advisor Name or N/A>

10) Describe the issue and action that should be addressed:

<Click Here to Add Description>

11) Authorization

[signature] 8/29/2023

Signature of person making this request — Date

Supervisor (Only required for post agenda deadline items) — Date

Executive Director signature (Indicates approval for post agenda deadline items) — Date

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Revised 03/2021

Medical Examining Board

Department of Safety and Professional Services

4822 Madison Yards Way
PO Box 8366
Madison WI 53708-8366

Wisconsin Medical Examining Board Opioid Prescribing Guideline

Amended 12/2022

Guideline Scope and Purpose

To help providers make informed decisions about acute and chronic pain treatment -- pain lasting longer than three months or past the time of normal tissue healing. The guideline is not intended for patients who are in active cancer treatment, palliative care, sickle cell or end-of-life care. Although not specifically designed for pediatric pain, many of the principals upon which they are based could be applied there, as well.

Opioids pose a potential risk to all patients. The Guideline encourages providers to implement safe practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients.

Guideline Core Principles

Identify and treat the cause of the pain, use non-opioid therapies

Use non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) and non-opioid pharmacologic therapies (such as acetaminophen and anti-inflammatories) for acute and chronic pain. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

Start low and go slow

When opioids are used, prescribe the lowest possible effective dosage and start with immediate release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain.

Close follow-up

Regularly monitor patients to make sure opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper or discontinue opioids, if needed.

Guideline Focus Areas

The Guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, treating the cause of the pain, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the Guideline include:

Determining when to initiate or continue opioids

- Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
- Establishment of treatment goals
- Discussion of risks and benefits of therapy with patients

Opioid selection, dosage, duration, follow up and discontinuation

- Selection of immediate-release or extended-release and long-acting opioids
- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy

Assessing risk and addressing harms of opioid use

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk **-** Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder

Opioid Prescribing Guideline

1. In treating acute pain, non-opioids should be considered first. If non-opioids are not efficacious, opioid therapy may be considered if benefits are anticipated to outweigh the risks. Before prescribing opioid therapy for acute pain, realistic benefits and known risks of opioid therapy should be discussed. Consultation should be considered if diagnosis and treatment is outside the scope of the prescribing practitioner. If a practitioner is not familiar with safe opioid prescribing, they are not required to prescribe.

2. Nonopioid therapy is preferred for subacute and chronic pain (pain greater than 3 months). If non-opioids are not adequate and expected benefits for pain and function outweigh risks, opioids may be acceptable. Risks and benefits should be discussed. The goal is to establish treatment goals and functional improvement and how opioid therapy will be discontinued. Therapies such as physical therapy, behavioral health, yoga etc. should be considered. If pain is beyond the expected healing period of surgery or trauma or etiology of pain is unclear, consultation with a pain specialist (completed an ACGME fellowship) is recommended. A patient should have at least 30% improvement in pain scores, functional improvement, no signs of abuse or aberrant behavior and side effects screened for such as sedation or constipation.

3. Patients should not receive opioid prescriptions from multiple physicians. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored.

4. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.

5. Prescribing of opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants (gabapentin, lyrica, muscle relaxants, sleep aids). Benzodiazepines triple the already high increases in respiratory depression and annual mortality rates from opioids. If they are used concurrently, clear clinical rationale must exist.

6. Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:

   a. Medical history and physical examination targeted to the pain condition.
   b. Nature and intensity of the pain.
   c. Current and past treatments, with response to each treatment.
   d. Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
   e. Effect of pain on physical and psychological functioning.
   f. Personal and family history of substance abuse.
   g. History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
   h. Medical indication(s) for use of opioids.
   i. Use of an opioid risk tool

7. Components of ongoing assessment of risk include:

   a. Review of the Prescription Drug Monitoring Program (PDMP) information.
   b. Periodic urine drug testing (including chromatography) – at least yearly in low-risk cases, more frequently with evidence of increased risk.
   c. Violations of the opioid agreement.
   d. Periodic pill counts may also be considered for high-risk patients.

8. All patients on chronic opioid therapy should have informed consent consisting of:

   a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.
   b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.

9. Opioids should be prescribed in the lowest effective dose. Literature shows diminished returns for doses above 50 morphine equivalents. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients. Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is discouraged, and appropriate documentation to support such dosing should be present on the chart. It is understood there is variation in response to opioid doses.

10. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.

11. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.

12. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:

    a. History of overdose (a relative contraindication to chronic opioid therapy).
    b. Opioid doses over 50 MMEs/day.
    c. Clinical depression.
    d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

    The recommended dose is 0.4 mg for intramuscular or intranasal use, with a second dose available if the first is ineffective or wears off before Emergency Medical Services (EMS) arrives. Family members can be prescribed naloxone for use with the patient.

13. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.

14. If a patient has had chronic pain and has not been evaluated by a pain specialist in the last 5 years, consider referral.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Brenda Taylor, Board Services Supervisor	8/30/2023
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

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Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
9/14/2023	☐ Yes ☒ No	Newsletter Matters

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if applicable:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

Newsletter Future Planning:

Based on the typical schedule of the Board, the next newsletter will be due out in September 2023 with a deadline for article submission on August 25, 2023. A newsletter deadline reminder will be sent to article authors on August 14, 2023 [also a meeting date]. The Board should discuss topics for the next newsletter and consider the topic list as outlined below.

Articles/Ideas:

- Chair's Corner – Robert Weinman
- Rotating Articles on Professional Nursing Roles
- Rotating Articles on Nurse Administrative Code
- Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman
- New Member Introduction Articles/Photos *(As needed for new appointments, subject to new member appointments and oath receipts)*
- Reminder to Update Contact Information – DSPS Staff
- Board Orders since 7/21/2023 or last published date

11) Authorization

Brenda Taylor — *8/30/2023*

Signature of person making this request — Date

Supervisor (Only required for post agenda deadline items) — Date

Executive Director signature (Indicates approval for post agenda deadline items) — Date

Directions for including supporting documents:

1. This form should be saved with any other documents submitted to the Agenda Items folders.
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.