



---

**VIRTUAL/TELECONFERENCE**  
**BOARD OF NURSING**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Brad Wojciechowski (608) 266-2112**  
**June 12, 2025**

*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 May 8, 2025 (6-10)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
- E. Administrative Matters – Discussion and Consideration**
  - 1. Department, Staff and Board Updates
  - 2. Election of Officers, Appointments of Liaisons and Alternates, Delegation of Authorities
  - 3. Board Members – Term Expiration Dates
    - a. Anderson, John G. – 7/1/2025
    - b. Guyton, Vera L. – 7/1/2025
    - c. Kane, Amanda K. – 7/1/2027
    - d. Malak, Jennifer L. – 7/1/2026
    - e. McNally, Patrick J. – 7/1/2026
    - f. Sabourin, Shelly R. – 7/1/2027
    - g. Saldivar Frias, Christian – 7/1/2023
    - h. Weinman, Robert W. – 7/1/2027
- F. Public Agenda Requests – Discussion and Consideration (11-20)**
  - 1. Wisconsin Nurses Association – Presentation relating to N 1 (12-17)
  - 2. Wisconsin Hospitals Association – Presentation relating to N 1 (18-20)
- G. Legislative and Policy Matters – Discussion and Consideration (21-131)**
  - 1. 2025 Senate Bill 258 and 2025 Assembly Bill 257 (22-131)
- H. Administrative Rule Matters – Discussion and Consideration (132-134)**
  - 1. Pending and Possible Rulemaking Projects (133-134)

- I. Education and Examination Matters – Discussion and Consideration (135-137)**
  - 1. Herzing University-Kenosha – 2024 NCLEX Performance Assessment and Improvement Plan (136-137)
- J. Credentialing Matters – Discussion and Consideration**
- K. Newsletter Matters – Discussion and Consideration**
- L. Interdisciplinary Advisory Committee – Discussion and Consideration**
- M. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration (138)**
  - 1. 2025 NLC and NCSBN Annual Meeting, Chicago, IL – August 12-15, 2025
  - 2. Travel Report: NCSBN Executive Officers Summit, New Castle, NH – June 3-4, 2025, Wojciechowski
- N. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**
- O. Liaison Reports – Discussion and Consideration**
- P. 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
- Q. 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.).**

**R. Credentialing**

**1. Full Board Review**

- a. K.P. – Registered Nurse Applicant (IA-480602) **(139-166)**
- b. V.H. – Registered Nurse Applicant (IA-196328) **(167-278)**

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

**1. Administrative Warnings**

- a. 22 NUR 615 – A.A.B. **(279-280)**
- b. 23 NUR 825 and 24 NUR 101 – S.J.K. **(281-283)**
- c. 23 NUR 861 – C.M.M. **(284-286)**
- d. 24 NUR 0262 – N.J.C. **(287-288)**
- e. 24 NUR 0336 – J.S. **(289-291)**
- f. 24 NUR 0784 – J.R.M. **(292-293)**
- g. 25 NUR 0041 – E.K.B. **(294-295)**
- h. 25 NUR 0106 – W.L.B. **(296-297)**
- i. 25 NUR 0203 – M.A.G. **(298-299)**

**2. Case Closings**

- a. 22 NUR 772 – S.L.B. **(300-313)**
- b. 23 NUR 664 – L.M.E. **(314-325)**
- c. 23 NUR 761 – U. **(326-343)**
- d. 23 NUR 854 – C.D.A. **(344-352)**
- e. 24 NUR 019 – C.I.C. **(353-362)**
- f. 24 NUR 040 – W.M.D. **(363-369)**
- g. 24 NUR 0534 – D.M.H. **(370-377)**
- h. 24 NUR 0589 – J.L.V. **(378-383)**
- i. 25 NUR 0131 – K.M.B. **(384-395)**
- j. 25 NUR 0182 – A.F.G. **(396-401)**
- k. 25 NUR 0231 – D.L.D. **(402-405)**

**3. Proposed Stipulations, Final Decisions, and Orders**

- a. 22 NUR 744 – Eric L. Nysse **(406-411)**
- b. 23 NUR 449 – Erica C. Erickson **(412-421)**
- c. 23 NUR 497 – Brenda S. Creager **(422-427)**
- d. 23 NUR 571 – Margie R. Scholler **(428-434)**
- e. 23 NUR 607 – Rachael A. Lee **(435-447)**
- f. 23 NUR 693 and 24 NUR 0666 – Jasmine N. Williams **(448-454)**
- g. 24 NUR 0195 – Shelli S. Bauersfeld **(455-460)**
- h. 24 NUR 0200 – Amy J. Wallace **(461-466)**
- i. 24 NUR 0305 – Vickie L. Ford **(467-473)**
- j. 24 NUR 0488, 24 NUR 0771, and 25 NUR 0013 – Cole G. Peckham **(474-481)**
- k. 24 NUR 0495 & 24 NUR 0798 – Caitlin M. Alvey **(482-494)**
- l. 24 NUR 0613 – Hannah Brian **(495-501)**
- m. 24 NUR 0695 – Tiah D. Badger **(502-507)**
- n. 24 NUR 0697 – Evelyn M. Talavera **(508-515)**
- o. 24 NUR 0757 – Rachel R. Leonhard **(516-522)**
- p. 24 NUR 0763 – Darnesha D. Barry **(523-529)**

**T. Deliberation on Proposed Final Decision and Orders**

1. Amy M. Hibbs, Respondent (DHA Case Number SPS-24-0059/ DLSC Case Number 24 NUR 005) **(530-544)**
2. Philip W. Schanen, Respondent (DHA Case Number SPS-24-0054/ DLSC Case Numbers 23 NUR 663 & 23 NUR 779) **(545-559)**

**U. Proposed Stipulations and Interim Orders**

1. 24 NUR 0761 – Matthew J. Toledo **(560-564)**

**V. 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

**W. Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

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

**Y. Open Session Items Noticed Above Not Completed in the Initial Open Session**

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

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

**ADJOURNMENT**

**NEXT MEETING: JULY 10, 2025**

\*\*\*\*\*

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 any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE  
BOARD OF NURSING  
MEETING MINUTES  
MAY 8, 2025**

**PRESENT:** John Anderson, Amanda Kane, Jennifer Malak, Patrick McNally, Christian Saldivar Frias, Robert Weinman

**ABSENT:** Vera Guyton, Shelly Sabourin

**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 8:00 a.m. A quorum was confirmed with six (6) members present.

**ADOPTION OF THE AGENDA**

**MOTION:** Amanda Kane moved, seconded by Jennifer Malak, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES APRIL 10, 2025**

**MOTION:** Patrick McNally moved, seconded by Jennifer Malak, to approve the Minutes of April 10, 2025, as published. Motion carried unanimously.

**INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION**

**Recognition**

**MOTION:** Robert Weinman moved, seconded by John Anderson, to recognize and thank the nurses of Wisconsin for their dedicated service to the State of Wisconsin and its citizens. Happy Nurses' Month. Motion carried unanimously.

**EDUCATION AND EXAMINATION MATTERS**

**Carroll University – 2024 NCLEX Performance Assessment and Improvement Plan**

**MOTION:** Robert Weinman moved, seconded by Amanda Kane, to acknowledge and thank Dr. Teri Kaul PhD, APRN-BC from Carroll University for her appearance before the Board, and for submission of their plan. Motion carried unanimously.

**MOTION:** Robert Weinman moved, seconded by Amanda Kane, to approve the NCLEX Pass Rate improvement plan of Carroll University. Motion carried unanimously.

**University of Wisconsin-Superior Request for Approval to Admit – Phase 2 of Nursing School Approval**

**MOTION:** Robert Weinman moved, seconded by Jennifer Malak to acknowledge and thank Provost Maria Stalzer Wyant Cuzzo, Dr. Lorraine Smith, and Dean Shevaun Stocker for their appearance before the Board, and for submission of their request. Motion carried unanimously.

**MOTION:** Robert Weinman moved, seconded by John Anderson, to approve the University of Wisconsin – Superior request for Approval to Admit – Phase 2 of Nursing School approval. Motion carried unanimously.

**CLOSED SESSION**

**MOTION:** Patrick McNally moved, seconded by Jennifer Malak, 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; Amanda Kane -yes; Jennifer Malak-yes; Patrick McNally-yes; Christian Saldivar Frias-yes; and Robert Weinman-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:44 a.m.

**CREDENTIALING**

**Full Board Review**

***K.P. – Registered Nurse Applicant (IA-480602)***

**MOTION:** Robert Weinman moved, seconded by Patrick McNally, to authorize Board Counsel to request additional information from Applicant (IA-480602). Motion carried unanimously.

## **DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS**

### **Administrative Warnings**

**MOTION:** Jennifer Malak moved, seconded by Amanda Kane, to issue an Administrative Warning in the following DLSC Cases:  
23 NUR 840 – J.M.T.  
24 NUR 0703 – M.L.M.  
Motion carried unanimously.

### **Case Closings**

**MOTION:** Patrick McNally moved, seconded by Robert Weinman, to close the following DLSC Cases for the reasons outlined below:  
23 NUR 459 – J.E.G. – Insufficient Evidence  
23 NUR 584 – U. – Insufficient Evidence  
23 NUR 684 – T.T.H. – Insufficient Evidence  
23 NUR 860 – F.F.P. – Prosecutorial Discretion (P1)  
24 NUR 002 – U. – Insufficient Evidence  
24 NUR 010 – J.E.L. – Insufficient Evidence  
24 NUR 0222 – K.S. – No Violation  
24 NUR 0230 – N.M.K. – Insufficient Evidence  
24 NUR 0453 – L.A.S. – Prosecutorial Discretion (P7)  
24 NUR 0469 – A.C.M. – No Violation  
24 NUR 0575 – T.C. – No Violation  
24 NUR 0801 – A.A.V. – No Violation  
25 NUR 0122 – J.A.G. – Insufficient Evidence  
Motion carried unanimously.

### **Proposed Stipulations and Final Decisions and Orders**

#### ***23 NUR 422 – Adrian Nieves***

**MOTION:** Amanda Kane moved, seconded by Jennifer Malak, to adopt Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Adrian Nieves, DLSC Case Number 23 NUR 422 with correction. Motion carried unanimously.

**MOTION:** John Anderson moved, seconded by Amanda Kane, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:  
23 NUR 131 – Jolene M. Kamp  
23 NUR 280 – Sabryna L. Pal  
23 NUR 332 – Kimberly L. Willis  
23 NUR 363 – Samantha M. Kucharski  
23 NUR 556 – Attiyya D. Evans  
23 NUR 651 – Amanda R. Swenty  
23 NUR 706 – Ciarra J. Lorge

23 NUR 745 – Heather E.J. Haskins  
24 NUR 0254 – Suzette R. Knowles  
24 NUR 0255 – Christina E. Riel  
24 NUR 0464 – Chrystal L. Damian  
24 NUR 0558 – Sara L. Goodhue  
24 NUR 0579 – Lori L. Stelloh  
24 NUR 0583 – Logan B. Boyum  
24 NUR 0630 – Emily L. Streske  
24 NUR 0654 – Cordell J. Powless  
24 NUR 0655 – Kathy E. Monkevich  
24 NUR 0669 – Mary C. Tetzlaff  
24 NUR 0691 – Erin M. Gurlusky  
24 NUR 0841 – Angela L. Farris  
24 NUR 0847 – Vanessa M. Witkowski  
Motion carried unanimously.

#### **DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS**

***Moriah Grahl, Respondent (DHA Case Number SPS-24-0061/ DLSC Case Number 22 NUR 552)***

**MOTION:** Jennifer Malak moved, seconded by Amanda Kane, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, with Variance, in the matter of disciplinary proceedings against Moriah Grahl, Respondent – DHA Case Number SPS-24-0061/ DLSC Case Number 22 NUR 552. Motion carried unanimously.

***Corie J. Allen, Respondent (DHA Case Number SPS-24-0058/ DLSC Case Number 23 NUR 856)***

**MOTION:** Jennifer Malak moved, seconded by Patrick McNally, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Corie J. Allen, Respondent – DHA Case Number SPS-24-0058/ DLSC Case Number 23 NUR 856. Motion carried unanimously.

***Amy S. Boedigheimer, Respondent (DHA Case Number SPS-25-0016/ DLSC Case Number 23 NUR 883)***

**MOTION:** Amanda Kane moved, seconded by John Anderson, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Amy S. Boedigheimer, Respondent – DHA Case Number SPS-25-0016/ DLSC Case Number 23 NUR 883. Motion carried unanimously.

***Amy M. Hibbs, Respondent (DHA Case Number SPS-24-0059/ DLSC Case Number 24 NUR 005)***

**MOTION:** John Anderson moved, seconded by Jennifer Malak, to postpone consideration until the June 12, 2025 meeting of the matter of disciplinary proceedings against Amy M. Hibbs, Respondent – DHA Case Number SPS-24-0059/ DLSC Case Number 24 NUR 005. Motion carried unanimously.

*(Robert Weinman recused himself and left the room for deliberation and voting in the matter concerning Amy M. Hibbs, Respondent – DHA Case Number SPS- SPS-24-0059/ DLSC Case Number 24 NUR 005.)*

**PROPOSED STIPULATIONS AND INTERIM ORDERS**

**22 NUR 753 – Melissa R. Knutson**

**MOTION:** John Anderson moved, seconded by Amanda Kane, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Melissa R. Knutson, DLSC Case Number 22 NUR 753. Motion carried unanimously.

**RECONVENE TO OPEN SESSION**

**MOTION:** Patrick McNally moved, seconded by Amanda Kane, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 9:25 a.m.

**VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

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

*(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)*


**ADJOURNMENT**

**MOTION:** Jennifer Malak moved, seconded by Patrick McNally, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:27 a.m.

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 5/19/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 6/12/2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Public Agenda Requests – Discussion and Consideration 1) Wisconsin Nurses Association – Presentation relating to N 1 2) Wisconsin Hospitals Association – Presentation relating to N 1	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> 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: <Click Here to Add Description>			
11) <span style="float: right;">Authorization</span> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  </div> <div style="text-align: right;"> <b>5/19/2025</b> </div> </div>			
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 <a href="#">Agenda Items</a> 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.			



3162 County Road B  
Stoughton, WI 53589

Nurses: Visible, Valued, Vital

TO: Robert Weinman, Chair and members of the Wisconsin Board of Nursing  
FROM: Gina Dennik-Champion, Executive Director, Wisconsin Nurses Association  
DATE: June 3, 2025  
RE: Considerations in Allowing Baccalaureate Degree in Nursing (BSN) to serve as Clinical Instructors in Wisconsin's Nursing Education Programs

### **Overview**

The demand for nurses in Wisconsin continues. Forecasting models about the nursing workforce indicate that by 2035 there will be a 21 percent, (-14,000) gap, and by 2040 a 25 percent (-17,100) gap between supply and demand.<sup>i</sup> These numbers are significant to providing accessible and quality care to Wisconsin's population.

In order to grow Wisconsin's nursing workforce there is a documented need for more nurse educators. The key findings and recommendations from the 2021–2022 Wisconsin Nursing Education and Nurse Faculty Survey Report noted the following regarding faculty positions and vacancies:

- There were 300 fewer faculty employed in nursing programs from the prior 2020 survey.
- Filled faculty positions decreased for both full-time (881 to 686) and part-time (565 to 460) categories.
- There was a decrease in full-time vacant positions reported, but vacant positions increased for part-time faculty positions.<sup>ii</sup>

A Report on the status of nurse faculty from the 2022 RN Workforce Survey indicated that there were 1,150 nurse educators. A little over one-third (34.5%) of nurse faculty members noted an intent to stay in their current employment for less than 5 years and slightly over half (56.7%) of respondents reported an intent to stay in their current employment for less than 10 years. The response to this information generated a Wisconsin governmental strategy that provides loan forgiveness dollars to nurses graduating with an MSN or higher when they commit to teaching in a Wisconsin School of Nursing for three years.<sup>iii</sup>

Other solutions although not desirable are nursing faculty throughout Wisconsin are taking on additional teaching assignments.<sup>iv</sup>

### **Consideration for Utilization of BSNs as Clinical Instructors**

The purpose of this report is to share one possible solution that can support increasing the supply of nurse educators. The legislative committee members of the Administrators of the Nursing Education

in Wisconsin (ANEW) and the Wisconsin Nurses Association have been meeting to identify the legislative and regulatory solutions for increasing the supply of nurse educators. One topic that is being considered is the utilization of BSNs to serve in the role of a clinical instructor.

Allowing BSNs to serve as clinical instructors for all pre-nursing licensed nursing students helps expand clinical teaching capacity without compromising quality. Clinical instruction often focuses on basic nursing skills, patient care, and professionalism—areas where BSNs are fully competent. BSNs frequently serve as preceptors in clinical settings, performing similar roles as clinical instructors (guiding, evaluating, and supporting students). Nursing educational programs focus on competency-based education which means focusing on what a nurse can do rather than only their academic credentials. A BSN-prepared nurse with strong clinical skills, leadership ability, and a passion for teaching can meet these expectations. In addition, BSNs are often the primary caregivers in practice environments, making them relatable role models for students. Students benefit from instructors who are currently practicing at the bedside, bringing up-to-date, relevant clinical experience to their teaching.

WNA and ANEW reviewed materials that related to allowing BSNs to work as clinical instructors for nursing schools which are as follows:

- Wisconsin Statutes, Board of Nursing Ch. 441.01(3)
- Wisconsin Administrative Code for Nursing Ch N 1 Approvals for Schools of Nursing
- The Schools of Nursing National Accrediting Bodies standards regarding utilization of faculty that address BSNs:
  - AACN/CCNE Standards 2024
  - ACEN 2023 Program Guidelines
  - NLN CNEA – Standards for Accreditation 2023\*

\*You can find a summary and comparison of these references in Exhibit A.

## **Findings**

1. All of the **accrediting bodies** allow for the utilization of BSNs as clinical instructors with a range of criteria that include:

- hold a baccalaureate degree in nursing.
- have significant clinical experience.
- are enrolled in a graduate program or are otherwise qualified.
- have completed relevant graduate-level courses/education units.
- hold relevant national certification for the clinical area(s) in which they teach.
- have purposeful engagement with and formal oversight by a graduate-prepared faculty member.
- clinical expertise may be maintained through clinical practice or other means.
- perform in the role as a clinical instructor but prohibited teaching the didactic portion of nursing education.
- hold educational qualifications as required by the:

- governing organizations and regulatory agencies.
  - hold nursing licensure, and certification as applicable, consistent with their assigned roles and responsibilities.
  - are experientially qualified for their assigned roles and responsibilities; and
  - are sufficient in number.
- The majority of faculty who do not hold a graduate degree need to document or provide evidence of active and steady progression toward achieving a graduate degree in nursing or a related field within a defined timeline.

2. Current language found in **Nursing Administrative Code N1.108(3), Faculty** was established in 2014. We believe that the language is no longer contemporary given the actions of the national standards of the accreditors.

3. Wisconsin **State Statute 441.01** provides for the authority of the Board of Nursing to oversee schools of nursing standards and there is the opportunity to amend the current language.

### **Options for allowing the utilization of BSNs as clinical instructors**

WNA and ANEW have reviewed and identified options for increasing the utilization of BSN as clinical instructors which are as follows

1. Amend Chapter N1.108 (3) to reflect current accreditation standards that allow for clinical instruction for unlicensed RN students provided by BSNs. The time frame for changes to Wisconsin Administrative Code takes about 2 – 3 years. This delay will have an impact on the implementation of this important strategy.
2. Amend State Statute 441.01 to indicate that all schools of nursing in Wisconsin must adhere to the national accreditation standards for nursing education programs as it relates to the utilization of nurse faculty. The Board of Nursing will identify and approve the schools of nursing accrediting bodies that are acceptable in Wisconsin. When this bill is enacted and published it can be effective immediately. The Board of Nursing will need to identify the accreditation bodies.

We hope that this will provide for the Board of Nursing discussion on this topic.

Thank you for the opportunity to share our perspective on addressing Wisconsin's nursing shortage.

---

<sup>i</sup> del Pilar Casal, M, & Walsh. July 2024, Wisconsin Registered Nurse Supply and Demand Forecast Results, Wisconsin Department of Workforce Development. retrieved from

[https://jobcenterofwisconsin.com/wisconomy/wits\\_info/downloads/nurse-survey-reports/supply-nurse-reports/2024-WI%20RN%20Nurse%20Supply%20Demand%20Forecast%202022-2040.pdf](https://jobcenterofwisconsin.com/wisconomy/wits_info/downloads/nurse-survey-reports/supply-nurse-reports/2024-WI%20RN%20Nurse%20Supply%20Demand%20Forecast%202022-2040.pdf)

<sup>ii</sup> Young, L. K., Alasagheirin, M., Hanson Brenner, G., Adams J. L., & Stephens, S. (2023). 2021-2022 Wisconsin nursing education and nurse faculty survey report. Wisconsin Center for Nursing. retrieved from: [Wisconsin 2021-2022 Nursing Education & Nurse Faculty Report](#)

<sup>iii</sup> The Wisconsin Nurse Educator Program 2025, retrieved from: <https://nurseeducatorswi.com/>

<sup>iv</sup> Zahner, S. J., Pinekenstein, B., Henriques, J., Merss, K. B., LeClair, J., Alnuaimi, N., & Krainak, K. (2023). Wisconsin 2022 RN workforce survey report. Wisconsin Center for Nursing, Inc. retrieved from: [2022 RN Workforce Report](#).

# Appendix A

**Comparison of and Wisconsin State Statute 441.01 and Wisconsin Administrative Code for Nursing chapter N1.8(3) and the American Association of Colleges of Nursing (AACN) Commission on Collegiate Nursing Education CCNE Standard for teaching clinical experiences for nursing students.**

Wisconsin State Statues	Wisconsin Administrative Code Nursing N1.08(3)(d)1	AACN/CCNE Standards 2024	ACEN 2023 Program Guidelines – more associate degree	NLN CNEA – Standards for Accreditation 2023 Interpretive Guidelines
<p>441.01 Board of nursing. (3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227. Source: <a href="https://docs.legis.wisconsin.gov/statutes/statutes/441/i/01">https://docs.legis.wisconsin.gov/statutes/statutes/441/i/01</a></p>	<p>(3) FACULTY (d) Faculty exceptions. An educational administrator may apply to the board for exceptions to faculty requirements who are not teaching graduate level courses. A minimum of 50 percent of faculty must meet the faculty qualifications. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). The board may grant any of the following exceptions: <b>1. ‘Standard exception’</b> A standard exception may be renewed upon showing proof of progress and continued active enrollment each year. The standard exception is for a person who has a baccalaureate degree in</p>	<p>Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical Faculty teaching clinical in the master’s, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:</p> <ul style="list-style-type: none"> <li>• hold a baccalaureate degree in nursing.</li> <li>• have significant clinical experience;</li> <li>• are enrolled in a graduate program or are otherwise qualified</li> <li>- have completed relevant graduate-level courses</li> <li>- continuing education units,</li> </ul>	<p>Criterion 2 Faculty Criterion 2.2 Part-time faculty are nurses who: a. hold the educational qualifications as required by the: • governing organization and • regulatory agencies b. hold nursing licensure, and certification as applicable, consistent with their assigned roles and responsibilities c. are experientially qualified for their assigned roles and responsibilities; and d. are sufficient in number.  Source:</p>	<p>--All program types are expected to continually strive to employ full and part-time faculty who hold a graduate degree in nursing, or a field related to their teaching responsibilities. ----- ---<b>Programs</b> that employ faculty without the graduate degree credential design and implement organizational development plans with a goal of demonstrating trending progression toward achieving a full complement of faculty who are prepared at the graduate level. ---The majority of faculty who do not hold a graduate degree must document evidence of</p>

	<p>nursing and is actively enrolled in one of the following:</p> <ol style="list-style-type: none"> <li>A master's program with a major in nursing.</li> <li>A bachelors in nursing to doctorate program in nursing.</li> <li>A doctorate program in nursing.</li> </ol> <p>2. Emergency Exception A person with a bachelor's degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave.</p> <p>The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered, and the extenuating circumstances to the board prior to the board approving another emergency exception.</p> <p><u>Source:</u> <a href="https://docs.legis.wisconsin.gov/code/admin_code/n/1.pdf">https://docs.legis.wisconsin.gov/code/admin_code/n/1.pdf</a></p>	<ul style="list-style-type: none"> <li>- hold relevant national certification) for the clinical area(s) in which they teach; and</li> <li>• have purposeful engagement with and formal oversight by a graduate-prepared faculty member. area. Clinical expertise may be maintained through clinical practice or other means.</li> </ul> <p><u>Source:</u> COMMISSION ON COLLEGIATE NURSING EDUCATION pg.13, <a href="http://www.aacnnursing.org/Portals/0/PDFs/CCNE/CCNE-Education-Standards-2024.pdf">www.aacnnursing.org/Portals/0/PDFs/CCNE/CCNE-Education-Standards-2024.pdf</a></p>	<p>Accreditation Commission for Education in Nursing <a href="https://resources.acenursing.org/space/GUID/2072215567/Program+Guidelines+Contents?attachment=/download/attachments/2072215567/ACEN-2023-Program-Guidelines_August-2024.pdf&amp;type=application/pdf&amp;filename=ACEN-2023-Program-Guidelines_August-2024.pdf">https://resources.acenursing.org/space/GUID/2072215567/Program+Guidelines+Contents?attachment=/download/attachments/2072215567/ACEN-2023-Program-Guidelines_August-2024.pdf&amp;type=application/pdf&amp;filename=ACEN-2023-Program-Guidelines_August-2024.pdf</a></p>	<p>active and steady progression toward achieving a graduate degree in nursing or a related field within a defined timeline.</p> <p><u>Source:</u> <a href="https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA%20Standards%20October%202021-4b271cb2.pdf">https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA%20Standards%20October%202021-4b271cb2.pdf</a></p>
--	---	--	--	--



April 1, 2025

Robert Weinman, RN  
Chair, Wisconsin Board of Nursing  
Department of Safety and Professional Services  
Madison, WI 53708-8935

Dear Chair Weinman,

The Wisconsin Hospital Association (WHA), and the coalition of employers of nurses joining us, appreciate the Board of Nursing's role in providing oversight and governance to the state's nurses. Nurses make up more than half of our state hospitals' workforce, and two out of every three working registered nurses work in Wisconsin hospitals and health systems. As a key employer of nurses hospitals strive to be a good partner in growing, supporting and protecting this valued and valuable segment of the health care workforce. We know our partners in nursing workplaces, government, education and at the state's nursing schools strive to do the same.

We are reaching out with an opportunity for the Board of Nursing (BON) to better align state minimum standards for nursing schools to accreditation standards, to break down barriers to individuals wanting to pursue a nursing career, and to offer experienced baccalaureate nurses (BSNs) an opportunity to pursue an expanded role in education.

Our proposal is aligned to a recommendation to Governor Evers by his 2024 Task Force on the Health Care Workforce led by Lieutenant Governor Sara Rodriguez. Recommendation 8.d. in their [advisory action plan](#) suggests revising faculty educational requirements. The supporting documentation for this recommendation notes "flexibility is provided on interpretation of qualifications for faculty in accreditation models".

Three national bodies offer the accreditation the Board of Nursing requires for nursing schools, and each have standards guiding the use of BSNs as faculty.

The Commission on Collegiate Nursing Education (CCNE) provides accreditation for schools offering baccalaureate, graduate and post-graduate degrees. CCNE includes in their 2024 [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs](#) criteria for faculty teaching clinical in a baccalaureate program who do not hold a graduate degree. Standard II Key Element II-F states:

*"...however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:*

- hold a baccalaureate degree in nursing;*
- have significant clinical experience;*
- are enrolled in a graduate program or **are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach;** and*
- have purposeful engagement with and formal oversight by a graduate-prepared faculty member."*

The Accrediting Commission for Education in Nursing (ACEN), which provides accreditations for all levels of nursing education, defers to the school's governing organization and regulatory agency requirements for faculty. [ACEN Criterion 2.1](#) specifies that faculty are nurses who “are *experientially qualified* for their assigned roles and responsibilities”; and “are *sufficient* in number”.

The third accrediting organization, the National League for Nursing Commission for Nursing Education Accreditation (CNEA) also accredits all levels of nursing education. [CNEA Standard III-A](#) requires “*The program’s faculty are qualified, diverse and adequate in number to meet program goals.*” CNEA Interpretive Guidelines acknowledge the role of non-Master’s prepared faculty: “*Programs that employ faculty without the graduate degree credential design and implement organizational development plans with a goal of demonstrating trending progression toward achieving a full complement of faculty who are prepared at the graduate level. The majority of faculty who do not hold graduate degree document evidence of active and steady progression toward achieving a graduate degree in nursing or a related field within a defined timeline.*”

Wisconsin Statutes Chapter 441 ‘Board of Nursing’ includes 441.01(3): *The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools.* BON administrative rules Chapter N 1 establishes these minimum standards. WHA and the organizations partnering with us on this letter ask the BON to align [Chapter N 1](#), the Wisconsin Administrative Code guiding nursing school approval, to national accreditation standards that allow greater flexibility for experienced BSNs to serve as nursing school faculty. This change would broaden the faculty pool to include registered nurses with a baccalaureate degree and front-line experience who are ready and able to help grow the nursing workforce.

Chapter N 1.08 (3) (b) 2. requires that faculty must have a graduate degree with a major in nursing. The BSN’s role is limited by the current exceptions offered by Chapter N 1.

- N 1.08 (3) (d) 1. provides a ‘Standard exception’ for faculty who are not teaching graduate level courses. This ‘standard exception’, that can apply to no more than 50 percent of faculty, requires a baccalaureate degree in nursing. The individual must be actively enrolled in a master’s program with a major in nursing, a bachelor’s in nursing to doctorate program in nursing, or a doctorate program in nursing.
- The only other exception for Wisconsin BON-approved nursing schools is N 1.08 (3) (d) 2., an ‘emergency exception’ for a short-term unanticipated emergency situation. An emergency exception allows a person with a bachelor’s degree in nursing to be employed for a term of no longer than one semester.

The current N 1 faculty requirements unnecessarily prevent experienced baccalaureate-prepared nurses, BSNs, who pursue ***graduate-level courses, continuing education, or national certification***, from serving as clinical faculty for nursing schools as ACEN standards allow, and well within the bounds of CCNE and CNEA requirements. These nurses, with the oversight of graduate-level faculty, can safely help reduce bottlenecks to clinical placements, create more diversity in clinical opportunities, and open up enrollment for the thousands of interested applicants turned away from nursing school each year, without jeopardizing nursing school accreditation. These already-prepared bachelor’s level nurses can also assure enough faculty to see students through their journey and to support incumbent faculty workload reduction.

One way BON could accomplish this would be to expand faculty standards by adding ACEN-allowed criterion to Chapter N 1:

*N 1.08 (3) 4. 'clinical faculty non-master's degree exception.' A clinical faculty non-master's degree exception is for a person teaching clinical in a baccalaureate program who does not hold a graduate degree. The person shall meet all of the following:*

- *hold a baccalaureate degree in nursing;*
- *have significant clinical experience;*
- *be enrolled in a graduate program or **be otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach;** and*
- *have purposeful engagement with and formal oversight by a graduate-prepared faculty member."*

As employers, we would welcome the opportunity to add this enhanced nursing role to the recruitment and retention strategies deployed to engage and support the nursing workforce so essential to providing the high quality and accessible health care Wisconsin expects and deserves. Expanding the role of BSNs to serve as clinical instructors will help reduce a bottleneck often identified by nursing schools and students: the availability of clinical sites and experience. BSN RNs would also support didactic instructors and assure the sufficient number of instructors essential to successful accreditation.

We respectfully request the Board of Nursing to allow nursing schools greater flexibility in meeting the needs of all who pursue a career in nursing at one of our great Wisconsin BON-approved nursing schools. Thank you for your thoughtful consideration, and for your appreciation of the impact such rule changes have on the nursing workforce, on hospitals and health systems, and on our partners in education.

Sincerely,



Ann Zenk  
Senior Vice President Workforce & Clinical Practice  
Wisconsin Hospital Association

cc: Governor Tony Evers

Members, Senate Committee on Health

Members, Assembly Committee on Health, Aging and Long-Term Care

Members, Senate Committee on Licensing, Regulatory Reform, State and Federal Affairs


Members, Assembly Committee on Regulatory Licensing Reform

Department of Safety and Professional Services Secretary Dan Hereth

Board of Nursing Executive Director Brad Wojciechowski

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 6/3/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 6/12/2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Policy Matters – Discussion and Consideration 1) 2025 SB 258 and 2025 AB 257	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> 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: Discussion and consideration with attached Legislative Committee Hearing materials related to advanced practice nurse licensure.			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">         Signature of person making this request     </div> <div style="text-align: center;">       6/3/2025        Date     </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">       Supervisor (Only required for post agenda deadline items)     </div> <div style="text-align: center;">       Date     </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">       Executive Director signature (Indicates approval for post agenda deadline items)     </div> <div style="text-align: center;">       Date     </div> </div>			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> 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.			



State of Wisconsin  
2025 - 2026 LEGISLATURE

LRB-1565/1  
JPC:emw&wlj

## 2025 SENATE BILL 258

May 16, 2025 - Introduced by Senators TESTIN, CABRAL-GUEVARA, ROYS, DASSLER-ALFHEIM, HABUSH SINYKIN, HESSELBEIN, KEYESKI, LEMAHIEU, MARKLEIN, QUINN, RATCLIFF, SMITH, SPREITZER, DRAKE and JACQUE, cosponsored by Representatives KURTZ, SUBECK, RODRIGUEZ, ANDRACA, BEHNKE, BROWN, CRUZ, DESMIDT, EMERSON, GUNDRUM, JOERS, KREIBICH, MAXEY, MURPHY, O'CONNOR, ORTIZ-VELEZ, PRADO, SPIROS, TUSLER, UDELL, WICHGERS, DONOVAN, PALMERI, MIRESE, GOEBEN, KNODL and VINING. Referred to Committee on Health.

1     **AN ACT *to repeal*** 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 118.294 (1) (a),  
2           146.89 (1) (r) 8., 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a)  
3           4m., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16,  
4           441.19, 448.035 (1) (a), 450.01 (1m) and 655.001 (9); ***to renumber*** 655.001 (1);  
5           ***to renumber and amend*** 146.89 (1) (r) 3., 253.13 (1), 255.06 (1) (d), 441.06  
6           (7) and 441.11 (2); ***to amend*** 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193  
7           (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a),  
8           45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09  
9           (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.),  
10          77.54 (14) (f) 4., 97.59, 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e),  
11          118.2915 (2) (a), 118.2915 (3) (a), 118.2915 (4) (c), 118.2915 (6) (a) (intro.),  
12          118.2915 (6) (a) 2., 118.2915 (6) (a) 3., 118.2925 (3), 118.2925 (4) (c), 118.2925  
13          (5), 118.294 (1) (am), 118.294 (2), 118.294 (4) (a), 146.615 (1) (a), 146.82 (3) (a),

**SENATE BILL 258**

146.89 (1) (r) 1., 146.89 (6), 154.01 (1g), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10  
(7), 252.11 (2), 252.11 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.15 (3m) (d)  
11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b),  
252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d), 253.115 (4), 253.115  
(7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d), 257.01 (5) (a), 257.01 (5)  
(b), 341.14 (1a), 341.14 (1e) (a), 341.14 (1m), 341.14 (1q), 343.16 (5) (a), 343.51  
(1), 343.62 (4) (a) 4., 440.077 (1) (a), 440.077 (2) (c), 440.094 (1) (c) 1., 440.094  
(2) (a) (intro.), 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (3), 441.01 (4),  
441.01 (7) (a) (intro.), 441.01 (7) (b), 441.06 (3), 441.06 (4), 441.07 (1g) (intro.),  
(a), (c) and (e), 441.07 (2), 441.10 (7), 441.18 (2) (a) (intro.), 441.18 (2) (b),  
441.18 (3), 448.03 (2) (a), 448.035 (2) to (4), 448.56 (1) and (1m) (b), 448.62  
(2m), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16) (hr) 2., 450.03 (1)  
(e), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11  
(8) (e), 450.13 (5) (b), 450.135 (7) (b), 462.04, 655.001 (7t), 655.002 (1) (a),  
655.002 (1) (b), 655.002 (1) (c), 655.002 (1) (d), 655.002 (1) (e), 655.002 (1) (em),  
655.002 (2) (a), 655.002 (2) (b), 655.003 (1), 655.003 (3), 655.005 (2) (a),  
655.005 (2) (b), 655.23 (5m), 655.27 (3) (a) 4., 655.27 (3) (b) 2m., 655.275 (2),  
655.275 (5) (b) 2., 895.478 (3m), 961.01 (19) (a) and 961.395; **to repeal and**  
**recreate** 118.2915 (1) (a), 155.01 (1g) (b), 251.01 (1c) and 441.06 (title); **to**  
**create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03  
(13) (b) 39m., 440.08 (2) (a) 47r., 441.001 (1c), 441.001 (3c), 441.001 (3g),  
441.001 (3n), 441.001 (3r), 441.001 (3w), 441.001 (5), 441.01 (7) (c), 441.065,  
441.07 (1r), 441.09, 441.092 and 655.001 (1g) of the statutes; **relating to:**

**SENATE BILL 258**

- 1 advanced practice registered nurses, extending the time limit for emergency  
2 rule procedures, providing an exemption from emergency rule procedures, and  
3 granting rule-making authority.

---

***Analysis by the Legislative Reference Bureau*****NURSING PRACTICE AND LICENSURE**

This bill makes various changes to practice, licensure, and certification requirements for nurses, which are administered by the Board of Nursing.

***Licensure of advanced practice registered nurses***

Under current law, a person who wishes to practice professional nursing must be licensed by the Board of Nursing as a registered nurse (RN). This bill creates an additional system of licensure for advanced practice registered nurses (APRNs), to be administered by the board. Under the bill, in order to apply for an APRN license, a person must 1) hold, or concurrently apply for, an RN license; 2) have completed an accredited graduate-level or postgraduate-level education program preparing the person to practice as an APRN in one of four recognized roles and hold a current national certification approved by the board; 3) possess malpractice liability insurance as provided in the bill; 4) pay a fee determined by the Department of Safety and Professional Services; and 5) satisfy certain other criteria specified in the bill. The bill also allows a person who has not completed an accredited education program described above to receive an APRN license if the person 1) on January 1, 2026, is both licensed as an RN in Wisconsin and practicing in one of the four recognized roles and 2) satisfies additional practice or education criteria established by the board. The bill also, however, automatically grants licenses to certain RNs, as further described below. The four recognized roles, as defined in the bill, are 1) certified nurse-midwife; 2) certified registered nurse anesthetist; 3) clinical nurse specialist; and 4) nurse practitioner. The bill requires the board, upon granting a person an APRN license, to also grant the person one or more specialty designations corresponding to the recognized role or roles for which the person qualifies.

Under the bill, all APRNs, except APRNs with a certified nurse-midwife specialty designation, must practice in collaboration with a physician or dentist. However, under the bill, an APRN may practice without being supervised by a physician or dentist if the board verifies that the APRN has completed 3,840 hours of professional nursing in a clinical setting and has completed 3,840 clinical hours of advanced practice registered nursing practice in their recognized role while working with a physician or dentist during those 3,840 hours of practice. APRNs may count additional hours practiced as an APRN in collaboration with a physician or dentist towards the 3,840 required hours of professional nursing. APRNs with a

**SENATE BILL 258**

certified nurse-midwife specialty designation are instead required, if they offer to deliver babies outside of a hospital setting, to file and keep current with the board a proactive plan for involving a hospital or a physician who has admitting privileges at a hospital in the treatment of patients with higher acuity or emergency care needs, as further described below. Regardless of whether an APRN has qualified to practice independently, the bill provides that an APRN may provide treatment of pain syndromes through the use of invasive techniques only while working in a collaborative relationship with any physician who, through education, training, and experience, specializes in pain management. Alternatively, if an APRN has qualified to practice independently, the APRN may provide treatment of pain syndromes through the use of invasive techniques in a hospital or clinic associated with a hospital. Further, an APRN may provide treatment of pain syndromes through the use of invasive techniques if the APRN has qualified to practice independently and has privileges in a hospital to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.

The holder of an APRN license may append the title “A.P.R.N.” to his or her name, as well as a title corresponding to whichever specialty designations that the person possesses. The bill prohibits any person from using the title “A.P.R.N.,” and from otherwise indicating that he or she is an APRN, unless the person is licensed by the board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has a specialty designation for that role. The bill further prohibits any person licensed by the board from using, assuming, or appending to his or her name any title that is not granted under the nursing statutes unless the person holds another credential that entitles the person to use, assume, or append to his or her name the title or the person is permitted to use, assume, or append to his or her name the title under any other law of the state. However, the bill provides that a person who is licensed by the board and holds a doctorate degree is not prohibited from using, assuming, or appending to his or her name the title “doctor” or any other words, letters, or abbreviations that represent that the person holds that doctorate degree or the field in which the degree was received. If a person who is licensed by the board uses, assumes, or appends to his or her name the title “doctor,” the bill requires that person to also use, assume, or append to his or her name words, letters, or abbreviations that represent the field in which the person received the doctorate degree. Further, the bill provides that a person who holds a bachelor’s degree or master’s degree is not prohibited from using, assuming, or appending to his or her name any words, letters, or abbreviations that represent that the person holds that degree or the field in which the degree was received.

The bill allows an APRN to delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN’s practice, the APRN is competent to perform the task or issue the order, and the APRN has reasonable evidence that the health care worker is minimally competent

**SENATE BILL 258**

to perform the task or issue the order under the circumstances. The bill requires an APRN to adhere to professional standards when managing situations that are beyond the APRN's expertise.

Under the bill, when an APRN renews his or her APRN license, the board must grant the person the renewal of both the person's RN license and the person's APRN license. The bill requires all APRNs to complete continuing education requirements each biennium in clinical pharmacology or therapeutics relevant to the APRN's area of practice and to satisfy certain other requirements when renewing a license.

***Practice of nurse-midwifery***

This bill repeals licensure and practice requirements specific to nurse-midwives and the practice of nurse-midwifery, including specific requirements to practice with an obstetrician. Under the bill, "certified nurse-midwife" is one of the four recognized roles for APRNs, and a person who is licensed as a nurse-midwife under current law is automatically granted an APRN license with a certified nurse-midwife specialty designation. The bill otherwise allows nurse-midwives to be licensed as APRNs if they satisfy the licensure requirements, except that the bill also requires that a person applying for a certified nurse-midwife specialty designation be certified by the American Midwifery Certification Board. The bill also requires an APRN with a specialty designation as a certified nurse-midwife to file with the Board of Nursing, and obtain the board's approval of, a plan for ensuring appropriate care or care transitions in treating certain patients if the APRN offers to deliver babies outside of a hospital setting.

***Prescribing authority***

Under current law, a person licensed as an RN may apply to the Board of Nursing for a certificate to issue prescription orders if the person meets certain requirements established by the board. An RN holding a certificate is subject to various practice requirements and limitations established by the board and must possess malpractice liability insurance in an amount determined by the board.

The bill eliminates certificates to issue prescription orders and generally authorizes APRNs to issue prescription orders. A person who is certified to issue prescription orders under current law is automatically granted an APRN license with his or her appropriate specialty designation. RNs who are practicing in a recognized role on January 1, 2026, but who do not hold a certificate to issue prescription orders on that date and who are granted an APRN license under the bill may not issue prescription orders. As under current law, an APRN issuing prescription orders is subject to various practice requirements and limitations established by the board.

The bill repeals a provision concerning the ability of advanced practice nurses who are certified to issue prescription orders and who are required to work in collaboration with or under the supervision of a physician to obtain and practice

**SENATE BILL 258****SECTION 1**

under a federal waiver to dispense narcotic drugs to individuals for addiction treatment.

***Malpractice liability insurance***

The bill requires all APRNs to maintain malpractice liability insurance coverage evidenced by personal liability coverage in the amounts specified under current law for physicians and nurse anesthetists or coverage under a group liability policy providing individual coverage for the APRN in the amounts specified under current law for physicians and nurse anesthetists. Additionally, the bill requires APRNs who have qualified to practice independently and who practice outside a collaborative or employment relationship to participate in the Injured Patients and Families Compensation Fund. The Injured Patients and Families Compensation Fund provides excess medical malpractice coverage for health care providers who participate in the fund and meet all other participation requirements, which includes maintaining malpractice liability insurance in coverage amounts specified under current law.

**OTHER CHANGES**

The bill makes numerous other changes throughout the statutes relating to APRNs, including various terminology changes.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

---

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

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

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

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

8       29.193 (**2**) (b) 2. An applicant shall submit an application on a form prepared  
9       and furnished by the department, which shall include a written statement or report

**SENATE BILL 258****SECTION 2**

1 prepared and signed by a licensed physician, a licensed physician assistant, a  
2 licensed chiropractor, a licensed podiatrist, or a ~~certified~~ licensed advanced practice  
3 registered nurse ~~prescriber~~ prepared no more than 6 months preceding the  
4 application and verifying that the applicant is physically disabled.

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

6 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant  
7 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit  
8 under subd. 1., 2. or 2m. if, upon review and after considering the physical condition  
9 of the applicant and the recommendation of a licensed physician, a licensed  
10 physician assistant, a licensed chiropractor, a licensed podiatrist, or a ~~certified~~  
11 licensed advanced practice registered nurse ~~prescriber~~ selected by the applicant  
12 from a list of licensed physicians, licensed physician assistants, licensed  
13 chiropractors, licensed podiatrists, and ~~certified~~ licensed advanced practice nurse  
14 ~~prescribers~~ registered nurses compiled by the department, the department finds  
15 that issuance of a permit complies with the intent of this subsection. The use of this  
16 review procedure is discretionary with the department and all costs of the review  
17 procedure shall be paid by the applicant.

18 **SECTION 4.** 29.193 (2) (cd) 2. b. of the statutes is amended to read:

19 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function  
20 in one or both arms and fails to meet the minimum standards of the standard upper  
21 extremity pinch test, the standard grip test, or the standard nine-hole peg test,  
22 administered under the direction of a licensed physician, a licensed physician

**SENATE BILL 258****SECTION 4**

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

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

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

9 **SECTION 6.** 29.193 (2) (e) of the statutes is amended to read:

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

20 **SECTION 7.** 29.193 (3) (a) of the statutes is amended to read:

21 29.193 (3) (a) Produces a certificate from a licensed physician, a licensed  
22 physician assistant, a licensed optometrist, or a ~~certified~~ licensed advanced practice  
23 registered nurse ~~prescriber~~ stating that his or her sight is impaired to the degree

**SENATE BILL 258****SECTION 7**

1 that he or she cannot read ordinary newspaper print with or without corrective  
2 glasses.

3 **SECTION 8.** 45.40 (1g) (a) of the statutes is amended to read:

4 45.40 (1g) (a) "Health care provider" means an advanced practice registered  
5 nurse ~~prescriber who is certified~~ who may issue prescription orders under s. ~~441.16~~  
6 441.09 (2), an audiologist who is licensed under subch. II of ch. 459 or who holds a  
7 compact privilege under subch. III of ch. 459, a dentist who is licensed under subch.  
8 I of ch. 447 or who holds a compact privilege under subch. II of ch. 447, an  
9 optometrist who is licensed under ch. 449, a physician who is licensed under s.  
10 448.02, or a podiatrist who is licensed under s. 448.63.

11 **SECTION 9.** 46.03 (44) of the statutes is amended to read:

12 46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION.  
13 Prepare and keep current an information sheet to be distributed to a patient by a  
14 physician, a physician assistant, or ~~certified~~ an advanced practice registered nurse  
15 ~~prescriber who may issue prescription orders under s. 441.09 (2)~~ providing  
16 expedited partner therapy to that patient under s. 441.092, 448.035, or 448.9725.  
17 The information sheet shall include information about sexually transmitted  
18 diseases and their treatment and about the risk of drug allergies. The information  
19 sheet shall also include a statement advising a person with questions about the  
20 information to contact his or her physician, advanced practice registered nurse,  
21 pharmacist, or local health department, as defined in s. 250.01 (4).

22 **SECTION 10.** 50.01 (1b) of the statutes is repealed.

23 **SECTION 11.** 50.08 (2) of the statutes is amended to read:

24 50.08 (2) A physician, an advanced practice registered nurse ~~prescriber~~

**SENATE BILL 258****SECTION 11**

1 ~~certified~~ who may issue prescription orders under s. ~~441.16~~ 441.09 (2), or a  
2 physician assistant who prescribes a psychotropic medication to a nursing home  
3 resident who has degenerative brain disorder shall notify the nursing home if the  
4 prescribed medication has a boxed warning under 21 CFR 201.57.

5 **SECTION 12.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

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

14 **SECTION 13.** 50.09 (1) (f) 1. of the statutes is amended to read:

15 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both  
16 spouses or both domestic partners under ch. 770 are residents of the same facility,  
17 the spouses or domestic partners shall be permitted to share a room unless  
18 medically contraindicated as documented by the resident's physician, physician  
19 assistant, or advanced practice registered nurse ~~prescriber~~ in the resident's  
20 medical record.

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

22 50.09 (1) (h) Meet with, and participate in activities of social, religious, and  
23 community groups at the resident's discretion, unless medically contraindicated as

**SENATE BILL 258**

1 documented by the resident's physician, physician assistant, or advanced practice  
2 registered nurse ~~prescriber~~ in the resident's medical record.

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

4 50.09 (1) (k) Be free from mental and physical abuse, and be free from  
5 chemical and physical restraints except as authorized in writing by a physician,  
6 physician assistant, or advanced practice registered nurse ~~prescriber~~ for a specified  
7 and limited period of time and documented in the resident's medical record.  
8 Physical restraints may be used in an emergency when necessary to protect the  
9 resident from injury to himself or herself or others or to property. However,  
10 authorization for continuing use of the physical restraints shall be secured from a  
11 physician, physician assistant, or advanced practice registered nurse ~~prescriber~~  
12 within 12 hours. Any use of physical restraints shall be noted in the resident's  
13 medical records. "Physical restraints" includes, but is not limited to, any article,  
14 device, or garment that interferes with the free movement of the resident and that  
15 the resident is unable to remove easily, and confinement in a locked room.

16 **SECTION 16.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

17 50.49 (1) (b) (intro.) "Home health services" means the following items and  
18 services that are furnished to an individual, who is under the care of a physician,  
19 physician assistant, or advanced practice registered nurse ~~prescriber~~, by a home  
20 health agency, or by others under arrangements made by the home health agency,  
21 that are under a plan for furnishing those items and services to the individual that  
22 is established and periodically reviewed by a physician, physician assistant, or  
23 advanced practice registered nurse ~~prescriber~~ and that are, except as provided in

**SENATE BILL 258****SECTION 16**

1 subd. 6., provided on a visiting basis in a place of residence used as the individual's  
2 home:

3 **SECTION 17.** 51.41 (1d) (b) 4. of the statutes is amended to read:

4 51.41 (1d) (b) 4. A psychiatric mental health advanced practice registered  
5 nurse who is suggested by the Milwaukee County board of supervisors. The  
6 Milwaukee County board of supervisors shall solicit suggestions from organizations  
7 including the Wisconsin Nurses Association for individuals who specialize in a full  
8 continuum of behavioral health and medical services including emergency  
9 detention, inpatient, residential, transitional, partial hospitalization, intensive  
10 outpatient, and wraparound community-based services. The Milwaukee County  
11 board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric  
12 mental health advanced practice registered nurses for this board membership  
13 position.

14 **SECTION 18.** 70.47 (8) (intro.) of the statutes is amended to read:

15 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who  
16 appear before it in relation to the assessment. Instead of appearing in person at the  
17 hearing, the board may allow the property owner, or the property owner's  
18 representative, at the request of either person, to appear before the board, under  
19 oath, by telephone or to submit written statements, under oath, to the board. The  
20 board shall hear upon oath, by telephone, all ill or disabled persons who present to  
21 the board a letter from a physician, physician assistant, or advanced practice  
22 registered nurse ~~prescriber certified under s. 441.16 (2)~~ licensed under ch. 441 that  
23 confirms their illness or disability. At the request of the property owner or the

**SENATE BILL 258**

1 property owner's representative, the board may postpone and reschedule a hearing  
2 under this subsection, but may not postpone and reschedule a hearing more than  
3 once during the same session for the same property. The board at such hearing  
4 shall proceed as follows:

5 **SECTION 19.** 77.54 (14) (f) 3. of the statutes is repealed.

6 **SECTION 20.** 77.54 (14) (f) 4. of the statutes is amended to read:

7 77.54 (14) (f) 4. An advanced practice registered nurse who may issue  
8 prescription orders under s. 441.09 (2).

9 **SECTION 21.** 97.59 of the statutes is amended to read:

10 **97.59 Handling foods.** No person in charge of any public eating place or  
11 other establishment where food products to be consumed by others are handled may  
12 knowingly employ any person handling food products who has a disease in a form  
13 that is communicable by food handling. If required by the local health officer or any  
14 officer of the department for the purposes of an investigation, any person who is  
15 employed in the handling of foods or is suspected of having a disease in a form that  
16 is communicable by food handling shall submit to an examination by the officer or  
17 by a physician, physician assistant, or advanced practice registered nurse  
18 ~~prescriber~~ designated by the officer. The expense of the examination, if any, shall  
19 be paid by the person examined. Any person knowingly infected with a disease in a  
20 form that is communicable by food handling who handles food products to be  
21 consumed by others and any persons knowingly employing or permitting such a  
22 person to handle food products to be consumed by others shall be punished as  
23 provided by s. 97.72.

**SENATE BILL 258****SECTION 22**

**SECTION 22.** 106.30 (1) of the statutes is amended to read:

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

**SECTION 23.** 118.15 (3) (a) of the statutes is amended to read:

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

**SECTION 24.** 118.25 (1) (a) of the statutes is amended to read:

118.25 (1) (a) “Practitioner” means a person licensed as a physician, naturopathic doctor, or physician assistant in any state or licensed as an advanced practice registered nurse or certified as an advanced practice registered nurse

**SENATE BILL 258**

1     prescriber in any state. In this paragraph, “physician” has the meaning given in s.  
2     448.01 (5).

3           **SECTION 25.** 118.29 (1) (e) of the statutes is amended to read:

4           118.29 (1) (e) “Practitioner” means any physician, naturopathic doctor,  
5     dentist, optometrist, physician assistant, advanced practice registered nurse  
6     ~~prescriber~~ with prescribing authority, or podiatrist licensed in any state.

7           **SECTION 26.** 118.2915 (1) (a) of the statutes is repealed and recreated to read:

8           118.2915 (1) (a) “Advanced practice registered nurse” means an individual  
9     licensed under s. 441.09 who may issue prescription orders under s. 441.09 (2).

10          **SECTION 27.** 118.2915 (2) (a) of the statutes is amended to read:

11          118.2915 (2) (a) The governing body of a school may adopt a plan for the  
12     management of pupils attending the school who have asthma. If the governing body  
13     of a school adopts a plan under this paragraph, it shall specify in the plan the  
14     training necessary to perform the activities under sub. (4). The governing body of a  
15     school may not adopt a plan under this paragraph unless the plan has been  
16     approved by a physician, an advanced practice registered nurse ~~prescriber~~, or a  
17     physician assistant.

18          **SECTION 28.** 118.2915 (3) (a) of the statutes is amended to read:

19          118.2915 (3) (a) A physician, an advanced practice registered nurse  
20     ~~prescriber~~, or a physician assistant may provide a prescription or standing order for  
21     a short-acting bronchodilator or components in the name of a school that has  
22     adopted a plan under sub. (2) (a) to be maintained by the school for use under sub.  
23     (4).

24          **SECTION 29.** 118.2915 (4) (c) of the statutes is amended to read:

**SENATE BILL 258****SECTION 29**

1           118.2915 (4) (c) In accordance with a prescription or standing order from a  
2   physician, an advanced practice registered nurse ~~prescriber~~, or a physician  
3   assistant, administer a short-acting bronchodilator to a pupil or other person who  
4   the school nurse or designated school personnel believes in good faith is  
5   experiencing respiratory distress, regardless of whether the pupil or other person  
6   has a prescription for a short-acting bronchodilator.

7           **SECTION 30.** 118.2915 (6) (a) (intro.) of the statutes is amended to read:

8           118.2915 (6) (a) (intro.) None of the following are liable for any injury that  
9   results from the administration or self-administration of a short-acting  
10   bronchodilator under this section, regardless of whether authorization was given by  
11   the pupil's parent or guardian or by the pupil's physician, physician assistant, or  
12   advanced practice registered nurse ~~prescriber~~, unless the injury is the result of an  
13   act or omission that constitutes gross negligence or willful or wanton misconduct:

14          **SECTION 31.** 118.2915 (6) (a) 2. of the statutes is amended to read:

15          118.2915 (6) (a) 2. A physician, advanced practice registered nurse ~~prescriber~~,  
16   or physician assistant who provides a prescription or standing order for a short-  
17   acting bronchodilator or components to a school under sub. (3) (a).

18          **SECTION 32.** 118.2915 (6) (a) 3. of the statutes is amended to read:

19          118.2915 (6) (a) 3. A physician, advanced practice registered nurse ~~prescriber~~,  
20   physician assistant, or pharmacist who dispenses a short-acting bronchodilator or  
21   components to a school in accordance with a prescription or standing order under  
22   sub. (3) (a).

23          **SECTION 33.** 118.2925 (1) (b) of the statutes is repealed.

24          **SECTION 34.** 118.2925 (3) of the statutes is amended to read:

**SENATE BILL 258**

1           118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice  
2   registered nurse prescriber who may issue prescription orders under s. 441.09 (2),  
3   or a physician assistant may prescribe epinephrine delivery systems in the name of  
4   a school that has adopted a plan under sub. (2) (a), to be maintained by the school  
5   for use under sub. (4).

6           **SECTION 35.** 118.2925 (4) (c) of the statutes is amended to read:

7           118.2925 (4) (c) Administer an epinephrine delivery system to a pupil or other  
8   person who the school nurse or designated school personnel in good faith believes is  
9   experiencing anaphylaxis in accordance with a standing protocol from a physician,  
10   an advanced practice registered nurse prescriber who may issue prescription orders  
11   under s. 441.09 (2), or a physician assistant, regardless of whether the pupil or  
12   other person has a prescription for an epinephrine delivery system. If the pupil or  
13   other person does not have a prescription for an epinephrine delivery system, or the  
14   person who administers the epinephrine delivery system does not know whether  
15   the pupil or other person has a prescription for an epinephrine delivery system, the  
16   person who administers the epinephrine delivery system shall, as soon as  
17   practicable, report the administration by dialing the telephone number “911” or, in  
18   an area in which the telephone number “911” is not available, the telephone  
19   number for an emergency medical service provider.

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

21           118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF  
22   MEDICINE. A school and its designated school personnel, and a physician, an  
23   advanced practice registered nurse prescriber who may issue prescription orders  
24   under s. 441.09 (2), or a physician assistant who provides a prescription or standing

**SENATE BILL 258****SECTION 36**

1 protocol for school epinephrine delivery systems, are not liable for any injury that  
2 results from the administration or self-administration of an epinephrine delivery  
3 system under this section, regardless of whether authorization was given by the  
4 pupil's parent or guardian or by the pupil's physician, physician assistant, or  
5 advanced practice registered nurse ~~prescriber~~, unless the injury is the result of an  
6 act or omission that constitutes gross negligence or willful or wanton misconduct.  
7 The immunity from liability provided under this subsection is in addition to and not  
8 in lieu of that provided under s. 895.48.

9 **SECTION 37.** 118.294 (1) (a) of the statutes is repealed.

10 **SECTION 38.** 118.294 (1) (am) of the statutes is amended to read:

11 118.294 (1) (am) "Advanced practice registered nurse" ~~has the meaning given~~  
12 ~~in s. 154.01 (1g)~~ means an individual licensed under s. 441.09 who may issue  
13 prescription orders under s. 441.09 (2).

14 **SECTION 39.** 118.294 (2) of the statutes is amended to read:

15 118.294 (2) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice  
16 registered nurse ~~prescriber~~, or a physician assistant may prescribe undesignated  
17 glucagon in the name of a school to be maintained by the school for use under sub.  
18 (3).

19 **SECTION 40.** 118.294 (4) (a) of the statutes is amended to read:

20 118.294 (4) (a) A school and its school personnel, and a physician, an  
21 advanced practice registered nurse ~~prescriber~~, or a physician assistant who  
22 provides a prescription or standing order for undesignated glucagon are not liable  
23 for any injury that results from the administration of undesignated glucagon under  
24 this section, regardless of whether authorization was given by the pupil's parent or

**SENATE BILL 258**

guardian or by the pupil's diabetes provider, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this paragraph is in addition to and not in lieu of that provided under s. 895.48.

**SECTION 41.** 146.615 (1) (a) of the statutes is amended to read:

146.615 (1) (a) "Advanced practice clinician" means a physician assistant or an advanced practice registered nurse, ~~including a nurse practitioner, certified nurse-midwife, clinical nurse specialist, or certified registered nurse anesthetist~~ licensed under s. 441.09.

**SECTION 42.** 146.82 (3) (a) of the statutes is amended to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, a naturopathic doctor, a limited-scope naturopathic doctor, a physician assistant, or an advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~ licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, naturopathic doctor's, limited-scope naturopathic doctor's, physician assistant's, or advanced practice ~~nurse-prescriber's~~ registered nurse's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

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

146.89 (1) (r) 1. Licensed as a physician under ch. 448, naturopathic doctor under ch. 466, a dentist, dental therapist, or dental hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse-midwife~~ advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under

**SENATE BILL 258****SECTION 43**

1 subch. IX of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a  
2 podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch.  
3 448.

4 **SECTION 44.** 146.89 (1) (r) 3. of the statutes is renumbered 146.89 (1) (r) 5e.  
5 and amended to read:

6 146.89 (1) (r) 5e. A registered nurse practitioner, as defined in s. 255.06 (1) (d)  
7 who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a party  
8 state, as defined in s. 441.51 (2) (k), and whose practice of professional nursing  
9 under s. 441.001 (4) includes performance of delegated medical services under the  
10 supervision of a physician, dentist, podiatrist, or advanced practice registered  
11 nurse.

12 **SECTION 45.** 146.89 (1) (r) 8. of the statutes is repealed.

13 **SECTION 46.** 146.89 (6) of the statutes is amended to read:

14 146.89 (6) (a) While serving as a volunteer health care provider under this  
15 section, an advanced practice registered nurse ~~who has a certificate to issue~~  
16 ~~prescription orders under s. 441.16 (2)~~ is considered to meet the requirements of s.  
17 655.23, if required to comply with s. 655.23.

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

22 **SECTION 47.** 154.01 (1g) of the statutes is amended to read:

23 154.01 (1g) “Advanced practice registered nurse” means ~~a nurse~~ an

**SENATE BILL 258**

1 ~~individual licensed under ch. 441 who is currently certified by a national certifying~~  
2 ~~body approved by the board of nursing as a nurse practitioner, certified nurse-~~  
3 ~~midwife, certified registered nurse anesthetist, or clinical nurse specialist s. 441.09.~~

4 **SECTION 48.** 155.01 (1g) (b) of the statutes is repealed and recreated to read:

5 155.01 (1g) (b) An individual who is licensed as an advanced practice  
6 registered nurse and possesses a nurse practitioner specialty designation under s.  
7 441.09.

8 **SECTION 49.** 251.01 (1c) of the statutes is repealed and recreated to read:

9 251.01 (1c) “Advanced practice registered nurse” means an individual  
10 licensed under s. 441.09.

11 **SECTION 50.** 252.01 (1c) of the statutes is repealed.

12 **SECTION 51.** 252.07 (8) (a) 2. of the statutes is amended to read:

13 252.07 (8) (a) 2. The department or local health officer provides to the court a  
14 written statement from a physician, physician assistant, or advanced practice  
15 registered nurse ~~prescriber~~ that the individual has infectious tuberculosis or  
16 suspect tuberculosis.

17 **SECTION 52.** 252.07 (9) (c) of the statutes is amended to read:

18 252.07 (9) (c) If the court orders confinement of an individual under this  
19 subsection, the individual shall remain confined until the department or local  
20 health officer, with the concurrence of a treating physician, physician assistant, or  
21 advanced practice registered nurse ~~prescriber~~, determines that treatment is  
22 complete or that the individual is no longer a substantial threat to himself or herself

**SENATE BILL 258****SECTION 52**

1 or to the public health. If the individual is to be confined for more than 6 months,  
2 the court shall review the confinement every 6 months.

3 **SECTION 53.** 252.10 (7) of the statutes is amended to read:

4 252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis  
5 shall be purchased by the department from the appropriation account under s.  
6 20.435 (1) (e) and dispensed to patients through the public health dispensaries,  
7 local health departments, physicians, or advanced practice ~~nurse prescribers~~  
8 registered nurses who may issue prescription orders under s. 441.09 (2).

9 **SECTION 54.** 252.11 (2) of the statutes is amended to read:

10 252.11 (2) An officer of the department or a local health officer having  
11 knowledge of any reported or reasonably suspected case or contact of a sexually  
12 transmitted disease for which no appropriate treatment is being administered, or of  
13 an actual contact of a reported case or potential contact of a reasonably suspected  
14 case, shall investigate or cause the case or contact to be investigated as necessary.  
15 If, following a request of an officer of the department or a local health officer, a  
16 person reasonably suspected of being infected with a sexually transmitted disease  
17 refuses or neglects examination by a physician, physician assistant, or advanced  
18 practice registered nurse ~~prescriber~~ or treatment, an officer of the department or a  
19 local health officer may proceed to have the person committed under sub. (5) to an  
20 institution or system of care for examination, treatment, or observation.

21 **SECTION 55.** 252.11 (4) of the statutes is amended to read:

22 252.11 (4) If a person infected with a sexually transmitted disease ceases or  
23 refuses treatment before reaching what in a physician's, physician assistant's, or

**SENATE BILL 258**

1     advanced practice nurse—prescriber’s registered nurse’s opinion is the  
2     noncommunicable stage, the physician, physician assistant, or advanced practice  
3     registered nurse ~~prescriber~~ shall notify the department. The department shall  
4     without delay take the necessary steps to have the person committed for treatment  
5     or observation under sub. (5), or shall notify the local health officer to take these  
6     steps.

7           **SECTION 56.** 252.11 (5) of the statutes is amended to read:

8           252.11 (5) Any court of record may commit a person infected with a sexually  
9     transmitted disease to any institution or may require the person to undergo a  
10    system of care for examination, treatment, or observation if the person ceases or  
11    refuses examination, treatment, or observation under the supervision of a  
12    physician, physician assistant, or advanced practice registered nurse ~~prescriber~~.  
13    The court shall summon the person to appear on a date at least 48 hours, but not  
14    more than 96 hours, after service if an officer of the department or a local health  
15    officer petitions the court and states the facts authorizing commitment. If the  
16    person fails to appear or fails to accept commitment without reasonable cause, the  
17    court may cite the person for contempt. The court may issue a warrant and may  
18    direct the sheriff, any constable, or any police officer of the county immediately to  
19    arrest the person and bring the person to court if the court finds that a summons  
20    will be ineffectual. The court shall hear the matter of commitment summarily.  
21    Commitment under this subsection continues until the disease is no longer  
22    communicable or until other provisions are made for treatment that satisfy the  
23    department. The certificate of the petitioning officer is prima facie evidence that

**SENATE BILL 258****SECTION 56**

1 the disease is no longer communicable or that satisfactory provisions for treatment  
2 have been made.

3 **SECTION 57.** 252.11 (7) of the statutes is amended to read:

4 252.11 (7) Reports, examinations and inspections, and all records concerning  
5 sexually transmitted diseases are confidential and not open to public inspection,  
6 and may not be divulged except as may be necessary for the preservation of the  
7 public health, in the course of commitment proceedings under sub. (5), or as  
8 provided under s. 938.296 (4) or 968.38 (4). If a physician, physician assistant, or  
9 advanced practice registered nurse ~~prescriber~~ has reported a case of sexually  
10 transmitted disease to the department under sub. (4), information regarding the  
11 presence of the disease and treatment is not privileged when the patient, physician,  
12 physician assistant, or advanced practice registered nurse ~~prescriber~~ is called upon  
13 to testify to the facts before any court of record.

14 **SECTION 58.** 252.11 (10) of the statutes is amended to read:

15 252.11 (10) The state laboratory of hygiene shall examine specimens for the  
16 diagnosis of sexually transmitted diseases for any physician, naturopathic doctor,  
17 physician assistant, advanced practice registered nurse ~~prescriber~~, or local health  
18 officer in the state, and shall report the positive results of the examinations to the  
19 local health officer and to the department. All laboratories performing tests for  
20 sexually transmitted diseases shall report all positive results to the local health  
21 officer and to the department, with the name of the physician, naturopathic doctor,  
22 physician assistant, or advanced practice registered nurse ~~prescriber~~ to whom  
23 reported.

**SENATE BILL 258**

1           **SECTION 59.** 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and  
2           3. and (7m) (intro.) and (b) of the statutes are amended to read:

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

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

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

## SENATE BILL 258

## SECTION 59

1 certification. The information that is provided to a physician, physician assistant,  
2 or advanced practice registered nurse ~~prescriber~~ to document the occurrence of the  
3 contact that constitutes a significant exposure and the physician's, physician  
4 assistant's, or advanced practice ~~nurse-prescriber's~~ registered nurse's certification  
5 that the person has had contact that constitutes a significant exposure, shall be  
6 provided on a report form that is developed by the department of safety and  
7 professional services under s. 101.02 (19) (a) or on a report form that the  
8 department of safety and professional services determines, under s. 101.02 (19) (b),  
9 is substantially equivalent to the report form that is developed under s. 101.02 (19)  
10 (a).

11 (5m) (d) 2. A physician, physician assistant, or advanced practice registered  
12 nurse ~~prescriber~~, based on information provided to the physician, physician  
13 assistant, or advanced practice registered nurse ~~prescriber~~, determines and  
14 certifies in writing that the contact under subd. 1. constitutes a significant  
15 exposure. A health care provider who has a contact under subd. 1. c. may not make  
16 the certification under this subdivision for himself or herself.

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

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

23 (7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,

**SENATE BILL 258**

1 validated HIV test result is obtained from a test subject, the test subject's  
2 physician, physician assistant, or advanced practice registered nurse ~~prescriber~~  
3 who maintains a record of the HIV test result under sub. (4) (c) may report to the  
4 state epidemiologist the name of any person known to the physician, physician  
5 assistant, or advanced practice registered nurse ~~prescriber~~ to have had contact with  
6 body fluid of the test subject that constitutes a significant exposure, only after the  
7 physician, physician assistant, or advanced practice registered nurse ~~prescriber~~ has  
8 done all of the following:

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

13 **SECTION 60.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

14 252.16 (3) (c) (intro.) Has submitted to the department a certification from a  
15 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice  
16 registered nurse ~~prescriber~~ of all of the following:

17 **SECTION 61.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

18 252.17 (3) (c) (intro.) Has submitted to the department a certification from a  
19 physician, as defined in s. 448.01 (5), physician assistant, or advanced practice  
20 registered nurse ~~prescriber~~ of all of the following:

21 **SECTION 62.** 253.07 (4) (d) of the statutes is amended to read:

22 253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in  
23 communities of licensed registered nurses, licensed practical nurses, ~~certified~~

**SENATE BILL 258****SECTION 62**

1 ~~nurse-midwives~~ licensed advanced practice registered nurses, or licensed physician  
2 assistants who are members of a racial minority.

3 **SECTION 63.** 253.115 (1) (f) of the statutes is created to read:

4 253.115 (1) (f) "Nurse-midwife" means an individual who is licensed as an  
5 advanced practice registered nurse and possesses a certified nurse-midwife  
6 specialty designation under s. 441.09.

7 **SECTION 64.** 253.115 (4) of the statutes is amended to read:

8 253.115 (4) SCREENING REQUIRED. Except as provided in sub. (6), the  
9 physician, nurse-midwife ~~licensed under s. 441.15~~, or certified professional midwife  
10 licensed under s. 440.982 who attended the birth shall ensure that the infant is  
11 screened for hearing loss before being discharged from a hospital, or within 30 days  
12 of birth if the infant was not born in a hospital.

13 **SECTION 65.** 253.115 (7) (a) (intro.) of the statutes is amended to read:

14 253.115 (7) (a) (intro.) The physician, nurse-midwife ~~licensed under s. 441.15~~,  
15 or certified professional midwife licensed under s. 440.982 who is required to ensure  
16 that the infant is screened for hearing loss under sub. (4) shall do all of the  
17 following:

18 **SECTION 66.** 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and  
19 amended to read:

20 253.13 (1) (b) The attending physician or ~~nurse licensed under s. 441.15~~  
21 nurse-midwife shall cause every infant born in each hospital or maternity home,  
22 prior to its discharge therefrom, to be subjected to tests for congenital and metabolic  
23 disorders, as specified in rules promulgated by the department. If the infant is born

**SENATE BILL 258**

1 elsewhere than in a hospital or maternity home, the attending physician, ~~nurse~~  
2 ~~licensed under s. 441.15~~ nurse-midwife, or birth attendant who attended the birth  
3 shall cause the infant, within one week of birth, to be subjected to these tests.

4 **SECTION 67.** 253.13 (1) (a) of the statutes is created to read:

5 253.13 (1) (a) In this subsection, “nurse-midwife” means an individual who is  
6 licensed as an advanced practice registered nurse and possesses a certified nurse-  
7 midwife specialty designation under s. 441.09.

8 **SECTION 68.** 253.15 (1) (em) of the statutes is created to read:

9 253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an  
10 advanced practice registered nurse and possesses a certified nurse-midwife  
11 specialty designation under s. 441.09.

12 **SECTION 69.** 253.15 (2) of the statutes is amended to read:

13 253.15 (2) INFORMATIONAL MATERIALS. The board shall purchase or prepare  
14 or arrange with a nonprofit organization to prepare printed and audiovisual  
15 materials relating to shaken baby syndrome and impacted babies. The materials  
16 shall include information regarding the identification and prevention of shaken  
17 baby syndrome and impacted babies, the grave effects of shaking or throwing on an  
18 infant or young child, appropriate ways to manage crying, fussing, or other causes  
19 that can lead a person to shake or throw an infant or young child, and a discussion  
20 of ways to reduce the risks that can lead a person to shake or throw an infant or  
21 young child. The materials shall be prepared in English, Spanish, and other  
22 languages spoken by a significant number of state residents, as determined by the  
23 board. The board shall make those written and audiovisual materials available to

**SENATE BILL 258****SECTION 69**

1 all hospitals, maternity homes, and nurse-midwives ~~licensed under s. 441.15~~ that  
2 are required to provide or make available materials to parents under sub. (3) (a) 1.,  
3 to the department and to all county departments and nonprofit organizations that  
4 are required to provide the materials to child care providers under sub. (4) (d), and  
5 to all school boards and nonprofit organizations that are permitted to provide the  
6 materials to pupils in one of grades 5 to 8 and in one of grades 10 to 12 under sub.  
7 (5). The board shall also make those written materials available to all county  
8 departments and Indian tribes that are providing home visitation services under s.  
9 48.983 (4) (b) 1. and to all providers of prenatal, postpartum, and young child care  
10 coordination services under s. 49.45 (44). The board may make available the  
11 materials required under this subsection to be made available by making those  
12 materials available at no charge on the board's Internet site.

13 **SECTION 70.** 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.)  
14 and amended to read:

15 255.06 (1) (f) (intro.) ~~"Nurse practitioner"~~ "Women's health nurse clinician"  
16 means ~~a~~ any of the following:

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

22 **SECTION 71.** 255.06 (1) (f) 2. of the statutes is created to read:

23 255.06 (1) (f) 2. An advanced practice registered nurse.

**SENATE BILL 258**

1           **SECTION 72.** 255.06 (2) (d) of the statutes is amended to read:

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

7           **SECTION 73.** 255.07 (1) (d) of the statutes is amended to read:

8           255.07 **(1)** (d) "Health care practitioner" means a physician, a physician  
9 assistant, or an advanced practice registered nurse who ~~is certified to~~ may issue  
10 prescription orders under s. ~~441.16~~ 441.09 (2).

11           **SECTION 74.** 257.01 (5) (a) of the statutes is amended to read:

12           257.01 **(5)** (a) An individual who is licensed as a physician, a physician  
13 assistant, or a podiatrist under ch. 448, licensed as a naturopathic doctor under ch.  
14 466, licensed as a registered nurse, licensed practical nurse, or ~~nurse-midwife~~  
15 advanced practice registered nurse under ch. 441, licensed as a dentist or dental  
16 therapist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a  
17 veterinarian or certified as a veterinary technician under ch. 89, or certified as a  
18 respiratory care practitioner under ch. 448.

19           **SECTION 75.** 257.01 (5) (b) of the statutes is amended to read:

20           257.01 **(5)** (b) An individual who was at any time within the previous 10 years,  
21 but is not currently, licensed as a physician, a physician assistant, or a podiatrist  
22 under ch. 448, licensed as a naturopathic doctor under ch. 466, licensed as a  
23 registered nurse, licensed practical nurse, or ~~nurse-midwife~~, advanced practice  
24 registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2023

**SENATE BILL 258****SECTION 75**

1 stats., licensed as a dentist or dental therapist under ch. 447, licensed as a  
2 pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary  
3 technician under ch. 89, or certified as a respiratory care practitioner under ch. 448,  
4 if the individual's license or certification was never revoked, limited, suspended, or  
5 denied renewal.

6 **SECTION 76.** 341.14 (1a) of the statutes is amended to read:

7 341.14 (1a) If any resident of this state, who is registering or has registered  
8 an automobile, or a motor truck, dual purpose motor home or dual purpose farm  
9 truck which has a gross weight of not more than 8,000 pounds, a farm truck which  
10 has a gross weight of not more than 12,000 pounds or a motor home, submits a  
11 statement once every 4 years, as determined by the department, from a physician  
12 licensed to practice medicine in any state, from an advanced practice registered  
13 nurse licensed to practice nursing in any state, from a public health nurse certified  
14 or licensed to practice in any state, from a physician assistant licensed or certified  
15 to practice in any state, from a podiatrist licensed to practice in any state, from a  
16 chiropractor licensed to practice chiropractic in any state, from a physical therapist  
17 licensed to practice in any state, or from a Christian Science practitioner residing in  
18 this state and listed in the Christian Science journal certifying to the department  
19 that the resident is a person with a disability that limits or impairs the ability to  
20 walk, the department shall procure, issue and deliver to the disabled person plates  
21 of a special design in lieu of plates which ordinarily would be issued for the vehicle,  
22 and shall renew the plates. The plates shall be so designed as to readily apprise law  
23 enforcement officers of the fact that the vehicle is owned by a nonveteran disabled  
24 person and is entitled to the parking privileges specified in s. 346.50 (2a). No

**SENATE BILL 258**

1 charge in addition to the registration fee shall be made for the issuance or renewal  
2 of such plates.

3 **SECTION 77.** 341.14 (1e) (a) of the statutes is amended to read:

4 341.14 (1e) (a) If any resident of this state, who is registering or has  
5 registered a motorcycle, submits a statement once every 4 years, as determined by  
6 the department, from a physician licensed to practice medicine in any state, from an  
7 advanced practice registered nurse licensed to practice nursing in any state, from a  
8 public health nurse certified or licensed to practice in any state, from a physician  
9 assistant licensed or certified to practice in any state, from a podiatrist licensed to  
10 practice in any state, from a chiropractor licensed to practice chiropractic in any  
11 state, from a physical therapist licensed to practice in any state, from a Christian  
12 Science practitioner residing in this state and listed in the Christian Science  
13 journal, or from the U.S. department of veterans affairs certifying to the  
14 department that the resident is a person with a disability that limits or impairs the  
15 ability to walk, the department shall procure, issue and deliver to the disabled  
16 person a plate of a special design in lieu of the plate which ordinarily would be  
17 issued for the motorcycle, and shall renew the plate. The statement shall state  
18 whether the disability is permanent or temporary and, if temporary, the opinion of  
19 the physician, advanced practice registered nurse, public health nurse, physician  
20 assistant, podiatrist, chiropractor, physical therapist, practitioner, or U.S.  
21 department of veterans affairs as to the duration of the disability. The plate shall  
22 be so designed as to readily apprise law enforcement officers of the fact that the  
23 motorcycle is owned by a disabled person and is entitled to the parking privileges

**SENATE BILL 258****SECTION 77**

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

3 **SECTION 78.** 341.14 (1m) of the statutes is amended to read:

4 341.14 (1m) If any licensed driver submits to the department a statement  
5 once every 4 years, as determined by the department, from a physician licensed to  
6 practice medicine in any state, from a public health nurse certified or licensed to  
7 practice in any state, from an advanced practice registered nurse licensed to  
8 practice nursing in any state, from a physician assistant licensed or certified to  
9 practice in any state, from a podiatrist licensed to practice in any state, from a  
10 chiropractor licensed to practice chiropractic in any state, from a physical therapist  
11 licensed to practice in any state, or from a Christian Science practitioner residing in  
12 this state and listed in the Christian Science journal certifying that another person  
13 who is regularly dependent on the licensed driver for transportation is a person  
14 with a disability that limits or impairs the ability to walk, the department shall  
15 issue and deliver to the licensed driver plates of a special design in lieu of the plates  
16 which ordinarily would be issued for the automobile or motor truck, dual purpose  
17 motor home or dual purpose farm truck having a gross weight of not more than  
18 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds or  
19 motor home, and shall renew the plates. The plates shall be so designed as to  
20 readily apprise law enforcement officers of the fact that the vehicle is operated by a  
21 licensed driver on whom a disabled person is regularly dependent and is entitled to  
22 the parking privileges specified in s. 346.50 (2a). No charge in addition to the  
23 registration fee may be made for the issuance or renewal of the plates. The plates  
24 shall conform to the plates required in sub. (1a).

**SENATE BILL 258**

1           **SECTION 79.** 341.14 (1q) of the statutes is amended to read:

2           341.14 (1q) If any employer who provides an automobile, or a motor truck,  
3           dual purpose motor home or dual purpose farm truck which has a gross weight of  
4           not more than 8,000 pounds, a farm truck which has a gross weight of not more  
5           than 12,000 pounds or a motor home, for an employee's use submits to the  
6           department a statement once every 4 years, as determined by the department, from  
7           a physician licensed to practice medicine in any state, from an advanced practice  
8           registered nurse licensed to practice nursing in any state, from a public health  
9           nurse certified or licensed to practice in any state, from a physician assistant  
10          licensed or certified to practice in any state, from a podiatrist licensed to practice in  
11          any state, from a physical therapist licensed to practice in any state, from a  
12          chiropractor licensed to practice chiropractic in any state, or from a Christian  
13          Science practitioner residing in this state and listed in the Christian Science  
14          journal certifying that the employee is a person with a disability that limits or  
15          impairs the ability to walk, the department shall issue and deliver to such employer  
16          plates of a special design in lieu of the plates which ordinarily would be issued for  
17          the vehicle, and shall renew the plates. The plates shall be so designed as to readily  
18          apprise law enforcement officers of the fact that the vehicle is operated by a  
19          disabled person and is entitled to the parking privileges specified in s. 346.50 (2a).  
20          No charge in addition to the registration fee may be made for the issuance or  
21          renewal of the plates. The plates shall conform to the plates required in sub. (1a).

22           **SECTION 80.** 343.16 (5) (a) of the statutes is amended to read:

23           343.16 (5) (a) The secretary may require any applicant for a license or any  
24          licensed operator to submit to a special examination by such persons or agencies as

**SENATE BILL 258****SECTION 80**

1 the secretary may direct to determine incompetency, physical or mental disability,  
2 disease, or any other condition that might prevent such applicant or licensed person  
3 from exercising reasonable and ordinary control over a motor vehicle. If the  
4 department requires the applicant to submit to an examination, the applicant shall  
5 pay for the examination. If the department receives an application for a renewal or  
6 duplicate license after voluntary surrender under s. 343.265 or receives a report  
7 from a physician, physician assistant, advanced practice registered nurse  
8 ~~prescriber certified under s. 441.16 (2)~~ licensed under s. 441.09, or optometrist  
9 under s. 146.82 (3), or if the department has a report of 2 or more arrests within a  
10 one-year period for any combination of violations of s. 346.63 (1) or (5) or a local  
11 ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized  
12 American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or  
13 s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the  
14 offense involved the use of a vehicle, the department shall determine, by interview  
15 or otherwise, whether the operator should submit to an examination under this  
16 section. The examination may consist of an assessment. If the examination  
17 indicates that education or treatment for a disability, disease or condition  
18 concerning the use of alcohol, a controlled substance or a controlled substance  
19 analog is appropriate, the department may order a driver safety plan in accordance  
20 with s. 343.30 (1q). If there is noncompliance with assessment or the driver safety  
21 plan, the department shall revoke the person's operating privilege in the manner  
22 specified in s. 343.30 (1q) (d).

23 **SECTION 81.** 343.51 (1) of the statutes is amended to read:

**SENATE BILL 258**

1           343.51 (1) Any person who qualifies for registration plates of a special design  
2       under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that  
3       limits or impairs the ability to walk may request from the department a special  
4       identification card that will entitle any motor vehicle parked by, or under the  
5       direction of, the person, or a motor vehicle operated by or on behalf of the  
6       organization when used to transport such a person, to parking privileges under s.  
7       346.50 (2), (2a), and (3). The department shall issue the card at a fee to be  
8       determined by the department, upon submission by the applicant, if the applicant  
9       is an individual rather than an organization, of a statement from a physician  
10      licensed to practice medicine in any state, from an advanced practice registered  
11      nurse licensed to practice nursing in any state, from a public health nurse certified  
12      or licensed to practice in any state, from a physician assistant licensed or certified  
13      to practice in any state, from a podiatrist licensed to practice in any state, from a  
14      chiropractor licensed to practice chiropractic in any state, from a physical therapist  
15      licensed to practice in any state, or from a Christian Science practitioner residing in  
16      this state and listed in the Christian Science journal that the person is a person  
17      with a disability that limits or impairs the ability to walk. The statement shall  
18      state whether the disability is permanent or temporary and, if temporary, the  
19      opinion of the physician, advanced practice registered nurse, public health nurse,  
20      physician assistant, podiatrist, chiropractor, physical therapist, or practitioner as to  
21      the duration of the disability. The department shall issue the card upon application  
22      by an organization on a form prescribed by the department if the department  
23      believes that the organization meets the requirements under this subsection.

24           **SECTION 82.** 343.62 (4) (a) 4. of the statutes is amended to read:

**SENATE BILL 258****SECTION 82**

1           343.62 (4) (a) 4. The applicant submits with the application a statement  
2           completed within the immediately preceding 24 months, except as provided by rule,  
3           by a physician licensed to practice medicine in any state, from an advanced practice  
4           registered nurse licensed to practice nursing in any state, from a physician  
5           assistant licensed or certified to practice in any state, from a podiatrist licensed to  
6           practice in any state, from a chiropractor licensed to practice chiropractic in any  
7           state, from a physical therapist licensed to practice in any state, or from a Christian  
8           Science practitioner residing in this state, and listed in the Christian Science  
9           journal certifying that, in the medical care provider's judgment, the applicant is  
10          physically fit to teach driving.

11          **SECTION 83.** 440.03 (13) (b) 3. of the statutes is repealed.

12          **SECTION 84.** 440.03 (13) (b) 39m. of the statutes is created to read:

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

14          **SECTION 85.** 440.03 (13) (b) 42. of the statutes is repealed.

15          **SECTION 86.** 440.077 (1) (a) of the statutes is amended to read:

16          440.077 (1) (a) "Advanced practice registered nurse ~~prescriber~~" means an  
17          advanced practice registered nurse ~~prescriber~~ certified licensed under s. ~~441.16 (2)~~  
18          441.09.

19          **SECTION 87.** 440.077 (2) (c) of the statutes is amended to read:

20          440.077 (2) (c) Under the program under par. (a), a participating military  
21          medical personnel shall be supervised by a physician, physician assistant,  
22          podiatrist, registered professional nurse, or advanced practice registered nurse  
23          ~~prescriber~~. The supervising physician, physician assistant, podiatrist, registered

**SENATE BILL 258**

professional nurse, or advanced practice registered nurse ~~prescriber~~ shall retain responsibility for the care of the patient.

**SECTION 88.** 440.08 (2) (a) 4m. of the statutes is repealed.

**SECTION 89.** 440.08 (2) (a) 47r. of the statutes is created to read:

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

**SECTION 90.** 440.08 (2) (a) 50. of the statutes is repealed.

**SECTION 91.** 440.094 (1) (c) 1. of the statutes is amended to read:

440.094 (1) (c) 1. A registered nurse, licensed practical nurse, or ~~nurse midwife licensed under ch. 441, or an~~ advanced practice registered nurse ~~prescriber~~ ~~certified~~ licensed under ch. 441.

**SECTION 92.** 440.094 (2) (a) (intro.) of the statutes is amended to read:

440.094 (2) (a) (intro.) Notwithstanding ss. 441.06 (4), ~~441.15 (2), 441.16, 441.09 (3) (b),~~ 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope of the credential that the health care provider holds and the department shall grant the health care provider a temporary credential to practice under this section if all of the following apply:

**SECTION 93.** 440.981 (1) of the statutes is amended to read:

440.981 (1) No person may use the title “licensed midwife,” describe or imply that he or she is a licensed midwife, or represent himself or herself as a licensed midwife unless the person is granted a license under this subchapter or is licensed

**SENATE BILL 258****SECTION 93**

1 as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and  
2 possesses a certified nurse-midwife specialty designation under s. 441.09.

3 **SECTION 94.** 440.982 (1) of the statutes is amended to read:

4 440.982 (1) No person may engage in the practice of midwifery unless the  
5 person is granted a license under this subchapter, is granted a temporary permit  
6 pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a nurse-~~  
7 ~~midwife under s. 441.15~~ an advanced practice registered nurse and possesses a  
8 certified nurse-midwife specialty designation under s. 441.09.

9 **SECTION 95.** 440.987 (2) of the statutes is amended to read:

10 440.987 (2) One member who is licensed as ~~a nurse-midwife under s. 441.15~~  
11 an advanced practice registered nurse and possesses a certified nurse-midwife  
12 specialty designation under s. 441.09 and who practices in an out-of-hospital  
13 setting.

14 **SECTION 96.** 441.001 (1c) of the statutes is created to read:

15 441.001 (1c) ADVANCED PRACTICE REGISTERED NURSING. “Advanced practice  
16 registered nursing” means the practice of a certified nurse-midwife, the practice of  
17 a certified registered nurse anesthetist, the practice of a clinical nurse specialist,  
18 and the practice of a nurse practitioner.

19 **SECTION 97.** 441.001 (3c) of the statutes is created to read:

20 441.001 (3c) PRACTICE OF A CERTIFIED NURSE-MIDWIFE. “Practice of a  
21 certified nurse-midwife” means practice in the management of women’s health  
22 care, pregnancy, childbirth, postpartum care for newborns, family planning, and

**SENATE BILL 258**

gynecological services consistent with the standards of practice of the American College of Nurse-Midwives or its successor.

**SECTION 98.** 441.001 (3g) of the statutes is created to read:

441.001 **(3g)** PRACTICE OF A CERTIFIED REGISTERED NURSE ANESTHETIST.

“Practice of a certified registered nurse anesthetist” means providing anesthesia care, pain management care, and care related to anesthesia and pain management for persons across their lifespan, whose health status may range from healthy through all levels of acuity, including persons with immediate, severe, or life-threatening illness or injury, in diverse settings, including hospitals, ambulatory surgery centers, outpatient clinics, medical offices, and home health care settings.

**SECTION 99.** 441.001 (3n) of the statutes is created to read:

441.001 **(3n)** PRACTICE OF A CLINICAL NURSE SPECIALIST. “Practice of a clinical nurse specialist” means providing advanced nursing care, primarily in health care facilities, including the diagnosis and treatment of illness for identified specific populations based on a specialty.

**SECTION 100.** 441.001 (3r) of the statutes is created to read:

441.001 **(3r)** PRACTICE OF A NURSE PRACTITIONER. “Practice of a nurse practitioner” means practice in ambulatory, acute, long-term, or other health care settings as a primary or specialty care provider who provides health services, including assessing, diagnosing, treating, or managing acute, episodic, and chronic illnesses.

**SECTION 101.** 441.001 (3w) of the statutes is created to read:

**SENATE BILL 258****SECTION 101**

1           441.001 (3w) PRESCRIPTION ORDER. "Prescription order" has the meaning  
2      given in s. 450.01 (21).

3           **SECTION 102.** 441.001 (5) of the statutes is created to read:

4           441.001 (5) RECOGNIZED ROLE. "Recognized role" means one of the following  
5      roles:

6           (a) Certified nurse-midwife.

7           (b) Certified registered nurse anesthetist.

8           (c) Clinical nurse specialist.

9           (d) Nurse practitioner.

10          **SECTION 103.** 441.01 (3) of the statutes is amended to read:

11          441.01 (3) The board may promulgate rules to establish minimum standards  
12      for schools for professional nurses ~~and~~, schools for licensed practical nurses, and  
13      schools for advanced practice registered nurses, including all related clinical units  
14      and facilities, and make and provide periodic surveys and consultations to such  
15      schools. ~~It~~ The board may also ~~establish~~ promulgate rules to prevent unauthorized  
16      persons from practicing professional nursing. ~~It shall approve all rules for the~~  
17      ~~administration of this chapter in accordance with ch. 227.~~

18          **SECTION 104.** 441.01 (4) of the statutes is amended to read:

19          441.01 (4) The board shall direct that those schools that qualify be placed on  
20      a list of schools the board has approved for professional nurses ~~or~~, of schools the  
21      board has approved for licensed practical nurses, or of schools the board has  
22      approved for advanced practice registered nurses on application and proof of

**SENATE BILL 258****SECTION 104**

1     qualifications, and the board shall make a study of nursing education and ~~initiate~~  
2     promulgate rules and policies to improve it.

3           **SECTION 105.** 441.01 (7) (a) (intro.) of the statutes is amended to read:

4           441.01 (7) (a) (intro.) The board shall require each applicant for the renewal of  
5     a registered nurse ~~or~~, licensed practical nurse, or advanced practice registered  
6     nurse license issued under this chapter to do all of the following as a condition for  
7     renewing the license:

8           **SECTION 106.** 441.01 (7) (b) of the statutes is amended to read:

9           441.01 (7) (b) The board may not renew a registered nurse ~~or~~, licensed  
10    practical nurse, or advanced practice registered nurse license under this chapter  
11    unless the renewal applicant has completed the nursing workforce survey to the  
12    satisfaction of the board. The board shall establish standards to determine whether  
13    the survey has been completed. The board shall, by no later than June 30 of each  
14    odd-numbered year, submit all completed nursing workforce survey forms to the  
15    department of workforce development.

16          **SECTION 107.** 441.01 (7) (c) of the statutes is created to read:

17          441.01 (7) (c) An applicant who is renewing both a registered nurse and  
18    advanced practice registered nurse license under s. 441.09 (1) (c) is only required to  
19    pay a single fee under par. (a) 2.

20          **SECTION 108.** 441.06 (title) of the statutes is repealed and recreated to read:

21          **441.06 (title) Registered nurses; civil liability exemption.**

22          **SECTION 109.** 441.06 (3) of the statutes is amended to read:

23          441.06 (3) ~~—A—~~ Except as provided in s. 441.09 (1) (c), a registered nurse

**SENATE BILL 258****SECTION 109**

1 practicing for compensation shall, on or before the applicable renewal date specified  
2 under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving  
3 name, residence, and other facts that the board requires, with the nursing  
4 workforce survey and fee required under s. 441.01 (7) and the applicable renewal fee  
5 determined by the department under s. 440.03 (9) (a).

6 **SECTION 110.** 441.06 (4) of the statutes is amended to read:

7 441.06 (4) Except as provided in ss. 257.03 and 440.077, no person may  
8 practice or attempt to practice professional nursing, nor use the title, letters, or  
9 anything else to indicate that he or she is a registered or professional nurse unless  
10 he or she is licensed under this section. Except as provided in ss. 257.03 and  
11 440.077, no person not so licensed may use in connection with his or her nursing  
12 employment or vocation any title or anything else to indicate that he or she is a  
13 trained, certified or graduate nurse. This subsection does not apply to any  
14 registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h),  
15 issued by a jurisdiction, other than this state, that has adopted the nurse licensure  
16 compact ~~under s. 441.51.~~

17 **SECTION 111.** 441.06 (7) of the statutes is renumbered 441.09 (7) and  
18 amended to read:

19 441.09 (7) CIVIL LIABILITY. No person ~~certified~~ licensed as an advanced  
20 practice registered nurse ~~prescriber~~ under s. ~~441.16 (2)~~ this section is liable for civil  
21 damages for any of the following:

22 (a) Reporting in good faith to the department of transportation under s.  
23 146.82 (3) a patient's name and other information relevant to a physical or mental

**SENATE BILL 258****SECTION 111**

1 condition of the patient that in the advanced practice ~~nurse-prescriber's~~ registered  
2 nurse's judgment impairs the patient's ability to exercise reasonable and ordinary  
3 control over a motor vehicle.

4 (b) In good faith, not reporting to the department of transportation under s.  
5 146.82 (3) a patient's name and other information relevant to a physical or mental  
6 condition of the patient that in the advanced practice ~~nurse-prescriber's~~ registered  
7 nurse's judgment does not impair the patient's ability to exercise reasonable and  
8 ordinary control over a motor vehicle.

9 **SECTION 112.** 441.065 of the statutes is created to read:

10 **441.065 Use of titles.** (1) Except as provided in sub. (2), no person licensed  
11 under this chapter may use, assume, or append to his or her name any title that is  
12 not granted under this chapter unless the person holds another credential, as  
13 defined in s. 440.01 (2) (a), that entitles the person to use, assume, or append to his  
14 or her name the title or the person is permitted to use, assume, or append to his or  
15 her name the title under any law of this state.

16 (2) (a) Subsection (1) does not prohibit a person who holds a doctorate degree  
17 from using, assuming, or appending to his or her name the title "doctor" or any  
18 other words, letters, or abbreviations that represent that the person holds that  
19 doctorate degree or the field in which the degree was received. If a person to whom  
20 this paragraph applies uses, assumes, or appends to his or her name the title  
21 "doctor," the person shall also use, assume, or append to his or her name words,  
22 letters, or abbreviations that represent the field in which the person received the  
23 doctorate degree.

24 (b) Subsection (1) does not prohibit a person who holds a bachelor's degree or

**SENATE BILL 258****SECTION 112**

1 master's degree from using, assuming, or appending to his or her name any words,  
2 letters, or abbreviations that represent that the person holds that degree or the  
3 field in which the degree was received.

4 **SECTION 113.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended  
5 to read:

6 441.07 (**1g**) (intro.) Subject to the rules promulgated under s. 440.03 (1), the  
7 board may deny an initial license or revoke, limit, suspend, or deny the renewal of a  
8 license of a registered nurse, ~~nurse-midwife~~ advanced practice registered nurse, or  
9 licensed practical nurse; ~~deny an initial certificate or revoke, limit, suspend, or deny~~  
10 ~~the renewal of a certificate to prescribe drugs or devices granted under s. 441.16;~~ or  
11 reprimand a registered nurse, ~~nurse-midwife~~ advanced practice registered nurse,  
12 or licensed practical nurse, if the board finds that the applicant or licensee  
13 committed any of the following:

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

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

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

21 **SECTION 114.** 441.07 (1r) of the statutes is created to read:

22 441.07 (**1r**) If the board finds that a person licensed under this chapter has  
23 violated s. 441.065, the board shall discipline the person as follows:

24 (a) For a 1st violation, issue a written warning.

**SENATE BILL 258****SECTION 114**

1 (b) For a 2nd violation, suspend the license of the person.

2 (c) For a 3rd violation, revoke the license of the person.

3 **SECTION 115.** 441.07 (2) of the statutes is amended to read:

4 441.07 (2) The board may reinstate a revoked license, no earlier than one year  
5 following revocation, upon receipt of an application for reinstatement. This  
6 subsection does not apply to a license that is revoked under sub. (1r) or s. 440.12.

7 **SECTION 116.** 441.09 of the statutes is created to read:

8 **441.09 Advanced practice registered nurses; civil liability exemption.**

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

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

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

15 b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or  
16 (1m) with the application for a license under this paragraph.

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

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

22 a. The applicant has completed a graduate-level or postgraduate-level  
23 education program that is approved by the board and that prepares the applicant  
24 for the practice of advanced practice registered nursing in one of the 4 recognized

**SENATE BILL 258****SECTION 116**

1 roles, and the applicant holds a current certification by a national certifying body  
2 approved by the board.

3 b. On January 1, 2026, the applicant was licensed as a registered nurse in this  
4 state and was practicing in a recognized role, and the applicant satisfies additional  
5 criteria established by the board by rule under sub. (6) (a) 3. relating to practice,  
6 education, or certification.

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

8 4. The applicant provides to the board evidence of any malpractice liability  
9 insurance coverage required under sub. (5).

10 5. If the applicant is applying to receive a certified nurse-midwife specialty  
11 designation under par. (b) 1., the applicant does all of the following:

12 a. Provides evidence satisfactory to the board that the applicant is currently  
13 certified by the American Midwifery Certification Board or its successor.

14 b. Files with the board any plan required under sub. (3m) (f).

15 6. The applicant does not have an arrest or conviction record, subject to ss.  
16 111.321, 111.322, and 111.335.

17 7. The applicant meets any other criteria established by the board by rule  
18 under sub. (6) (a) 3. relating to the education, training, or experience required for  
19 each recognized role.

20 (b) 1. a. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an  
21 advanced practice registered nurse license to an applicant the board determines  
22 meets the requirements under par. (a). The board shall also grant a person who is  
23 granted a license under this subd. 1. a. one or more specialty designations

**SENATE BILL 258****SECTION 116**

1 corresponding to the recognized roles for which the board determines that the  
2 person qualifies based on the person's qualifications under par. (a).

3 b. The board shall grant an advanced practice registered nurse license to each  
4 individual who, on the day before the effective date of this subd. 1. b. .... [LRB  
5 inserts date], was certified to issue prescription orders under s. 441.16, 2023 stats.  
6 The board shall also grant a person who is granted a license under this subd. 1. b.  
7 one or more specialty designations corresponding to the recognized roles for which  
8 the board determines that the person qualifies based on the person's qualifications.

9 c. The board shall grant an advanced practice registered nurse license to each  
10 individual who, on the day before the effective date of this subd. 1. c. .... [LRB  
11 inserts date], was licensed as a nurse-midwife under s. 441.15, 2023 stats. The  
12 board shall also grant a person who is granted a license under this subd. 1. c. a  
13 nurse-midwife specialty designation.

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

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

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

21 5. If all of the following apply to a person, a notation indicating that the person  
22 may not issue prescription orders shall appear on the person's advanced practice  
23 registered nurse license:

**SENATE BILL 258****SECTION 116**

1           a. The person is granted an advanced practice registered nurse license under  
2       subd. 1. a. and satisfies only par. (a) 2. b. but not par. (a) 2. a., or the person is  
3       granted an advanced practice registered nurse license under subd. 1. c.

4           b. On January 1, 2026, the person did not hold a certificate under s. 441.16  
5       (2), 2023 stats.

6           (c) On or before the applicable renewal date specified under s. 440.08 (2) (a),  
7       an advanced practice registered nurse shall submit to the board on a form  
8       furnished by the board a statement giving his or her name and residence, the  
9       nursing workforce survey and fee required under s. 441.01 (7), evidence of having  
10      satisfied the continuing education requirements under sub. (4), evidence of any  
11      malpractice liability insurance coverage required under sub. (5), any plan required  
12      under sub. (3m) (f), current evidence that the person satisfies each of the  
13      requirements under par. (a) 1., 2., 5. a., and 7. that apply with respect to the person,  
14      and any other information that the board requires by rule, with the applicable  
15      renewal fee determined by the department under s. 440.03 (9) (a). The board shall  
16      grant to a person who satisfies the requirements under this paragraph the renewal  
17      of his or her advanced practice registered nurse license and specialty designations  
18      granted under par. (b) 1. and shall, if the person holds a license under s. 441.06 (1),  
19      (1c), or (1m), also grant the renewal of that license.

20          **(2) PRESCRIBING AUTHORITY.** (a) Except as provided in par. (b), an advanced  
21      practice registered nurse may issue prescription orders, subject to the rules  
22      promulgated under sub. (6) (a) 1. and 4., and may provide expedited partner  
23      therapy in the manner described in s. 441.092.

**SENATE BILL 258****SECTION 116**

1 (b) An advanced practice registered nurse may not issue prescription orders if  
2 a notation under sub. (1) (b) 5. indicating that the advanced practice registered  
3 nurse may not issue prescription orders appears on the advanced practice  
4 registered nurse's license.

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

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

12 (b) 1. Except as provided in sub. (3m) (e) and s. 257.03, no person may practice  
13 or attempt to practice advanced practice registered nursing, nor use the title  
14 "advanced practice registered nurse," the title "A.P.R.N.," or anything else to  
15 indicate that he or she is an advanced practice registered nurse unless he or she is  
16 licensed under this section.

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

18 a. Use the title "certified nurse-midwife," the title "C.N.M.," or anything else  
19 to indicate that he or she is a certified nurse-midwife unless he or she has been  
20 granted a certified nurse-midwife specialty designation under sub. (1) (b) 1.

21 b. Use the title "certified registered nurse anesthetist," the title "C.R.N.A.,"  
22 or anything else to indicate that he or she is a certified registered nurse anesthetist

**SENATE BILL 258****SECTION 116**

1 unless he or she has been granted a certified registered nurse anesthetist specialty  
2 designation under sub. (1) (b) 1.

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

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

9 **(3m)** PRACTICE REQUIREMENTS AND LIMITATIONS. (a) 1. An advanced practice  
10 registered nurse licensed under this section may, except as provided in subd. 2. and  
11 par. (b), practice advanced practice registered nursing only in collaboration with a  
12 physician or dentist.

13 2. Subdivision 1. does not apply to an advanced practice registered nurse with  
14 a certified nurse-midwife specialty designation.

15 (b) An advanced practice registered nurse to whom par. (a) 1. applies may,  
16 except as provided in pars. (bg) 1. and (c), practice advanced practice registered  
17 nursing in a recognized role without being supervised by or collaborating with, and  
18 independent of, a physician or dentist if the board verifies, upon application of the  
19 advanced practice registered nurse, that the advanced practice registered nurse  
20 satisfies all of the following:

21 1. The advanced practice registered nurse has completed 3,840 hours of  
22 professional nursing in a clinical setting. Clinical hours completed as a  
23 requirement of a nursing program offered by a qualifying school of nursing under s.

**SENATE BILL 258****SECTION 116**

1 441.06 (1) (c) may be used to satisfy the requirement under this subdivision. Hours  
2 completed to satisfy a requirement of an education program described in sub. (1) (a)  
3 2. a. may not be used to satisfy the requirement under this subdivision.

4 2. At least 24 months have elapsed since the advanced practice registered  
5 nurse first began completing the clinical hours required by a nursing program  
6 described under subd. 1.

7 3. The advanced practice registered nurse has completed 3,840 clinical hours  
8 of advanced practice registered nursing practice in that recognized role while  
9 working with a physician or dentist who was immediately available for consultation  
10 and accepted responsibility for the actions of the advanced practice registered nurse  
11 during those 3,840 hours of practice. The advanced practice registered nurse may  
12 substitute additional hours of advanced practice registered nursing working with a  
13 physician or dentist described under this subdivision to count toward the  
14 requirement under subd. 1. Each such additional hour shall count toward one hour  
15 of the requirement under subd. 1.

16 4. At least 24 months have elapsed since the advanced practice registered  
17 nurse first began practicing advanced practice registered nursing in that  
18 recognized role as described under subd. 3.

19 (bd) For purposes of par. (b) 3., hours of advanced practice registered nursing  
20 practice may include the lawful practice of advanced practice registered nursing  
21 outside this state or the lawful practice of advanced practice registered nursing in  
22 this state prior to the effective date of this paragraph .... [LRB inserts date].

23 (bg) 1. An advanced practice registered nurse may provide treatment of pain

**SENATE BILL 258****SECTION 116**

1 syndromes, as defined in s. 50.60 (5), through the use of invasive techniques only  
2 while working in a collaborative relationship with a physician who, through  
3 education, training, and experience, specializes in pain management. Except as  
4 provided in subd. 2., this subdivision applies regardless of whether the advanced  
5 practice registered nurse has qualified for independent practice under par. (b).

6 2. Except as provided in par. (c), subd. 1. does not apply to an advanced  
7 practice registered nurse who is providing treatment of pain syndromes, as defined  
8 in s. 50.60 (5), through the use of invasive techniques in a hospital, as defined in s.  
9 50.33 (2), or in a clinic associated with a hospital, and who has qualified for  
10 independent practice under par. (b).

11 3. Except as provided in par. (c), subd. 1. does not apply to an advanced  
12 practice registered nurse who has qualified for independent practice under par. (b)  
13 and has privileges in a hospital, as defined in s. 50.33 (2), to provide treatment of  
14 pain syndromes, as defined in s. 50.60 (5), through the use of invasive techniques  
15 without a collaborative relationship with a physician.

16 (bm) For purposes of pars. (a) 1. and (bg) 1., a collaborative relationship is a  
17 process in which an advanced practice registered nurse is working with a physician  
18 or dentist, in each other's presence when necessary, to deliver health care services  
19 within the scope of the advanced practice registered nurse's training, education,  
20 and experience. The advanced practice registered nurse shall document such a  
21 collaborative relationship.

22 (c) Nothing in this section prohibits an entity employing or with a relationship  
23 with an advanced practice registered nurse from establishing additional

**SENATE BILL 258****SECTION 116**

1 requirements for an advanced practice registered nurse as a condition of  
2 employment or relationship.

3 (d) An advanced practice registered nurse shall adhere to professional  
4 standards when managing situations that are beyond the advanced practice  
5 registered nurse's expertise. If a particular patient's needs are beyond the  
6 advanced practice registered nurse's expertise, the advanced practice registered  
7 nurse shall, as warranted by the patient's needs, consult or collaborate with or refer  
8 the patient to at least one of the following:

9 1. A physician licensed under ch. 448.

10 2. Another health care provider for whom the advanced practice registered  
11 nurse has reasonable evidence of having a scope of practice that includes the  
12 authorization to address the patient's needs.

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

20 (f) An advanced practice registered nurse with a certified nurse-midwife  
21 specialty designation may not offer to deliver babies outside of a hospital setting  
22 unless the advanced practice registered nurse files with the board, and the board  
23 approves, a proactive plan for ensuring appropriate care or care transitions

**SENATE BILL 258****SECTION 116**

1 conforming with professional standards for patients with higher acuity or  
2 emergency care needs that exceed the advanced practice registered nurse's scope of  
3 practice. An advanced practice registered nurse who offers to deliver babies outside  
4 of a hospital setting shall file a plan under this paragraph when applying for an  
5 initial license under this section or a renewal of a license under this section, shall  
6 keep the plan current with the board, and shall follow the plan.

7 (4) CONTINUING EDUCATION. Every advanced practice registered nurse shall  
8 submit to the board evidence of having completed at least 16 contact hours per  
9 biennium in clinical pharmacology or therapeutics relevant to the advanced  
10 practice registered nurse's area of practice. The board may promulgate rules  
11 regarding the continuing education requirements under this subsection.

12 (5) MALPRACTICE LIABILITY INSURANCE. No person may practice advanced  
13 practice registered nursing unless he or she at all times has in effect malpractice  
14 liability insurance coverage evidenced by personal liability coverage in the amounts  
15 specified for health care providers under s. 655.23 (4) or coverage under a group  
16 liability policy providing individual coverage for the person in the amounts  
17 specified under s. 655.23 (4). An advanced practice registered nurse shall submit  
18 evidence of that coverage to the board when applying for an initial license under  
19 this section or a renewal of a license under this section. An advanced practice  
20 registered nurse shall also submit such evidence to the board upon request of the  
21 board.

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

**SENATE BILL 258****SECTION 116**

1           1. Further defining the scope of practice of an advanced practice registered  
2 nurse, practice of a certified nurse-midwife, practice of a certified registered nurse  
3 anesthetist, practice of a nurse practitioner, and practice of a clinical nurse  
4 specialist and defining the scope of practice within which an advanced practice  
5 registered nurse may issue prescription orders under sub. (2).

6           2. Determining acceptable national certification for purposes of sub. (1) (a) 2.  
7 a.

8           3. Establishing the appropriate education, training, or experience  
9 requirements that a registered nurse must satisfy in order to be an advanced  
10 practice registered nurse and to obtain each specialty designation corresponding to  
11 the recognized roles.

12           4. Specifying the classes of drugs, individual drugs, or devices that may not be  
13 prescribed by an advanced practice registered nurse under sub. (2).

14           5. Specifying the conditions to be met for registered nurses to do the following:

- 15           a. Administer a drug prescribed by an advanced practice registered nurse.  
16           b. Administer a drug at the direction of an advanced practice registered nurse.

17           6. Establishing standards of professional conduct for advanced practice  
18 registered nurses generally and for practicing in each recognized role.

19           (am) The board may promulgate rules to implement sub. (3m) (b).

20           (b) The board may not promulgate rules that expand the scope of practice of  
21 an advanced practice registered nurse beyond the practices within advanced  
22 practice registered nursing.

23           **SECTION 117.** 441.092 of the statutes is created to read:

**SENATE BILL 258****SECTION 117**

1           **441.092 Expedited partner therapy.** (1) In this section:

2           (b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

3           (c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

4           (2) Notwithstanding the requirements of s. 448.9785, an advanced practice  
5 registered nurse who may issue prescription orders under s. 441.09 (2) may provide  
6 expedited partner therapy if a patient is diagnosed as infected with a chlamydial  
7 infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with  
8 a sexual partner during which the chlamydial infection, gonorrhea, or  
9 trichomoniasis may have been transmitted to or from the sexual partner. The  
10 advanced practice registered nurse shall attempt to obtain the name of the patient’s  
11 sexual partner. A prescription order for an antimicrobial drug prepared under this  
12 subsection shall include the name and address of the patient’s sexual partner, if  
13 known. If the advanced practice registered nurse is unable to obtain the name of  
14 the patient’s sexual partner, the prescription order shall include, in ordinary, bold-  
15 faced capital letters, the words, “expedited partner therapy” or the letters “EPT.”

16           (3) The advanced practice registered nurse shall provide the patient with a  
17 copy of the information sheet prepared by the department of health services under  
18 s. 46.03 (44) and shall request that the patient give the information sheet to the  
19 person with whom the patient had sexual contact.

20           (4) (a) Except as provided in par. (b), an advanced practice registered nurse is  
21 immune from civil liability for injury to or the death of a person who takes any  
22 antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished

**SENATE BILL 258****SECTION 117**

1 under this section and if expedited partner therapy is provided as specified under  
2 this section.

3 (b) The immunity under par. (a) does not extend to the donation, distribution,  
4 furnishing, or dispensing of an antimicrobial drug by an advanced practice  
5 registered nurse whose act or omission involves reckless, wanton, or intentional  
6 misconduct.

7 **SECTION 118.** 441.10 (7) of the statutes is amended to read:

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

22 **SECTION 119.** 441.11 (title) of the statutes is repealed.

23 **SECTION 120.** 441.11 (1) of the statutes is repealed.

**SENATE BILL 258****SECTION 121**

1           **SECTION 121.** 441.11 (2) of the statutes is renumbered 441.09 (5m) and  
2 amended to read:

3           441.09 **(5m)** LICENSURE EXEMPTION. The provisions of s. ~~448.04 (1) (g)~~ 448.03  
4 (1) (d) do not apply to ~~a~~ an advanced practice registered nurse licensed under this  
5 section who possesses a certified registered nurse anesthetist specialty designation  
6 under sub. (1) (b) 1. or to a person who engages in the practice of a nurse anesthetist  
7 while performing official duties for the armed services or federal health services of  
8 the United States.

9           **SECTION 122.** 441.11 (3) of the statutes is repealed.

10          **SECTION 123.** 441.15 of the statutes is repealed.

11          **SECTION 124.** 441.16 of the statutes is repealed.

12          **SECTION 125.** 441.18 (2) (a) (intro.) of the statutes is amended to read:

13          441.18 **(2)** (a) (intro.) An advanced practice registered nurse ~~certified to~~ who  
14 may issue prescription orders under s. ~~441.16~~ 441.09 (2) may do any of the  
15 following:

16          **SECTION 126.** 441.18 (2) (b) of the statutes is amended to read:

17          441.18 **(2)** (b) An advanced practice registered nurse who prescribes or  
18 delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom  
19 the opioid antagonist is prescribed has or has the capacity to provide the knowledge  
20 and training necessary to safely administer the opioid antagonist to an individual  
21 undergoing an opioid-related overdose and that the person demonstrates the  
22 capacity to ensure that any individual to whom the person further delivers the  
23 opioid antagonist has or receives that knowledge and training.

**SENATE BILL 258****SECTION 127**

1           **SECTION 127.** 441.18 (3) of the statutes is amended to read:

2           441.18 (3) An advanced practice registered nurse who, acting in good faith,  
3           prescribes or delivers an opioid antagonist in accordance with sub. (2), or who,  
4           acting in good faith, otherwise lawfully prescribes or dispenses an opioid  
5           antagonist, shall be immune from criminal or civil liability and may not be subject  
6           to professional discipline under s. 441.07 for any outcomes resulting from  
7           prescribing, delivering, or dispensing the opioid antagonist.

8           **SECTION 128.** 441.19 of the statutes is repealed.

9           **SECTION 129.** 448.03 (2) (a) of the statutes is amended to read:

10          448.03 (2) (a) Any person lawfully practicing within the scope of a license,  
11          permit, registration, certificate, or certification granted to practice midwifery  
12          under subch. XIII of ch. 440, to practice professional ~~or~~, practical, or advanced  
13          practice registered nursing ~~or nurse-midwifery~~ under ch. 441, to practice  
14          chiropractic under ch. 446, to practice dentistry, dental therapy, or dental hygiene  
15          or as an expanded function dental auxiliary under ch. 447, to practice optometry  
16          under ch. 449, to practice as a physician assistant under subch. IX, to practice  
17          acupuncture under ch. 451 or under any other statutory provision, to practice  
18          naturopathic medicine under ch. 466, or as otherwise provided by statute.

19          **SECTION 130.** 448.035 (1) (a) of the statutes is repealed.

20          **SECTION 131.** 448.035 (2) to (4) of the statutes are amended to read:

21          448.035 (2) Notwithstanding the requirements of s. 448.30, a physician ~~or~~  
22          ~~certified advanced practice nurse prescriber~~ may provide expedited partner  
23          therapy if the patient is diagnosed as infected with a chlamydial infection,  
24          gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual

**SENATE BILL 258****SECTION 131**

1 partner during which the chlamydial infection, gonorrhea, or trichomoniasis may  
2 have been transmitted to or from the sexual partner. The physician ~~or certified~~  
3 ~~advanced practice nurse prescriber~~ shall attempt to obtain the name of the patient's  
4 sexual partner. A prescription order for an antimicrobial drug prepared under this  
5 subsection shall include the name and address of the patient's sexual partner, if  
6 known. If the physician ~~or certified advanced practice nurse prescriber~~ is unable to  
7 obtain the name of the patient's sexual partner, the prescription order shall  
8 include, in ordinary bold-faced capital letters, the words, "expedited partner  
9 therapy" or the letters "EPT."

10 (3) The physician ~~or certified advanced practice nurse prescriber~~ shall  
11 provide the patient with a copy of the information sheet prepared by the  
12 department of health services under s. 46.03 (44) and shall request that the patient  
13 give the information sheet to the person with whom the patient had sexual contact.

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

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

23 **SECTION 132.** 448.56 (1) and (1m) (b) of the statutes are amended to read:

**SENATE BILL 258****SECTION 132**

1           448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.  
2           448.52, a person may practice physical therapy only upon the written referral of a  
3           physician, naturopathic doctor, physician assistant, chiropractor, dentist,  
4           podiatrist, or advanced practice registered nurse ~~prescriber certified under s.~~  
5           ~~441.16 (2)~~. Written referral is not required if a physical therapist provides services  
6           in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules  
7           promulgated by the department of public instruction; provides services as part of a  
8           home health care agency; provides services to a patient in a nursing home pursuant  
9           to the patient's plan of care; provides services related to athletic activities,  
10          conditioning, or injury prevention; or provides services to an individual for a  
11          previously diagnosed medical condition after informing the individual's physician,  
12          naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or  
13          advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~ who  
14          made the diagnosis. The examining board may promulgate rules establishing  
15          additional services that are excepted from the written referral requirements of this  
16          subsection.

17          **(1m)** (b) The examining board shall promulgate rules establishing the  
18          requirements that a physical therapist must satisfy if a physician, naturopathic  
19          doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice  
20          registered nurse ~~prescriber~~ makes a written referral under sub. (1). The purpose of  
21          the rules shall be to ensure continuity of care between the physical therapist and  
22          the health care practitioner.

23          **SECTION 133.** 448.62 (2m) of the statutes is amended to read:

**SENATE BILL 258****SECTION 133**

1           448.62 (2m) An advanced practice registered nurse ~~who is certified to issue~~  
2 ~~prescription orders under s. 441.16 and~~ who is providing nonsurgical patient  
3 services as directed, supervised, and inspected by a podiatrist who has the power to  
4 direct, decide, and oversee the implementation of the patient services rendered.

5           **SECTION 134.** 448.67 (2) of the statutes is amended to read:

6           448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a  
7 licensee who renders any podiatric service or assistance, or gives any podiatric  
8 advice or any similar advice or assistance, to any patient, podiatrist, physician,  
9 physician assistant, advanced practice registered nurse ~~prescriber certified under~~  
10 ~~s. 441.16 (2)~~, partnership, or corporation, or to any other institution or organization,  
11 including a hospital, for which a charge is made to a patient, shall, except as  
12 authorized by Title 18 or Title 19 of the federal Social Security Act, render an  
13 individual statement or account of the charge directly to the patient, distinct and  
14 separate from any statement or account by any other podiatrist, physician,  
15 physician assistant, advanced practice registered nurse ~~prescriber~~, or other person.

16           **SECTION 135.** 448.956 (1m) of the statutes is amended to read:

17           448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training to  
18 an individual without a referral, except that a licensee may not provide athletic  
19 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation  
20 setting unless the licensee has obtained a written referral for the individual from a  
21 practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;  
22 under ch. 446; or under s. ~~441.16 (2)~~ 441.09 or from a practitioner who holds a  
23 compact privilege under subch. XI or XII of ch. 448.

**SENATE BILL 258****SECTION 136**

1           **SECTION 136.** 450.01 (1m) of the statutes is repealed.

2           **SECTION 137.** 450.01 (16) (h) 2. of the statutes is amended to read:

3           450.01 **(16)** (h) 2. The patient's advanced practice registered nurse ~~prescriber~~,  
4           if the advanced practice registered nurse ~~prescriber has entered into a written~~  
5           ~~agreement to collaborate with a physician~~ may issue prescription orders under s.  
6           441.09 (2).

7           **SECTION 138.** 450.01 (16) (hr) 2. of the statutes is amended to read:

8           450.01 **(16)** (hr) 2. An advanced practice registered nurse ~~prescriber~~ who may  
9           issue prescription orders under s. 441.09 (2).

10          **SECTION 139.** 450.03 (1) (e) of the statutes is amended to read:

11          450.03 **(1)** (e) Any person lawfully practicing within the scope of a license,  
12          permit, registration, certificate, or certification granted to practice as a pharmacy  
13          technician under s. 450.068, to provide home medical oxygen under s. 450.076, to  
14          practice professional ~~or~~, practical, or advanced practice registered nursing ~~or nurse-~~  
15          ~~midwifery~~ under ch. 441, to practice dentistry, dental therapy, or dental hygiene or  
16          as an expanded function dental auxiliary under ch. 447, to practice medicine and  
17          surgery under ch. 448, to practice optometry under ch. 449, to practice naturopathic  
18          medicine under ch. 466, or to practice veterinary medicine under ch. 89, or as  
19          otherwise provided by statute.

20          **SECTION 140.** 450.11 (1g) (b) of the statutes is amended to read:

21          450.11 **(1g)** (b) A pharmacist may, upon the prescription order of a  
22          practitioner providing expedited partner therapy, as specified in s. 441.092,  
23          448.035, or 448.9725, that complies with the requirements of sub. (1), dispense an  
24          antimicrobial drug as a course of therapy for treatment of chlamydial infections,

**SENATE BILL 258****SECTION 140**

1 gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom  
2 the patient has had sexual contact for use by the person with whom the patient has  
3 had sexual contact. The pharmacist shall provide a consultation in accordance with  
4 rules promulgated by the board for the dispensing of a prescription to the person to  
5 whom the antimicrobial drug is dispensed. A pharmacist providing a consultation  
6 under this paragraph shall ask whether the person for whom the antimicrobial  
7 drug has been prescribed is allergic to the antimicrobial drug and advise that the  
8 person for whom the antimicrobial drug has been prescribed must discontinue use  
9 of the antimicrobial drug if the person is allergic to or develops signs of an allergic  
10 reaction to the antimicrobial drug.

11 **SECTION 141.** 450.11 (1i) (a) 1. of the statutes is amended to read:

12 450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the  
13 prescription order of an advanced practice registered nurse ~~prescriber~~ under s.  
14 441.18 (2) (a) 1., of a physician under s. 448.037 (2) (a) 1., or of a physician assistant  
15 under s. 448.9727 (2) (a) 1. that complies with the requirements of sub. (1), deliver  
16 an opioid antagonist to a person specified in the prescription order and may, upon  
17 and in accordance with the standing order of an advanced practice registered nurse  
18 ~~prescriber~~ under s. 441.18 (2) (a) 2., of a physician under s. 448.037 (2) (a) 2., or of a  
19 physician assistant under s. 448.9727 (2) (a) 2. that complies with the requirements  
20 of sub. (1), deliver an opioid antagonist to an individual in accordance with the  
21 order. The pharmacist shall provide a consultation in accordance with rules  
22 promulgated by the board for the delivery of a prescription to the person to whom  
23 the opioid antagonist is delivered.

**SENATE BILL 258****SECTION 142**

1           **SECTION 142.** 450.11 (1i) (b) 2. b. of the statutes is amended to read:

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

5           **SECTION 143.** 450.11 (7) (b) of the statutes is amended to read:

6           450.11 (7) (b) Information communicated to a physician, physician assistant,  
7           or advanced practice registered nurse ~~prescriber~~ in an effort to procure unlawfully  
8           a prescription drug or the administration of a prescription drug is not a privileged  
9           communication.

10          **SECTION 144.** 450.11 (8) (e) of the statutes is amended to read:

11          450.11 (8) (e) The board of nursing, insofar as this section applies to advanced  
12          practice ~~nurse-prescribers~~ registered nurses.

13          **SECTION 145.** 450.13 (5) (b) of the statutes is amended to read:

14          450.13 (5) (b) The patient's advanced practice registered nurse ~~prescriber~~, if  
15          the advanced practice registered nurse ~~prescriber~~ ~~has entered into a written~~  
16          ~~agreement to collaborate with a physician~~ may issue prescription orders under s.  
17          441.09 (2).

18          **SECTION 146.** 450.135 (7) (b) of the statutes is amended to read:

19          450.135 (7) (b) The patient's advanced practice registered nurse ~~prescriber~~, if  
20          the advanced practice registered nurse ~~prescriber~~ ~~has entered into a written~~  
21          ~~agreement to collaborate with a physician~~ may issue prescription orders under s.  
22          441.09 (2).

23          **SECTION 147.** 462.04 of the statutes is amended to read:

**SENATE BILL 258****SECTION 147**

1           **462.04 Prescription or order required.** A person who holds a license or  
2           limited X-ray machine operator permit under this chapter may not use diagnostic  
3           X-ray equipment on humans for diagnostic purposes unless authorized to do so by  
4           prescription or order of a physician licensed under s. 448.04 (1) (a), a naturopathic  
5           doctor licensed under s. 466.04 (1), a dentist who is licensed under s. 447.04 (1) or  
6           who holds a compact privilege under subch. II of ch. 447, a dental therapist licensed  
7           under s. 447.04 (1m), a podiatrist licensed under s. 448.63, a chiropractor licensed  
8           under s. 446.02, an advanced practice registered nurse ~~certified~~ licensed under s.  
9           ~~441.16 (2)~~ 441.09, a physician assistant who is licensed under s. 448.974 or who  
10          holds a compact privilege under subch. XIII of ch. 448, or, subject to s. 448.56 (7) (a),  
11          a physical therapist who is licensed under s. 448.53 or who holds a compact  
12          privilege under subch. XI of ch. 448.

13           **SECTION 148.** 655.001 (1) of the statutes is renumbered 655.001 (1r).

14           **SECTION 149.** 655.001 (1g) of the statutes is created to read:

15           655.001 (1g) “Advanced practice registered nurse” means an individual who  
16           is licensed under s. 441.09, who has qualified to practice independently in his or her  
17           recognized role under s. 441.09 (3m) (b), and who practices advanced practice  
18           registered nursing, as defined under s. 441.001 (1c), outside of a collaborative  
19           relationship with a physician or dentist, as described under s. 441.09 (3m) (a) 1., or  
20           other employment relationship.

21           **SECTION 150.** 655.001 (7t) of the statutes is amended to read:

22           655.001 (7t) “Health care practitioner” means a health care professional, as  
23           defined in s. 180.1901 (1m), who is an employee of a health care provider described  
24           in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care

**SENATE BILL 258****SECTION 150**

1 services that are not ~~in collaboration with a physician under s. 441.15 (2) (b) or~~  
2 under the direction and supervision of a physician or ~~nurse anesthetist~~ advanced  
3 practice registered nurse.

4 **SECTION 151.** 655.001 (9) of the statutes is repealed.

5 **SECTION 152.** 655.002 (1) (a) of the statutes is amended to read:

6 655.002 (1) (a) A physician or ~~a nurse anesthetist~~ an advanced practice  
7 registered nurse for whom this state is a principal place of practice and who  
8 practices his or her profession in this state more than 240 hours in a fiscal year.

9 **SECTION 153.** 655.002 (1) (b) of the statutes is amended to read:

10 655.002 (1) (b) A physician or ~~a nurse anesthetist~~ an advanced practice  
11 registered nurse for whom Michigan is a principal place of practice, if all of the  
12 following apply:

13 1. The physician or ~~nurse anesthetist~~ advanced practice registered nurse is a  
14 resident of this state.

15 2. The physician or ~~nurse anesthetist~~ advanced practice registered nurse  
16 practices his or her profession in this state or in Michigan or a combination of both  
17 more than 240 hours in a fiscal year.

18 3. The physician or ~~nurse anesthetist~~ advanced practice registered nurse  
19 performs more procedures in a Michigan hospital than in any other hospital. In this  
20 subdivision, "Michigan hospital" means a hospital located in Michigan that is an  
21 affiliate of a corporation organized under the laws of this state that maintains its  
22 principal office and a hospital in this state.

23 **SECTION 154.** 655.002 (1) (c) of the statutes is amended to read:

**SENATE BILL 258****SECTION 154**

1           655.002 (1) (c) A physician or ~~nurse-anesthetist~~ an advanced practice  
2 registered nurse who is exempt under s. 655.003 (1) or (3), but who practices his or  
3 her profession outside the scope of the exemption and who fulfills the requirements  
4 under par. (a) in relation to that practice outside the scope of the exemption. For a  
5 physician or ~~a nurse-anesthetist~~ an advanced practice registered nurse who is  
6 subject to this chapter under this paragraph, this chapter applies only to claims  
7 arising out of practice that is outside the scope of the exemption under s. 655.003 (1)  
8 or (3).

9           **SECTION 155.** 655.002 (1) (d) of the statutes is amended to read:

10           655.002 (1) (d) A partnership comprised of physicians or ~~nurse-anesthetists~~  
11 advanced practice registered nurses and organized and operated in this state for the  
12 primary purpose of providing the medical services of physicians or ~~nurse~~  
13 ~~anesthetists~~ advanced practice registered nurses.

14           **SECTION 156.** 655.002 (1) (e) of the statutes is amended to read:

15           655.002 (1) (e) A corporation organized and operated in this state for the  
16 primary purpose of providing the medical services of physicians or ~~nurse~~  
17 ~~anesthetists~~ advanced practice registered nurses.

18           **SECTION 157.** 655.002 (1) (em) of the statutes is amended to read:

19           655.002 (1) (em) Any organization or enterprise not specified under par. (d) or  
20 (e) that is organized and operated in this state for the primary purpose of providing  
21 the medical services of physicians or ~~nurse-anesthetists~~ advanced practice  
22 registered nurses.

23           **SECTION 158.** 655.002 (2) (a) of the statutes is amended to read:

**SENATE BILL 258****SECTION 158**

1           655.002 (2) (a) A physician or ~~nurse-anesthetist~~ advanced practice registered  
2           nurse for whom this state is a principal place of practice but who practices his or her  
3           profession fewer than 241 hours in a fiscal year, for a fiscal year, or a portion of a  
4           fiscal year, during which he or she practices his or her profession.

5           **SECTION 159.** 655.002 (2) (b) of the statutes is amended to read:

6           655.002 (2) (b) Except as provided in sub. (1) (b), a physician or ~~nurse~~  
7           ~~anesthetist~~ advanced practice registered nurse for whom this state is not a  
8           principal place of practice, for a fiscal year, or a portion of a fiscal year, during  
9           which he or she practices his or her profession in this state. For a health care  
10          provider who elects to be subject to this chapter under this paragraph, this chapter  
11          applies only to claims arising out of practice that is in this state and that is outside  
12          the scope of an exemption under s. 655.003 (1) or (3).

13          **SECTION 160.** 655.003 (1) of the statutes is amended to read:

14          655.003 (1) A physician or ~~a nurse-anesthetist~~ an advanced practice  
15          registered nurse who is a state, county or municipal employee, or federal employee  
16          or contractor covered under the federal tort claims act, as amended, and who is  
17          acting within the scope of his or her employment or contractual duties.

18          **SECTION 161.** 655.003 (3) of the statutes is amended to read:

19          655.003 (3) Except for a physician or ~~nurse-anesthetist~~ advanced practice  
20          registered nurse who meets the criteria under s. 146.89 (5) (a), a physician or ~~a~~  
21          ~~nurse-anesthetist~~ an advanced practice registered nurse who provides professional  
22          services under the conditions described in s. 146.89, with respect to those  
23          professional services provided by the physician or ~~nurse-anesthetist~~ advanced

**SENATE BILL 258****SECTION 161**

1 practice registered nurse for which he or she is covered by s. 165.25 and considered  
2 an agent of the department, as provided in s. 165.25 (6) (b).

3 **SECTION 162.** 655.005 (2) (a) of the statutes is amended to read:

4 655.005 (2) (a) An employee of a health care provider if the employee is a  
5 physician or ~~a nurse anesthetist~~ an advanced practice registered nurse or is a  
6 health care practitioner who is providing health care services that are not ~~in~~  
7 ~~collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and  
8 supervision of a physician or ~~nurse anesthetist~~ advanced practice registered nurse.

9 **SECTION 163.** 655.005 (2) (b) of the statutes is amended to read:

10 655.005 (2) (b) A service corporation organized under s. 180.1903 by health  
11 care professionals, as defined under s. 180.1901 (1m), if the board of governors  
12 determines that it is not the primary purpose of the service corporation to provide  
13 the medical services of physicians or ~~nurse anesthetists~~ advanced practice  
14 registered nurses. The board of governors may not determine under this paragraph  
15 that it is not the primary purpose of a service corporation to provide the medical  
16 services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses  
17 unless more than 50 percent of the shareholders of the service corporation are  
18 neither physicians nor ~~nurse anesthetists~~ advanced practice registered nurses.

19 **SECTION 164.** 655.23 (5m) of the statutes is amended to read:

20 655.23 (5m) The limits set forth in sub. (4) shall apply to any joint liability of  
21 a physician or ~~nurse anesthetist~~ advanced practice registered nurse and his or her  
22 corporation, partnership, or other organization or enterprise under s. 655.002 (1)  
23 (d), (e), or (em).

**SENATE BILL 258****SECTION 165**

1           **SECTION 165.** 655.27 (3) (a) 4. of the statutes is amended to read:

2           655.27 (3) (a) 4. For a health care provider described in s. 655.002 (1) (d), (e),  
3           (em), or (f), risk factors and past and prospective loss and expense experience  
4           attributable to employees of that health care provider other than employees  
5           licensed as a physician or ~~nurse-anesthetist~~ advanced practice registered nurse.

6           **SECTION 166.** 655.27 (3) (b) 2m. of the statutes is amended to read:

7           655.27 (3) (b) 2m. In addition to the fees and payment classifications  
8           described under subds. 1. and 2., the commissioner, after approval by the board of  
9           governors, may establish a separate payment classification for physicians satisfying  
10          s. 655.002 (1) (b) and a separate fee for ~~nurse-anesthetists~~ advanced practice  
11          registered nurses satisfying s. 655.002 (1) (b) which take into account the loss  
12          experience of health care providers for whom Michigan is a principal place of  
13          practice.

14          **SECTION 167.** 655.275 (2) of the statutes is amended to read:

15          655.275 (2) APPOINTMENT. The board of governors shall appoint the members  
16          of the council. Section 15.09, except s. 15.09 (4) and (8), does not apply to the  
17          council. The board of governors shall designate the chairperson, who shall be a  
18          physician, the vice chairperson, and the secretary of the council and the terms to be  
19          served by council members. The council shall consist of 5 or 7 persons, not more  
20          than 3 of whom are physicians who are licensed and in good standing to practice  
21          medicine in this state and one of whom is ~~a nurse-anesthetist~~ an advanced practice  
22          registered nurse who is licensed and in good standing to practice nursing in this  
23          state. The chairperson or another peer review council member designated by the

**SENATE BILL 258****SECTION 167**

1 chairperson shall serve as an ex officio nonvoting member of the medical examining  
2 board and may attend meetings of the medical examining board, as appropriate.

3 **SECTION 168.** 655.275 (5) (b) 2. of the statutes is amended to read:

4 655.275 (5) (b) 2. If a claim was paid for damages arising out of the rendering  
5 of care by ~~a nurse anesthetist~~ an advanced practice registered nurse, with at least  
6 one ~~nurse anesthetist~~ advanced practice registered nurse.

7 **SECTION 169.** 895.478 (3m) of the statutes is amended to read:

8 895.478 (3m) ELEMENTARY AND SECONDARY SCHOOLS. An elementary or  
9 secondary school and its designated school personnel, and a physician, advanced  
10 practice registered nurse ~~prescriber~~, or physician assistant who provides or  
11 administers an opioid antagonist, are not liable for any injury that results from the  
12 opioid antagonist, regardless of whether authorization was given by the pupil's  
13 parent or guardian or by the pupil's physician, advanced practice registered nurse  
14 ~~prescriber~~, or physician assistant, unless the injury is the result of an act or  
15 omission that constitutes gross negligence or willful or wanton misconduct. The  
16 immunity from liability provided under this subsection is in addition to and not in  
17 lieu of that provided under s. 895.48.

18 **SECTION 170.** 961.01 (19) (a) of the statutes is amended to read:

19 961.01 (19) (a) A physician, advanced practice registered nurse, dentist,  
20 veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.975  
21 (1) (b), a physician assistant, or other person licensed, registered, certified or  
22 otherwise permitted to distribute, dispense, conduct research with respect to,  
23 administer or use in teaching or chemical analysis a controlled substance in the  
24 course of professional practice or research in this state.

## SENATE BILL 258

## SECTION 171

1           **SECTION 171.** 961.395 of the statutes is amended to read:

2           **961.395 Limitation on advanced practice registered nurses.** (1) An  
3 advanced practice registered nurse who ~~is certified~~ may issue prescription orders  
4 under s. ~~441.16~~ 441.09 (2) may prescribe controlled substances only as permitted by  
5 the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (a) 4.

6           **(2)** An advanced practice registered nurse ~~certified under s. 441.16~~ who may  
7 issue prescription orders under s. 441.09 (2) shall include with each prescription  
8 order the ~~advanced practice nurse prescriber certification~~ license number issued to  
9 him or her by the board of nursing.

10           **(3)** An advanced practice registered nurse ~~certified under s. 441.16~~ who may  
11 issue prescription orders under s. 441.09 (2) may dispense a controlled substance  
12 only by prescribing or administering the controlled substance or as otherwise  
13 permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (a) 4.

14           **SECTION 172. Nonstatutory provisions.**

15           (1) Using the procedure under s. 227.24, the board of nursing may promulgate  
16 rules under ch. 441 that are necessary to implement the changes in this act.  
17 Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide  
18 evidence that promulgating a rule under this subsection as an emergency rule is  
19 necessary for the preservation of the public peace, health, safety, or welfare and is  
20 not required to provide a finding of emergency for a rule promulgated under this  
21 subsection. A rule under this subsection may take effect no later than the date  
22 specified in SECTION 173 (intro.) of this act. Notwithstanding s. 227.24 (1) (c) and  
23 (2), a rule promulgated under this subsection is effective for 2 years after its

**SENATE BILL 258****SECTION 172**

1 promulgation, or until permanent rules take effect, whichever is sooner, and the  
2 effective period of a rule promulgated under this subsection may not be further  
3 extended under s. 227.24 (2).

4 (2) (a) In this subsection, the definitions under s. 441.001 apply.

5 (b) Notwithstanding s. 441.09 (3), an individual who, on January 1, 2026, is  
6 licensed as a registered nurse in this state and is practicing in a recognized role may  
7 continue to practice advanced practice registered nursing and the corresponding  
8 recognized role in which he or she is practicing and may continue to use the titles  
9 corresponding to the recognized roles in which he or she is practicing during the  
10 period before which the board takes final action on the person's application under s.  
11 441.09. This paragraph does not apply after the first day of the 13th month  
12 beginning after the effective date of this paragraph.

13 **SECTION 173. Effective dates.** This act takes effect on the first day of the  
14 13th month beginning after publication, except as follows:

15 (1) SECTION 172 (1) of this act takes effect on the day after publication.

16 **(END)**



**WISCONSIN LEGISLATURE**  
P.O. BOX 8952 • MADISON, WI 53708

**Testimony before the Assembly Committee on Health, Aging and Long-Term Care  
Senate Bill 258**

**Senator Patrick Testin and Representative Tony Kurtz**

Good afternoon. Thank you, Chairwoman Cabral-Guevara for having this hearing today.

This committee is no stranger to the versions of the APRN bill that have come before this one. Most of you have sat through hours of testimony and heard from both sides on this issue.

We're happy to sit here today and say we're confident the bipartisan bill before you, a compromise reached between our offices, the stakeholders and the Governor's office will make it across the finish line.

In case you've forgotten some of the finer details, Advanced Practice Registered Nurses (APRNs) are registered nurses with advanced knowledge, degrees, and skill. They include Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives.

We have a serious provider shortage. In the APRN categories, vacancy rates vary between 6 and 8 percent, according to a 2025 study by the Wisconsin Hospital Association. This shortage is felt all throughout the state, but it is particularly difficult to cope with in rural areas, where healthcare providers are even scarcer. When the difference between a good outcome or a bad outcome is on the line, access to quality, dependable healthcare is everything. Allowing these highly-trained APRNs to step in and ensure our neighbors are getting the care they need can be that difference.

The APRN Modernization Act will bring Wisconsin in line with the National Consensus Model of Advanced Nurse Licensure. The bill will help provide regulatory flexibility and assist with removing barriers to allow these qualified providers to practice within their scope in the areas where they are needed most. It will also provide clarity to the scope of practice of these important healthcare providers in comparison to other professionals in the state and their peers across state lines. APRNs are recognized in states across the country, including our neighbors Minnesota and Illinois.

Recognizing APRNs will help ease the provider shortage we feel across our state and make Wisconsin a more attractive place for these professionals to practice.

We want to take a moment and thank all the nursing groups who have continued to advocate for this bill and their profession for more than ten years. It's because of their dedication to providing the best care for their patients that we're here today. We'd also like to thank all the previous session authors from both sides of the aisle, their staff, Legislative Council and Legislative Reference Bureau for their assistance over the years.

We appreciate the opportunity to testify today, we are happy to answer any questions at this time.



To: Senate Committee on Health  
From: Representative Lisa Subeck  
Date: Wednesday, May 28, 2025

### Testimony in Support of Senate Bill 258 – The APRN Modernization Act

Chair Cabral-Guevara and members of the Committee on Health:

Thank you for the opportunity to provide testimony in support of Senate Bill 258 (SB258), the Advanced Practice Registered Nurse (APRN) Modernization Act.

SB 258 establishes a dedicated license for APRNs, including certified nurse-midwives, nurse anesthetists, clinical nurse specialists, and nurse practitioners. It authorizes these professionals to issue prescriptions, use the APRN title, and delegate certain clinical duties to qualified healthcare personnel.

Notable provisions in this version of the bill include:

- **Extended supervised practice requirements** before an APRN may practice independently;
- **Enhanced clinical guidelines** for APRNs managing chronic pain to ensure safe and responsible care;
- **Clear enforcement authority** for the Medical Examining Board to uphold professional standards and integrity;
- **Protection of professional titles** to prevent misuse or misrepresentation;
- **Minimum malpractice liability insurance requirements** to ensure patient safety and provider accountability.

79TH ASSEMBLY DISTRICT

This legislation is the result of years of thoughtful deliberation and collaboration among a wide range of stakeholders. It represents a carefully balanced, bipartisan effort to modernize Wisconsin's nursing laws, strengthen our healthcare workforce, and expand access to care, especially in rural and underserved areas. By reducing wait times and easing strain on the system, this bill helps us meet both current and future healthcare needs across the state.

I want to thank Governor Tony Evers, Representatives Tony Kurtz and Kevin Petersen, and former Representatives Joe Sanfelippo, Donna Rozar, and Mike Rohrkaste, along with Senators Patrick Testin, Rachael Cabral-Guevara, and Kelda Roys, for their leadership on this issue. I am also deeply grateful to the many stakeholders who have contributed their expertise to shape this important legislation.

I respectfully urge your support for SB 258. Thank you for your time and consideration.



WISCONSIN ASSOCIATION OF  
**NURSE ANESTHETISTS**  
414.755.3362 • [www.wiana.com](http://www.wiana.com)  
11801 West Silver Spring Drive, Suite 200  
Milwaukee, WI 53225

*Always there.  
Exceptional Care*

TO: Chair Cabral-Guevara and Members of the Senate Committee on Health  
DATE: May 28, 2025  
RE: Testimony in support of Senate Bill 258, APRN Modernization Act

---

Good afternoon, Chair Cabral-Guevara and members of the Senate Committee on Health. Thank you for the opportunity to testify in support of Senate Bill 258 (SB 258), the Advanced Practice Registered Nurse (APRN) Modernization Act.

My name is Christine Roth and I am a Certified Registered Nurse Anesthetist (CRNA) and President of the Wisconsin Association of Nurse Anesthetists (WIANA).

WIANA respectfully requests that you pass SB 258, which formally defines and describes the role, responsibility and accountability of Advanced Practice Registered Nurses (APRNs). An APRN is a registered nurse who has completed graduate-level education and acquired the clinical knowledge and skills required to provide direct patient care. CRNAs are amongst those who will qualify as an APRN under the bill. By recognizing all practicing APRNs in statute, Wisconsin will help protect its citizens through a law that defines and describes the requirements to practice as an APRN.

Nurse anesthetists have been providing anesthesia care in the United States for more than 150 years in every setting in which anesthesia care is delivered including hospitals, ambulatory surgical centers, office-based practices, obstetric units, U.S. military and VA healthcare facilities. The CRNA credential came into existence in 1956 and CRNAs became the first nursing specialty afforded direct reimbursement rights from Medicare.

The services provided by CRNAs are especially important in Wisconsin, which has a well-documented healthcare worker shortage. For example, the utilization of CRNAs is essential for providers' bandwidth in providing surgery anesthesia care. CRNAs are highly educated, experienced, qualified and capable. As a crucial source of anesthesia care in Wisconsin, Nurse anesthetists deserve to be recognized as APRN's and the consumers of their services deserve to be protected by the safeguards that the requirement for APRN licensure provides.

SB 258 has three significant changes from last session in order to gain support from Governor Evers' and legislators. The first is, it requires four years of experience instead of three years before an APRN can practice independently without a written collaborative agreement with a physician. Second, it adds additional guard rails around the ability of APRN's to offer pain management services to patients. Lastly, the bill specifies that nurses may not call themselves something they are not.

On a related note, Wisconsin CRNA's have been paying into the Wisconsin Injured Patients and Families Compensation Fund (IPFCF) since the 1970's and support our other colleagues being able to pay directly into the fund as well.

Thank you again for your time and consideration of this important piece of legislation.

Jennifer Popies, MS, RN, CCRN, AGACNP-BC, ACNS-BC, APNP  
N3325 Jefferson Rd  
Rubicon, WI 53078

May 28, 2025

Senator Cabral-Guevara, Chair  
Senate Committee on Health  
Room 300 Southeast  
State Capitol  
Madison, WI 53708

RE: Support of SB 258 - Relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairperson Senator Cabral-Guevara and Members of the Senate Committee on Health,

Thank you for holding this public hearing on SB 258 which I like to call "The APRN Modernization Act. My name is Jennifer Popies and I am a member of the Wisconsin Association of Clinical Nurse Specialist (WIACNS). In my work role I am the Cardiovascular ICU, Ethics & Transitions of Care at Froedtert Hospital in Milwaukee. I hold national board certification as CNS and a State of Wisconsin certificate as an Advanced Practice Nurse Prescriber.

My CNS colleagues are very pleased to see the amount of bipartisan support for SB 258 and the companion bill AB 257. We are supportive of the consensus language that was proposed by representatives of the Governor's Office. I know that over the years legislator offices have received a lot of information about the competencies, quality and safe care provided by Clinical Nurse Specialists and my colleagues, Certified Nurse Midwives, Certified Registered Nurse Anesthetist and Nurse Practitioners. Our reputation is now well known among you, our employers and the patients we care for.

I would like to thank Senator Testin for his commitment to getting this bill into law. I also want to extend appreciation to the members of this committee who have sign-on as co-sponsors, Chairwoman Cabral Guevera, Senator Drake and Senator Smith.

I look forward to SB 258, "The APRN Modernization Act" being enacted into law so I can say that I hold a State of Wisconsin License as an Advanced Practice Registered Nurse – Clinical Nurse Specialist and continue with all of my responsibilities in providing care my patient population.

I will gladly answer any questions you may have.

Sincerely,

Jennifer Popies

MaryAnn Moon, MSN, RN, APNP, ACNS-BC  
925 N. Browns Lake Drive  
Burlington, Wisconsin 53105

May 28, 2025

Senator Rachael Cabral-Guevara  
Senate Committee on Health  
State Capitol  
Madison, Wisconsin 53708

Dear Chairperson Cabral-Guevara and esteemed members of the Senate Committee on Health. My name is MaryAnn Moon, and I am an Advanced Practice Nurse Prescriber, more specifically a Clinical Nurse Specialist practicing in southeast Wisconsin. Personally, I am providing testimony in support of SB 258 the APRN Modernization Act, and professionally I am representing the Wisconsin Association of Clinical Nurse Specialists.

As I have shared in past public hearings, Clinical Nurse Specialists (CNSs) are advanced practice registered nurses (APRN), and much like the 3 other APRN roles, Clinical Nurse Specialists can diagnose, prescribe, and treat patients across the continuum of care. CNSs also leverage their advanced knowledge and systems-thinking to improve patient outcomes, and redesign healthcare delivery ensuring that it is accessible, equitable, and affordable. Beyond this, CNSs are uniquely trained to transform and optimize the care of entire populations. One thing I think we can all agree on in this room today, is that improving the health of Wisconsinites is our primary focus. Our ability to do this is dependent on addressing social determinants of health and changing the upstream barriers at the state level. Specifically, the barriers that are preventing access to healthcare and putting the public's safety at risk.

Today, APRNs in the state Wisconsin are required to have a collaborative agreement with a physician. This does not make patient care safer and there is no data to even suggest that. What it does is create a barrier and limits an APRN's ability to practice and provide care based on their educational preparation, training, and certification. In the midst of an ongoing healthcare workforce shortage in Wisconsin (per the 2025 Wisconsin Health Care Workforce Report), I ask, why would we limit qualified practitioners from caring for our Wisconsin residents, and why would we consciously leave barriers in place that negatively impact our ability to recruit and retain APRNs to the state of Wisconsin. Especially, when two of our neighboring states, Minnesota and Iowa have already passed legislation that supports full practice authority.

The impact of this barrier to Wisconsinites is reduced access to healthcare especially for our vulnerable populations and those who reside in rural settings. According to the 2021 National Healthcare Quality and Disparities Report, when people do not have access to care or cannot obtain a healthcare appointment in a timely manner, health conditions worsen, hospitalizations increase, and poorer health outcomes result. APRNs are a viable answer to addressing disparities in healthcare access if we remove unnecessary restrictions and modernize state law.

Protecting the public is another key function of the APRN Modernization Act. Lack of title protection is a significant state barrier facing APRNs, especially Clinical Nurse Specialists. As you know, title protection is used to safeguard the public from fraudulent, unqualified individuals providing services without proper credentials. Today, in Wisconsin, title protection does not exist for the four APRN roles. And as a result, employers within the state are utilizing titles like Clinical Nurse Specialist to describe positions that do not meet the education, certification, or licensure requirements to use that title. SB 258 secures title protection for all four APRN roles, but more importantly promotes and protects public safety. Wisconsinites should have confidence that the individuals who are providing care, possess the appropriate qualifications, training, and expertise to do so.

Chairperson Cabral-Guevara and Committee Members, I am asking that you prioritize public safety and access to care. The APRN Modernization Act offers a solution to both of these concerning issues facing Wisconsin residents. As legislators, you have the ability to accelerate change and knock down the unnecessary barriers facing APRN practice, ultimately improving healthcare for the people of Wisconsin. I strongly urge you to vote in favor of SB 258 and pass it out of the Senate Committee on Health. Thank you for the opportunity to address the committee today.

Respectfully,

MaryAnn Moon

MaryAnn Moon, MSN, RN, APNP, ACNS-BC  
925 N. Browns Lake Drive  
Burlington, Wisconsin 53105

May 28, 2025

Senator Rachael Cabral-Guevara  
Senate Committee on Health  
State Capitol  
Madison, Wisconsin 53708

Dear Chairperson Cabral-Guevara and esteemed members of the Senate Committee on Health. My name is MaryAnn Moon, and I am an Advanced Practice Nurse Prescriber, more specifically a Clinical Nurse Specialist practicing in southeast Wisconsin. Personally, I am providing testimony in support of SB 258 the APRN Modernization Act, and professionally, I am representing the Wisconsin Association of Clinical Nurse Specialists (WiACNS).

As I have shared in past public hearings, Clinical Nurse Specialists (CNSs) are advanced practice registered nurses (APRN), and much like the 3 other APRN roles, Clinical Nurse Specialists can diagnose, prescribe, and treat patients across the continuum of care. CNSs also leverage their advanced knowledge and systems-thinking to improve patient outcomes, and redesign healthcare delivery ensuring that it is accessible, equitable, and affordable.

Today, APRNs in the state Wisconsin are required to have a collaborative agreement with a physician. SB 258 will remove this requirement which the members of WiACNS strongly support. This will support access to healthcare services, especially for our vulnerable populations and those who reside in rural settings. According to the 2021 National Healthcare Quality and Disparities Report, when people do not have access to care or cannot obtain a healthcare appointment in a timely manner, health conditions worsen, hospitalizations increase, and poorer health outcomes result. APRNs are a viable answer to addressing disparities in healthcare access if we remove unnecessary restrictions and modernize state law.

My association is very pleased about the amount of bipartisan support for SB 258 and the companion bill AB 257. We are also supportive of the consensus language that was offered by the Governor's office representatives.

WiACNS wants to thank you Chairperson Cabral-Guevara for your long-term commitment to making the APRN Modernization Act a reality. We also want to share our appreciation to Senator Testin for his commitment to getting this bill to the Governor's desk. The APRN Modernization Act offers a solution to the issues facing Wisconsin residents as it relates to their access to quality, safe health care delivered by APRNs.

Thank you for the opportunity to share WiACNS support SB 258/AB 257. We ask that SB 258 be passed out of the Senate Health Committee as soon as possible.

Respectfully,

MaryAnn Moon

Tina Bettin, D.N.P., M.S.N., FNP-BC APNP  
509 Hillcrest Drive  
Marion, WI 54950

May 14, 2025

Senator Rachael Cabral Guevara, Chair  
Senate Health Committee  
Room 323 South  
State Capitol  
Madison, WI 53707

RE: Support of SB 258 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority

Dear Chairperson Cabral Guevara and members of the Senate Committee on Health,

My name is Tina Bettin, and I am a state certified Advanced Practice Nurse Prescriber with national board certification as a Family Nurse Practitioner. I practice in a small rural clinic in Manawa, WI. I am also on the President of the Wisconsin Nurses Association NP Forum Board of Directors.

Thank you, chairperson Cabral Guevara, for holding a public hearing on SB 258 and what we fondly call the APRN Modernization Act.

I am here today to share my strong support for this legislation. SB 258 will provide a separate license, APRN, for the four advanced nursing roles. The criteria for licensure have been reviewed and revised over the years and I am very excited today to see that this bill has bipartisan support.

SB 258 is important to meeting the demands for health care throughout Wisconsin and, in particular, our rural and at-risk populations. SB 258 supports an increase in access to quality, safe and economical health care provided by APRNs.

Wisconsin is far from the first state to adopt a model of care like that proposed in this bill. According to the American Association of Nurse Practitioners, 28 states have adopted Full Practice Authority. This legislation is long overdue, and I look forward to my colleagues providing the best care possible to those in need of care.

Thank you, Chairperson Cabral Guevara, and the members of the Committee for listening to my testimony today, and the Committee members who have signed on as co-sponsors, including you Madame chair, Senators Smith, and Drake. I also want to extend our sincere appreciation to Senator Testin for sponsoring this bill (again). I ask that SB 258 can be scheduled to be passed out of the committee as soon as possible.

I will gladly take any questions you may have.

Sincerely,

Tina Bettin, D.N.P., M.S.N., FNP-BC APNP

May 11, 2025

Dear Senator Cabral-Guevara and members of the Senate Committee on Health,

I am writing this letter in support of the Advanced Practice Registered Nurse or APRN Modernization Act SB 258 and AB 257.

My name is Tina Bettin. I am a doctoral prepared Family Nurse Practitioner. I have been a nurse practitioner for over 37 years, over 32 years of those years working in rural Wisconsin. I am president of the Nurse Practitioner Forum of the Wisconsin Nurses Association, representing the nearly 5000 nurse practitioners in the State.

The APRN Modernization Act is needed for citizens of Wisconsin. Our State currently faced a healthcare workforce challenge. 70 of our 72 counties face primary care provider shortages per HRSA data on Rural Health Information Hub as of April 2021, and patients of Wisconsin need more choice and access to cost-effective care. There are multiple changes needed to move our State forward. However, this legislation is the only option with no-added cost and no delays to help the State safely address that need. With the shortage of primary care providers in Wisconsin, it is imperative to allow Wisconsin patients full and direct access to nearly 5000 nurse practitioners in Wisconsin who have a track record of safe, cost-effective care by retiring the unneeded and expensive collaborative agreements.

In addition to positively impacting the health of Wisconsin, the APRN Modernization Act can have a positive impact on the Wisconsin economy. Based on previous states that have implemented full practice authority (FPA) of NPs, the research shows the economic impact also. Arizona adopted FPA in 2001 with positive changes in five years. The NP workforce double across the state and grew by 70% in the rural areas. North Dakota adopted FPA in 2011 with the workforce increasing by 83% within six years. In 2013, Nevada adopted FPA with the APRN workforce growing by 34% in three years and many APRNs moving from more restricted areas to Nevada. Lastly, in 2014, Nebraska adopted FPA resulting in growth in 20 state-designated primary care medically underserved areas within five years of adaptation.

I have been providing high-quality health care to the nearly 2000 patients that I care for in Waupaca County. Every day I evaluate patients, diagnosis diseases, manage treatments and prescribe medications for my patients. Patients that are exclusively seen and managed by me. My employer tracks quality metrics on a monthly basis and this data is transparent within our health care system. Consistently, my metrics for quality data has been high resulting in some of the highest quality within the entire health system all while caring for rural individuals. On an annual basis, I am typically one of the top three quality performers within my call group that is presently 14 providers but has been up to 19, and our call group is usually first or second in quality metrics annually within my health care system. But I am not an anomaly. The other nurse practitioners also consistently earn high quality outcomes-quality is our tradition.

The problem is that while our education and national certification prepare us to diagnose, treat and prescribe, it's currently illegal for us to practice our profession without a regulated agreement with a physician--in essence a permission slip to provide care. This outdated requirement needlessly bottlenecks our state workforce and creates barriers to getting more care to more places. Our educational preparation is not the same as physicians, but one has not been proven to be superior to another. Nurse practitioner and APRN education is competence based, and builds on previous educational components that were taught based on national program accreditation

This model of licensure is not unique or new. It's the model in 27 other states, DC and 2 US territories. There is 60 years of data on nurse practitioners, from the time of our birth in 1965 with Loretta Ford and Dr. Henry Silver in Colorado to present. This data overwhelmingly shows that nurse practitioners provide quality care. Multiple single studies and numerous systematic reviews reveal the quality of care provided by NPs and APRNs is comparable to physicians. One study in 2018 by Adams and Markowitz, in their Hamilton Project showed that NPs care is equal in quality but at a lower cost, and that removing restrictions on their practice can help alleviate shortages and improve efficiencies.

The Bill will also provide title protection and delineate the educational and national certification requirements needed to practice as an APRN in Wisconsin. The practice requirements or scope of practice do not expand the types of services APRNs provide now but would make the language of State Law be consistent with national recommendations from the "Consensus Model for APRN Regulation" published in 2008 by the National Council of State Boards of Nursing and the 48 nursing groups that made up the APRN Consensus Work Group. This directive is further supported by the 2010 and 2020 Institute of Medicine/National Academy of Medicine reports "The Future of Nursing" which stated that APRNs' scope of practice varies widely "for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work."

For over three years during the COVID public health emergency, nurse practitioners and other APRNs practiced under full practice authority in the State of Wisconsin under Governor Evers' emergency orders. During this time of significant health care need and burden, the nurse practitioners and APRNs were asked to step up, which occurred and the sky did not fall, but now we are being asked to again step back into a subservient role.

Nurse practitioners and APRNs can have a significant positive impact on substance abuse issues in Wisconsin. At the Federal level on December 29 2022, Congress passed into law the Consolidated Appropriations Act of 2023, allowing medication assisted therapies such as Suboxone/buprenorphine to be prescribed by all providers with a DEA license for controlled substances. Prior to this Federal change, Wisconsin citizens did not have the full access to this life saving treatment because to prescribe this life-saving medication in Wisconsin, APRNs needed to have a collaborative agreement with a physician who prescribed the Suboxone/buprenorphine because of the collaborative language in the State.

Over 30 years ago, I testified in support of the passage of the 1993 Wisconsin Act 138, which created the section in Statute 441 authorizing prescriptive language for advanced practice nurses, at which time Wisconsin was one of leaders in the nation for advanced practice nurses. In this legislation as well as the associated rules and regulations from the Board of Nursing (N8), there was no mention of collaboration as it was an assumed professional attribute just like our physician counterparts collaborate. Collaboration language was added in 2000. Multiple federal agencies have recommended APRNs should be practicing to the full scope of their education and training. This includes the Federal Trade Commission's 2014 report, "Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses," and the 2018 publication "Reforming America's Healthcare System Through Choice and Competition." A quarter of a century later, it's time to again step forward.

In closing, I ask that you support APRN Modernization Bill for the citizens of Wisconsin. There is a health care workforce ready to help. According to the 2018 report "Reforming America's Healthcare System," collaborative agreements do not foster collaborative care. Instead, they negatively impact care because of the various constraints that the agreement puts in place-access, financial, and lack of innovation. The report also states that "economic analysis indicates that expanding APRN SOP, consistent with APRN

education, training, and experience, would have clear consumer benefits, particularly in rural and poorer areas." Wisconsin needs to move forward at this time to provide the citizens with the healthcare options they deserve and break the glass ceiling that is negatively impacting healthcare.

Thank you

*Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP*

Tina Bettin DNP, MSN, RN, FNP-BC, APNP, FAANP

Date: May 28, 2025

Senator Rachael Cabral-Guevara, Chair  
Senate Committee on Health  
State Capital  
Madison, WI 53707

Re: Support for Senate Bill (SB) 258-advanced practice registered nurses (APRNs), extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairman Cabral-Guevara and members of the Senate Committee on Health,

Thank you Senator Cabral-Guevara for holding this public hearing on SB 258. My name is Chris Bakke and I work for a health system as a traveling Nephrology NP. I'm credentialed to work at three different organizations in central and northern WI to help meet patient needs as telehealth is not always an option. I'm often involved in team-based care working with other healthcare professionals collaboratively along with patients and their caregivers to improve patient outcomes. I am also the APRN Representative to the Wisconsin Nurses Association Board of Directors (BOD) and the Liaison to the NP Forum BOD.

I am in support SB 258 as it contains the agreed upon criteria and language that involved key stakeholders to practice as an APRN in WI for the four roles: nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, and clinical nurse specialist. SB 258 modernizes language to reflect current APRN practices and responsibilities with breaking down regulatory barriers while providing protection of the public with Board of Nursing oversight.

According to the Wisconsin Hospital Association's (WHA) 2025 Health Care Workforce Report, there is ongoing strain on the WI healthcare workforce which is exacerbated by the aging population often needing increased demand in care, retirement, and burnout. This is seen in urban areas and is greatly exacerbated in rural areas as access to care by specialists and primary care providers is limited. It is very difficult to recruit healthcare professionals to rural areas. WHA advocates for policies to address workforce shortages and enhance access to care, particularly in rural areas. WHA also advocates that some of WI's health care needs can be met with the available workforce by allowing health care professionals to work to the top of their education, training, and experience similar to what the APRN already holds. I have a front row seat to this healthcare strain and SB 258 can help be a part of the solution.

I want to thank all of the legislators for their time and consideration along with those who have signed on for support of SB 258. Please feel free to contact me if you have any questions.

Sincerely,

Chris Bakke, DNP, MSN-APN/Admin, APNP, FNP-BC, CNN-NP

Testimony for SB 257 – the APRN Modernization Act

My name is Mary Beck Metzger, and I am a Family Nurse Practitioner (FNP) at the Rock River Community Clinics in Watertown and Whitewater which are affiliated with a Community Dental Clinic in Fort Atkinson. These are safety-net clinics for individuals who would otherwise have very limited access to the health and dental care and services needed. I see individuals for care of chronic conditions like hypertension, diabetes, heart failure, depression, arthritis, and asthma; follow-up after ER visits or hospital stays; routine well woman care; well child visits: the full spectrum of primary care. As an FNP I am a primary care provider and advocate for my patients and their families. I have spent my entire nursing career of 46 years in Wisconsin.

I have been a part of the group of advanced practice registered nurses (APRNs) who have *worked on this legislation for 17 years*. We feel strongly that APRNs should be allowed to work at the top of their license; to be able to provide care to patients congruent with their education, training, experience, and national certification. **28 states, D.C., the Veteran's Administration, Puerto Rico and Guam allow NPs full authority over their own practice.**

If voted into law, the bill would allow APRNs, after two years of required physician supervision as an RN, and two years of physician collaboration as an APRN to practice without requiring physician involvement in their APRN practice. Responsibility for the APRN's practice would rest with the individual APRN with oversight from the Wisconsin Board of Nursing. Currently APRNs are limited to practice where they can find a collaborating physician, and this has become quite difficult and expensive for APRNs who wish to practice in rural or underserved areas outside of a healthcare organization. Most APRNs who work in medium/ large organizations may not see much change in their practice agreements. It is a professional responsibility of every health care provider to recognize when they need to consult with or refer to another health care provider with more expertise when they reach the limit of their own expertise. This will not change, regardless of legislation.

There is overwhelming evidence over the past 50 years that APRNs provide essential health services to patients in primary care settings, specialty and acute care settings, anesthesia services, maternal-child-health care, FQHCs, the military and VA, and psychiatric, drug and alcohol treatment. Wisconsin continues to witness a shortage of physicians in our population dense and rural communities which has only increased since the COVID public health emergency and will continue into the future. Research repeatedly demonstrates that APRNs provide safe, high-quality care with equivalent outcomes to their physician counterparts. This is why APRNs are in such high demand as they work in many different roles in health care.

The APRN Modernization Act legislation is good for the people of Wisconsin because it protects the public with truth and transparency about the responsibility and accountability of APRN practice, updates antiquated language to reflect current APRN practice and responsibilities, eliminates unnecessary barriers that have proven to provide no value to the delivery and safety of APRN care and services and sets a high standard of safety in caring for our patients. The APRN Modernization Act also brings Wisconsin more in line with national standards, updating the language of our practice act to more closely resemble our neighboring states of Minnesota, Iowa, and Illinois. We need to update our statutes to provide a favorable practice environment, or risk losing our APRN graduates to other states.

Thank you for allowing me to submit my testimony!

Mary Beck Metzger, RN, DNP, FNP-BC, APNP  
Lake Mills, WI





# WACEP

Wisconsin Chapter

American College of Emergency Physicians

TO: Chairperson Rachel Cabral-Guevara and Members of the Senate Committee on Health  
FROM: Wisconsin Chapter, American College of Emergency Physicians (WACEP)  
DATE: May 28, 2025  
RE: SB 258, APRN Licensure and Independent Practice

WACEP recognizes the significant strides made to protect patients and provide basic requirements for clinical experience, transparency in provider titles, and guardrails on pain practice, contained in SB 258. We commend the authors, the governor, and particularly health care committee members on both sides of the aisle for working towards compromise. WACEP, however, is still of the position that this bill has a major deficiency: the lack of an emergency physician staffing requirement for emergency departments.

In his last two executive budget proposals, Governor Evers included a provision, intended to be part of these APRN discussions, that would statutorily require hospitals to *"have sufficient qualified personnel at all times to manage the number and severity of emergency department cases anticipated by the location"* and *"at all times, have on-site at least one physician who, through education, training, and experience, specializes in emergency medicine."* WACEP strongly supports this position.

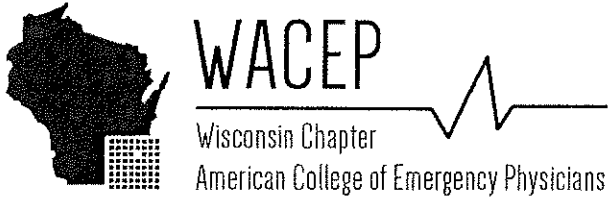
It is WACEP's understanding that the intention of SB 258 is not necessarily to provide for independent practice in a high-acuity setting like an emergency department – yet it may result. WACEP has significant concerns about how a new APRN law would be utilized to promote the proliferation of substandard emergency care specifically, and patient care generally.

It is not unreasonable to assume that if you or your constituents suffered a medical emergency and were ambulated to the nearest hospital emergency department, there would at least be an emergency physician on staff. But you could be wrong, especially if you live in a rural part of the state or if you are transported to one of these new "microhospitals". Unfortunately, it's a trend we are seeing nationally and has taken hold in some hospitals in Wisconsin - emergency departments without emergency physicians. This sets up any provider, without proper training, for failure which can often result in poor outcomes for patients.

Emergency physicians are specifically trained to handle complex medical cases. We often have to provide immediate, life-saving treatment for a patient, regularly making split second medical decisions based on minimal, if any, medical information. This calls for unique policy guardrails around the type of clinicians who may practice independently in emergency departments because, as opposed to our other physician colleagues who manage complex medical cases, in our practice environment, there is often no time to consult specialists or references for immediate life-saving measures.

We hear a lot about access in the context of APRN independence. But quality of care, especially in an emergency department can be a matter of life and death. Our rural residents don't deserve a lower chance of survival than others in a car crash or a medical emergency.

A Wisconsin hospital, no matter where it's located, should not be able to make that bad choice. And yet some are doing so. Patients that seek emergency care in Oconto Falls, Chilton, Baron, and Cumberland



have, at times, not had access to a physician at all. That is exactly why we seek clear requirements in Wisconsin law on emergency department staffing.

While the legislature may be moving towards conclusion on this APRN independence debate, the conversation and hopefully legislation regarding emergency department staffing will soon follow. We ask the legislature, and specifically this committee, to look closely at this issue, introduce legislation, and work towards ensuring that our state's residents get the consistent care they deserve for any medical emergency – anywhere, any time.

Wisconsin Affiliate of the American College of Nurse Midwives  
May 27th, 2025

Dear members of the Senate Health Committee,

The Wisconsin Affiliate of the American College of Nurse Midwives urges you to support SB 258- The APRN Modernization Act. The affiliate has worked for over a decade with stakeholders and multiple representatives to draft legislation that will remove unnecessary barriers to care for your constituents across the state.

Wisconsin has multiple counties in which there is no obstetric provider and women and their families have to travel great distances to receive quality, evidence-based care. CNMs (certified nurse midwives) are ready to help fill that gap in care and evidence demonstrates that care from CNMs leads to excellent maternal and infant outcomes.

Please support SB 258 and reach out to our membership should you have any questions or concerns.

Sincerely yours,

MaryAnne Scherer, MSN, CNM, APNP  
Legislative representative for WI Affiliate of ACNM



**WISCONSIN LEGISLATURE**

P.O. BOX 8952 • MADISON, WI 53708

**Testimony before the Assembly Committee on Health, Aging and Long-Term Care  
Assembly Bill 257  
Representative Tony Kurtz and Senator Pat Testin**

Good afternoon. Thank you, Chairman Moses for having this hearing today.

This committee is no stranger to the versions of the APRN bill that have come before this one. Most of you have sat through hours of testimony and heard from both sides on this issue.

We're happy to sit here today and say we're confident the bipartisan bill before you, a compromise reached between our offices, the stakeholders and the Governor's office will make it across the finish line.

In case you've forgotten some of the finer details, Advanced Practice Registered Nurses (APRNs) are registered nurses with advanced knowledge, degrees, and skill. They include Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives.

We have a serious provider shortage. In the APRN categories, vacancy rates vary between 6 and 8 percent, according to a 2025 study by the Wisconsin Hospital Association. This shortage is felt all throughout the state, but it is particularly difficult to cope with in rural areas, where healthcare providers are even more scarce. When the difference between a good outcome or a bad outcome is on the line, access to quality, dependable healthcare is everything. Allowing these highly-trained APRNs to step in and ensure our neighbors are getting the care they need can be that difference.

The APRN Modernization Act will bring Wisconsin in line with the National Consensus Model of Advanced Nurse Licensure. The bill will help provide regulatory flexibility and assist with removing barriers to allow these qualified providers to practice within their scope in the areas where they are needed most. It will also provide clarity to the scope of practice of these important healthcare providers in comparison to other professionals in the state and their peers across state lines. APRNs are recognized in states across the country, including our neighbors in Minnesota and Illinois.

Recognizing APRNs will help ease the provider shortage we feel across our state and make Wisconsin a more attractive place for these professionals to practice.

We want to take a moment and thank all the nursing groups who have continued to advocate for this bill and their profession for more than ten years. It's because of their dedication to providing the best care for their patients that we're here today. We'd also like to thank all the previous session authors from both sides of the aisle, their staff, Legislative Council and Legislative Reference Bureau for their assistance over the years.

We appreciate the opportunity to testify today, we are happy to answer any questions at this time.

# Wisconsin Legislative Council

Anne Sappenfield  
Director



TO: REPRESENTATIVE TONY KURTZ AND SENATOR PATRICK TESTIN

FROM: Steve McCarthy, Senior Staff Attorney

RE: Comparison of Advanced Practice Registered Nurse Licensure Requirements Under 2023  
Senate Bill 145 and 2025 LRB-1565/1

DATE: May 6, 2025

This memorandum provides a brief overview of the general regulation of advanced practice registered nurses (APRNs) proposed in both 2023 Senate Bill 145, as engrossed, which was vetoed by the Governor last legislative session, and 2025 LRB-1565/1. This memorandum also provides a comparison between the bill and bill draft for specific aspects of the proposed APRN licensure in each.

As described in more detail below, key differences between the bill and bill draft relate to the use of professional titles by nurses, requirements for an APRN to practice in collaboration with a physician or dentist to provide pain management services, and APRN malpractice liability insurance.

## GENERAL REGULATION OF APRNs IN THE BILL AND BILL DRAFT

Both Senate Bill 145 and LRB-1565/1 create a new system of licensure that allows a registered nurse (RN) to be licensed by the Board of Nursing as an APRN. Among other things, the bill and bill draft generally authorize an APRN to issue prescription orders, use the title "A.P.R.N.," and delegate certain tasks to other clinically trained health care workers. The system of APRN licensure replaces certain authorities granted to a person who is certified under current law as an advanced practice nurse prescriber.

The bill and bill draft provide a number of paths that allow a registered nurse to be licensed as an APRN, though whether a registered nurse must apply for a license, is automatically granted a license, or has any limitations on the license generally depends on the registered nurse's education, experience, and the type of registered nurse license the person holds. The same pathways are available in both the bill and bill draft.

The bill and bill draft recognize four distinct APRN roles: certified nurse-midwife (CNM); certified registered nurse anesthetist (CRNA); clinical nurse specialist (CNS); and nurse practitioner (NP). The bill and bill draft require the board, upon granting a person an APRN license, to also grant the person one or more specialty designations corresponding to the recognized role or roles for which the person qualifies.

The bill and bill draft also require the board to promulgate administrative rules necessary to administer the newly created APRN law, including rules establishing certain criteria that an APRN must satisfy for licensure and defining the scope of practice of APRNs. The board may also promulgate rules to oversee

the continuing education requirements. However, the board may not promulgate rules that expand the scope of practice of an APRN beyond the practices within advanced practice registered nursing.

## PROFESSIONAL TITLE PROTECTIONS

**Senate Bill 145** specifies that a person who holds an APRN specialty designation may use the title and acronym associated with the person's APRN-recognized role.

**LRB-1565/1** allows the same use of APRN specialty designation acronyms, but also includes provisions that limit a person licensed by the Board of Nursing from using certain titles.

Specifically, the bill draft provides no person licensed by the board may use, assume, or append to his or her name any title that is not granted by the board unless the person holds another credential that entitles the person to use, assume, or append to his or her name the title, or the person is permitted to use, assume, or append to his or her name the title under any law of this state.

The bill draft provides that this limitation does not prohibit the following two things: (1) a person who holds a doctorate degree from using, assuming, or appending to his or her name the title "doctor" or any other words, letters, or abbreviations that represent that the person holds that doctorate degree or the field in which the degree was received, though if any person to whom this applies uses, assumes, or appends to his or her name the title "doctor," the person must also use, assume, or append to his or her name words, letters, or abbreviations that represent the field in which the person received the doctorate degree; or (2) a person who holds a bachelor's degree or master's degree from using, assuming, or appending to his or her name any words, letters, or abbreviations that represent that the person holds that degree or the field in which the degree was received.

LRB-1565/1 also specifies an enforcement scheme that the board must follow if it finds a violation of the requirement that no person licensed by the board may use, assume, or append to his or her name any title that is not granted by the board. Specifically, the board must issue a written warning for a first violation, suspend the person's license for a second violation, and revoke the person's license for a third violation, though general limitations on the board's authority to reinstate a person whose license was revoked do not apply to a person whose license was revoked for a third violation of improper title usage.

## GENERAL COLLABORATION REQUIREMENT

Current administrative rules require a person who is certified as an advanced practice nurse prescriber to work in a collaborative relationship with a physician or dentist. The collaborative relationship may include working in each other's presence, when necessary, to deliver health care services. An advanced practice nurse prescriber is also required to document the collaborative relationship. [s. N 8.10 (7), Wis. Adm. Code.]

**Senate Bill 145** provides that an APRN must practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse-midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill's requirements for independent practice is largely exempt from the collaboration requirement. Specifically, the bill allows independent practice if an APRN has completed 5,760 clinical hours of APRN practice while working with a physician or dentist during those hours of practice.

**LRB-1565/1** provides general APRN collaboration requirements that differ from Senate Bill 145, but are virtually identical to language included in the Governor's proposed 2025-27 biennial budget bill.<sup>1</sup>

Specifically, LRB-1565/1 requires an APRN to practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill draft's requirements for independent practice is largely exempt from the collaboration requirement. Specifically, the bill draft allows independent practice if an APRN has completed 3,840 hours of **professional nursing** in a clinical setting; at least 24 months have elapsed since the APRN first began completing the required hours of professional nursing in a clinical setting; the APRN has completed 3,840 clinical hours of **APRN practice** in that recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the APRN during those 3,840 hours of APRN practice; and at least 24 months have elapsed since the APRN first began practicing advanced practice registered nursing in that recognized role.

## **COLLABORATION REQUIREMENTS TO PROVIDE PAIN MANAGEMENT SERVICES**

Additionally, the bill and bill draft both include additional provisions relating to independently practicing APRNs providing services relating to pain that differ in several respects.

**Senate Bill 145** provides that an APRN may provide pain management services only while working in a collaborative relationship with a physician.

This requirement applies regardless of whether the APRN otherwise qualifies for independent practice, except that this collaborative relationship requirement does not apply to an APRN who is providing pain management services in a hospital or hospital clinic, and who has qualified for independent practice.

**LRB-1565/1** provides that an APRN may provide treatment of pain syndromes, as defined under current law, through the use of invasive techniques only while working in a collaborative relationship with a physician who, through education, training, and experience, specializes in pain management.

This requirement applies regardless of whether the APRN otherwise qualifies for independent practice, except that this collaborative relationship requirement does not apply to either of the following: (1) an APRN who is providing treatment of pain syndromes through the use of invasive techniques in a hospital or hospital clinic, and who has qualified for independent practice; or (2) an APRN who has qualified for independent practice and has hospital privileges to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.

Both the bill and bill draft contain provisions allowing an entity employing or with a relationship with an APRN to establish additional requirements for an APRN as a condition of employment or relationship.

---

<sup>1</sup>The 2025-27 biennial budget bill has been introduced as companion bills 2025 Senate Bill 45 and 2025 Assembly Bill 50.

## **MALPRACTICE LIABILITY INSURANCE MINIMUMS**

**Senate Bill 145** specifies that an APRN must have malpractice liability insurance coverage in the minimum amounts required by a rule that must be promulgated by the board, unless the APRN's employer has coverage for the APRN in the amounts specified for participation in the Injured Patients and Families Compensation Fund (IPFCF).

**LRB-1565/1** similarly specifies that an APRN must have malpractice liability insurance coverage, but specifies that it must be in amounts not less than those established for participation in the IPFCF.

## **CERTAIN OTHER TECHNICAL DIFFERENCES**

The bill and bill draft contain certain other technical differences as described below.

### **Military Medical Personnel Program**

Current law allows several different health care providers, including a "registered professional nurse" and an "advance practice nurse prescriber" to supervise the Military Medical Personnel Program provided the provider retains responsibility for the care of the patient.

**Senate Bill 145** makes a technical change to modify the term "advance practice nurse prescriber" to "APRN," but also deletes a "registered professional nurse's" authority to supervise the program.

**LRB-1565/1** only makes the technical change to include the new term "APRN," meaning that a registered professional nurse retains their authority to supervise the program as provided under current law under this bill draft.

### **Date Changes**

**Senate Bill 145** includes several references to the year 2024.

**LRB-1565/1** instead includes several references to the year 2026.

Please let me know if I can provide any further assistance.

SM:kp:jal;rel



To: Assembly Committee on Health, Aging and Long-Term Care  
From: Representative Lisa Subeck  
Date: Wednesday, May 14, 2025

### **Testimony in Support of Assembly Bill 257 – The APRN Modernization Act**

Chairman Moses and members of the Committee on Health, Aging and Long-Term Care:

Thank you for the opportunity to provide testimony in support of Assembly Bill 257, the Advanced Practice Registered Nurse (APRN) Modernization Act.

AB 257 establishes a dedicated license for APRNs, including certified nurse-midwives, nurse anesthetists, clinical nurse specialists, and nurse practitioners. It authorizes these professionals to issue prescriptions, use the APRN title, and delegate certain clinical duties to qualified healthcare personnel.

Notable provisions in this version of the bill include:

- **Extended supervised practice requirements** before an APRN may practice independently;
- **Enhanced clinical guidelines** for APRNs managing chronic pain to ensure safe and responsible care;
- **Clear enforcement authority** for the Medical Examining Board to uphold professional standards and integrity;
- **Protection of professional titles** to prevent misuse or misrepresentation;
- **Minimum malpractice liability insurance requirements** to ensure patient safety and provider accountability.

**79TH ASSEMBLY DISTRICT**

STATE CAPITOL P.O. Box 8953, Madison, WI 53708    **PHONE** (608) 237-9179    **TOLL FREE** (888) 534-0079  
**EMAIL** Rep.Subeck@legis.wisconsin.gov    **WEB** legis.wisconsin.gov/assembly/79/subeck



10% POST-CONSUMER FIBER

This legislation is the result of years of thoughtful deliberation and collaboration among a wide range of stakeholders. It represents a carefully balanced, bipartisan effort to modernize Wisconsin's nursing laws, strengthen our healthcare workforce, and expand access to care, especially in rural and underserved areas. By reducing wait times and easing strain on the system, this bill helps us meet both current and future healthcare needs across the state.

I want to thank Governor Tony Evers, Representatives Tony Kurtz and Kevin Petersen, and former Representatives Joe Sanfelippo, Donna Rozar, and Mike Rohrkaste, along with Senators Patrick Testin, Rachael Cabral-Guevara, and Kelda Roys, for their leadership on this issue. I am also deeply grateful to the many stakeholders who have contributed their expertise to shape this important legislation.

I respectfully urge your support for AB 257. Thank you for your time and consideration.

Teri Vandenhouten, MSN, FNP-BC, APNP  
1756 County Road C  
Brussels, WI 54204-9752

May 14, 2025

Representative Clint Moses, Chair  
Assembly Health, Aging and Long-Term Care Committee  
Room 12 West  
State Capitol  
Madison, WI 53708

RE: Support of AB 257 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority

Dear Chairperson Moses and members of the Assembly Health, Aging, and Long-Term Committee,

My name is Teri Vandenhouten and I am a state certified Advanced Practice Nurse Prescriber with national board certification as a Family Nurse Practitioner. I practice in a small rural clinic in New Franken, WI. I am also on the Wisconsin Nurses Association NP Forum Board of Directors.

Thank you, chairperson Moses, for holding a public hearing on AB 257.

I am here today to share my strong support for this legislation. AB 257 will provide a separate license, APRN, for the four advanced practice nursing roles. The criteria for licensure have been reviewed and revised over the years and I am very excited today to see that this bill has bipartisan support.

AB 257 is important to meeting the demands for health care throughout Wisconsin and, in particular, our rural and at-risk populations. AB 257 supports an increase in access to quality, safe and economical health care provided by APRNs.

Wisconsin is far from the first state to adopt a model of care like that proposed in this bill. According to the American Association of Nurse Practitioners, 28 states have adopted Full Practice Authority. This legislation is long overdue, and I look forward to my colleagues providing the best care possible to those in need of care.

Thank you, Chairperson Moses, and the members of the Committee for listening to my testimony today, and who have signed on as co-sponsors. I ask all of you for your support and that it can be scheduled to be passed out of the committee as soon as possible.

I will gladly take any questions you may have.

Sincerely,

Teri Vandenhouten, MSN, FNP-BC, APNP

Gina Bryan, DNP, APRN, FAAN  
709 Woodward Dr  
Madison, WI 53704

May 14, 2025

Representative Clint Moses, Chair  
Assembly Health, Aging and Long-Term Care Committee  
Room 12 West  
State Capitol  
Madison, WI 53708

RE: Support of AB 257 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairperson Moses and members of the Assembly Health, Aging, and Long-Term Committee,

My name is Gina Bryan, and I am state certified Advanced Practice Nurse Prescriber with national board certification as an Advanced Practice Psychiatric Mental Health Nurse. Thank you, chairperson Moses, for holding a public hearing on this impactful bill.

I am here today to testify on the importance of AB 257, the APRN Modernization Act. I remember being actively engaged in discussions with my APRN colleagues in wanting legislation that reflected a national consensus model for APRN practice which was being adopted throughout the US. That was in 2001, and I am so pleased that after many, many conversations, agreements, disagreements, reviews, revisions and compromise, we now have bipartisan support for an APRN practice act.

I am personally seeing the impact of not having enough mental health providers. The waiting lists are long and not without consequences for the individual and their family in not getting timely care and treatment. AB 257 will support increasing access to nationally board-certified advanced practice psychiatric mental health nurses throughout Wisconsin. AB 257 will allow practitioners like me to continue to work collaboratively with my physician colleagues, while eliminating the need for a burdensome written collaborative agreement. Wisconsin has a significant shortage of psychiatrists. This limits the ability of psychiatric mental health nurses to practice as they cannot find a psychiatrist willing to be their collaborator. Eliminating this requirement will benefit patients and communities across Wisconsin.

I look forward to the passage of AB 257 and I thank you in advance for your support in making this happen. Thank you again Chairperson Moses and members of the Committee for allowing me to testify today. I am available for questions.

Sincerely,

Gina M. Bryan, DNP, APRN, FAAN

**Written and Verbal Testimony for 5.14.25 Public Hearing in the Assembly Committee on Health, Aging, and Long-term Care by MaryAnn Moon**

Chairperson Moses and esteemed members of the Assembly Committee on Health, Aging, and Long-Term Care. My name is MaryAnn Moon, and I am a practicing Clinical Nurse Specialist and prescriber in SE Wisconsin. I am here today personally speaking in favor of AB 257 the APRN Modernization Act, and professionally I am here representing the Wisconsin Association of Clinical Nurse Specialists.

As I have shared in past public hearings, Clinical Nurse Specialists are advanced practice registered nurses, and much like the 3 other APRN roles, Clinical Nurse Specialists can diagnose, prescribe, and treat patients across the continuum of care. CNSs also leverage their advanced knowledge and systems-thinking to improve patient outcomes, and redesign healthcare delivery ensuring that it is accessible, equitable, and affordable. Beyond this, CNSs are uniquely trained to transform and optimize the care of entire populations. One thing I think we can all agree on in this room today, is that improving the health of Wisconsinites is our primary focus. Our ability to do this is dependent on addressing social determinants of health and changing the upstream barriers at the state level. Specifically barriers that are preventing access to healthcare and putting the public's safety at risk.

Today, APRNs in the state Wisconsin are required to have a collaborative agreement with a physician. This does not make patient care safer and there is no data to even suggest that. What it does is create a barrier and limits an APRN's ability to practice and provide care based on their educational preparation, training, and certification. In the midst of an ongoing healthcare workforce shortage in Wisconsin (per the 2025 Wisconsin Health Care Workforce Report), I ask, why would we limit qualified practitioners from caring for our Wisconsin residents. And why would we consciously leave barriers in place that negatively impact our ability to recruit and retain APRNs to the state of Wisconsin. Especially, when two of our neighboring states, Minnesota and Iowa have already passed legislation that supports full practice authority.

The impact of this barrier to Wisconsinites is reduced access to healthcare especially for our vulnerable populations and those who reside in rural settings. According to the 2021 National Healthcare Quality and Disparities Report, when people do not have access to care or cannot obtain a healthcare appointment in a timely manner, health conditions worsen, hospitalizations increase, and poorer health outcomes result. APRNs are a viable answer to addressing disparities in healthcare access if we remove unnecessary restrictions and modernize state law.

Protecting the public is another key function of the APRN Modernization Act. Lack of title protection is a significant state barrier facing APRNs, especially Clinical Nurse Specialists. As you know, Title protection is used to safeguard the public from fraudulent, unqualified individuals providing services without proper credentials. Today, in Wisconsin, title protection does not exist for the four APRN roles. And as a result, employers within the state are utilizing titles like Clinical Nurse Specialist to describe positions that do not meet the education, certification, or licensure requirements to use that title. AB 257 secures title protection for all four APRN roles, but more importantly promotes and protects public safety. Wisconsinites should have confidence that the individuals who are providing care, possess the appropriate qualifications, training, and expertise to do so.

Chairperson Moses and Committee Members, I am asking that you prioritize public safety and access to care. The APRN Modernization Act offers a solution to both of these concerning issues facing Wisconsin residents. And as legislators, you have the ability to accelerate change and knock down the unnecessary barriers facing APRN practice, ultimately improving healthcare for the people of Wisconsin. I strongly urge you to vote in favor of AB 257, and pass it out of the Assembly Committee on Health, Aging, and Long-Term Care. Thank you for this opportunity to address the committee and welcome any questions.



**ACNM Wisconsin Affiliate  
Testimony AB 257  
Assembly Health, Aging, and Long-Term Care Committee**

Good afternoon, I am Dr. Lisa Hanson, Klein Professor of Women's Health Research at Marquette University, College of Nursing and Associate Director of the Nurse-Midwifery Program. I am also a Certified Nurse-Midwife, retired from clinical practice. I co-founded the Aurora Sinai Midwifery and Wellness Center practice in 1987 and cared for women and families there for 29 years. I have subsequently conducted clinical trials at that practice, including one funded by the NIH.

I am Vice-president of the American College of Nurse-Midwives Wi Affiliate and am here today representing our membership. We have been working on this legislation for over a decade, and I have testified numerous times along with many other certified nurse midwives regarding the need for modernization of WI APRN legislation. I will keep my testimony brief and will be available for questions.

ACNM WI asks for your support of AB 257, to remove barriers to midwifery and APRN practice in WI. This legislation will help keep midwifery program graduates in WI where they are needed to meet the needs of women, people and their families. The scientific evidence supports that midwifery care is safe and linked with exceptional outcomes and satisfaction. We urge your support in modernizing Advance Practice Nursing Legislation for WI.

With thanks and kind regards,

Lisa Hanson, PhD, CNM, FACNM, FAAN  
Vice-president, American College of Nurse-Midwives, Wi Affiliate

Klein Professor  
Associate Director, Midwifery Program  
Marquette University College of Nursing  
David A. Straz Hall, Room 564  
1225 West Wisconsin Avenue  
Milwaukee, WI 53233  
(414)288-3841(o)  
[lisa.hanson@marquette.edu](mailto:lisa.hanson@marquette.edu)



WISCONSIN ASSOCIATION OF  
**NURSE ANESTHETISTS**  
414.755.3362 • [www.wiana.com](http://www.wiana.com)  
11801 West Silver Spring Drive, Suite 200  
Milwaukee, WI 53225

*Always there.  
Exceptional Care*

TO: Chairman Moses and Members of the Assembly Committee on Health, Aging and Long-Term Care  
DATE: May 14, 2025  
RE: Testimony in support of Assembly Bill 257, APRN Modernization Act

---

Good afternoon, Chairman Moses, and members of the Assembly Committee on Health, Aging and Long-Term Care. Thank you for the opportunity to testify in support of Assembly Bill 257 (AB 257), the Advanced Practice Registered Nurse (APRN) Modernization Act.

My name is Christine Roth and I am a Certified Registered Nurse Anesthetist (CRNA) and President of the Wisconsin Association of Nurse Anesthetists (WIANA).

WIANA respectfully requests that you pass AB 257, which formally defines and describes the role, responsibility and accountability of Advanced Practice Registered Nurses (APRNs). An APRN is a registered nurse who has completed graduate-level education and acquired the clinical knowledge and skills required to provide direct patient care. CRNAs are amongst those who will qualify as an APRN under the bill. By recognizing all practicing APRNs in statute, Wisconsin will help protect its citizens through a law that defines and describes the requirements to practice as an APRN.

Nurse anesthetists have been providing anesthesia care in the United States for more than 150 years in every setting in which anesthesia care is delivered including hospitals, ambulatory surgical centers, office-based practices, obstetric units, U.S. military and VA healthcare facilities. The CRNA credential came into existence in 1956 and CRNAs became the first nursing specialty afforded direct reimbursement rights from Medicare.

The services provided by CRNAs are especially important in Wisconsin, which has a well-documented healthcare worker shortage. For example, the utilization of CRNAs is essential for providers' bandwidth in providing surgery anesthesia care. CRNAs are highly educated, experienced, qualified and capable. As a crucial source of anesthesia care in Wisconsin, Nurse anesthetists deserve to be recognized as APRN's and the consumers of their services deserve to be protected by the safeguards that the requirement for APRN licensure provides.

AB 257 has three significant changes from last session in order to gain support from Governor Evers' and legislators. The first is, it requires four years of experience instead of three years before an APRN can practice independently without a written collaborative agreement with a physician. Second, it adds additional guard rails around the ability of APRN's to offer pain management services to patients. Lastly, the bill specifies that nurses may not call themselves something they are not.

On a related note, Wisconsin CRNA's have been paying into the Wisconsin Injured Patients and Families Compensation Fund (IPFCF) since the 1970's and support our other colleagues being able to pay directly into the fund as well.

Thank you again for your time and consideration of this important piece of legislation.



3162 County Road B  
Stoughton, WI 53589  
Nurses: Visible, Valued, Vital

May 14, 2025

Representative Clint Moses, Chair  
Assembly Health, Aging and Long-Term Care Committee  
Room 12 West  
State Capitol  
Madison, WI 53708

RE: Wisconsin Nurses Association support of AB 257 relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Dear Chairperson Moses and members of the Assembly Health, Aging, and Long-Term Committee,

Thank you, Chairperson Moses, for holding this public hearing on AB 257. The Wisconsin Nurses Association (WNA) would like to share our support of Assembly Bil 257 that provides for licensure of Advanced Practice Registered Nurses (APRNs). AB 257 contains the agreed upon criteria to practice as an APRN in Wisconsin for the four roles: certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist and nurse practitioner.

WNA has engaged in many consensus meetings over the past fifteen years with legislators, the Governor's office, and other key stakeholders to arrive at the language contained in AB 257. WNA believes that AB 257 supports access to timely, safe, quality, economical and patient-centered and collaborative care throughout Wisconsin delivered by educated, competent and experienced APRNs.

We are seeing an increase in APRNs practicing in our rural areas of the state and providing care to our at-risk populations. AB 257 supports APRNs to practice more independently as it no longer requires the burden of procuring a physician collaborator. With this burden removed, we can assume that there will be an increase in care and services for Wisconsin's ambulatory, long-term, mental health, correctional health, community-based and primary care settings throughout Wisconsin.

WNA wants to thank all of the legislators who have signed on in support of AB 257. We appreciate your trust in the quality care that will be provided by this highly educated, competent and experienced nursing workforce.

Sincerely,

Gina Dennik-Champion MSN, RN, MSHA  
WNA Executive Director

## Testimony for AB 257 – the APRN Modernization Act

My name is Mary Beck Metzger, and I am a Family Nurse Practitioner (FNP) at the Rock River Community Clinics in Watertown and Whitewater which are affiliated with a Community Dental Clinic in Fort Atkinson. These are safety-net clinics for individuals who would otherwise have very limited access to the health and dental care and services needed. I see individuals for care of chronic conditions like hypertension, diabetes, heart failure, depression, arthritis, and asthma; follow-up after ER visits or hospital stays; routine well woman care; well child visits: the full spectrum of primary care. As an FNP I am a primary care provider and advocate for my patients and their families. I have spent my entire nursing career of 46 years in Wisconsin.

I have been a part of the group of advanced practice registered nurses (APRNs) who have *worked on this legislation for 17 years*. We feel strongly that APRNs should be allowed to work at the top of their license; to be able to provide care to patients congruent with their education, training, experience, and national certification. **27 states, D.C., the Veteran's Administration, Puerto Rico and Guam allow NPs full authority over their own practice.**

If voted into law, the bill would allow APRNs, after two years of required physician supervision as an RN, and two years of physician collaboration as an APRN to practice without requiring physician involvement in their APRN practice. Responsibility for the APRN's practice would rest with the individual APRN with oversight from the Wisconsin Board of Nursing. Currently APRNs are limited to practice where they can find a collaborating physician, and this has become quite difficult and expensive for APRNs who wish to practice in rural or underserved areas outside of a healthcare organization. Most APRNs who work in medium/ large organizations may not see much change in their practice agreements. It is a professional responsibility of every health care provider to recognize when they need to consult with or refer to another health care provider with more expertise when they reach the limit of their own expertise. This will not change, regardless of legislation.

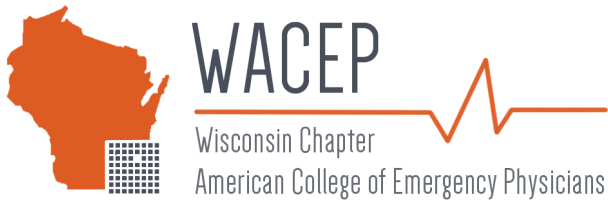
There is overwhelming evidence over the past 50 years that APRNs provide essential health services to patients in primary care settings, specialty and acute care settings, anesthesia services, maternal-child-health care, FQHCs, the military and VA, and psychiatric, drug and alcohol treatment. Wisconsin continues to witness a shortage of physicians in our population dense and rural communities which has only increased since the COVID public health emergency and will continue into the future. Research repeatedly demonstrates that APRNs provide safe, high-quality care with equivalent outcomes to their physician counterparts. This is why APRNs are in such high demand as they work in many different roles in health care.

The APRN Modernization Act legislation is good for the people of Wisconsin because it protects the public with truth and transparency about the responsibility and accountability of APRN practice, updates antiquated language to reflect current APRN practice and responsibilities, eliminates unnecessary barriers that have proven to provide no value to the delivery and safety of APRN care and services and sets a high standard of safety in caring for our patients. The APRN Modernization Act also brings Wisconsin more in line with national standards, updating the language of our practice act to more closely resemble our neighboring states of Minnesota, Iowa, and Illinois. We need to update our statutes to provide a favorable practice environment, or risk losing our APRN graduates to other states.

Thank you for allowing me to submit my testimony!

**Mary Beck Metzger, RN, DNP, FNP-BC, APNP**

Lake Mills, WI



**Testimony by Dr. Aurora Lybeck on behalf of WACEP  
on AB 257 and Related Concerns on Emergency Department Staffing**

Good morning, Chairman Moses and committee members. My name is Aurora Lybeck. I'm an emergency physician at Madison Emergency Physicians (MEP Health) and an Executive Board member of the Wisconsin Chapter of the American College of Emergency Physicians (WACEP).

Thank you for the opportunity to testify today on AB 257. I'm here testifying for information only as I believe WACEP will not be taking a position for or against this bill.

We recognize the significant strides made to protect patients and provide basic requirements for clinical experience, transparency in provider titles and guardrails on pain practice, but we still believe this bill has a major deficiency, the lack of physician staffing requirements for emergency departments.

In his last two executive budget proposals, Governor Evers included a provision, intended to be part of these APRN discussions, that would statutorily require hospitals to *"have sufficient qualified personnel at all times to manage the number and severity of emergency department cases anticipated by the location"* and ***"at all times, have on-site at least one physician who, through education, training, and experience, specializes in emergency medicine."*** WACEP strongly supports this position.

In speaking with many nursing colleagues and other organizations, we understand that the intention of AB 257 is not necessarily to provide for independent practice in a high-acuity setting like an emergency department. But WACEP has significant concerns about how a new APRN law could be utilized to promote the proliferation of low-cost, substandard emergency care.

Unfortunately, it's a trend we are seeing nationally and has taken hold in some hospitals in Wisconsin - emergency departments without emergency physicians. I think most people think that emergency departments can handle any individual mishap or medical emergency.

However, rural emergency departments and for profit, publicly traded "microhospitals" that are starting to proliferate, often have no secondary support from other specialties and minimal staffing. This sets up any provider, without proper training, for failure which can often result in poor outcomes for our patients.

Emergency physicians are specifically trained to handle complex medical cases. We often have to provide immediate, life-saving treatment for a patient, regularly making split second medical decisions based on minimal, if any, medical information.

In an emergency, seconds matter. When a child chokes on a toy and can't breathe, when a farmer collapses from a massive heart attack, when a pregnant woman arrives with heavy bleeding—we don't have time to "phone a friend." We need someone trained to perform a cricothyroidotomy, to place a central line, to lead a resuscitation. Physicians are trained for these scenarios through thousands of hours of residency, simulation, and judgment built over time. APRNs are valuable team members, but they are not interchangeable with physicians, especially in unsupervised, high-acuity settings.

I work in several rural and critical access hospitals across Wisconsin. More often than not, overnight in particular, I'm the only doctor in the hospital. While I enjoy working alongside my PA and NP colleagues in the busier emergency departments, the rural hospitals are a different and arguably higher risk environment.

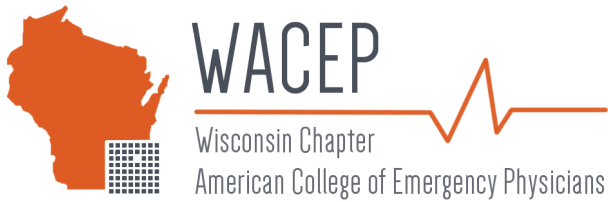
I get called to respond to emergencies for inpatients as well. In those moments—whether it's a crashing medically complex patient, acute stroke, an emergent complicated childbirth, or a baby born not breathing—we are the bottom line. Those patients can't always wait for a specialist to drive in from home. We are the ones who intervene in time to save lives and prevent deterioration.

That level of responsibility requires a unique skill set—one forged through years of training and clinical experience. For instance, my own post-graduate training included: my Masters, MD doctoral program, 4 year residency, and 1 year fellowship and ongoing training and education, which totals over 33,000 hours to date.

Experienced Emergency physicians have a wealth of experience and expertise. It's not something that can be replaced or replicated through parallel pathways or leaving a different provider alone in a hospital in hopes that something "bad" doesn't happen that they can't handle.

This calls for unique policy guardrails around the type of clinicians who may practice independently in emergency departments because, as opposed to our other physician colleagues who manage complex medical cases, in our practice environment, there is often no time to consult specialists or references for immediate life-saving measures.

We hear a lot about access in the context of APRN independence. But quality of care, especially in an emergency department can be a matter of life and death. While there are definitely



healthcare provider shortages generally, I personally am not seeing a shortage of emergency physicians. We've also heard the argument that the requirement of a single emergency physician on staff at all times would put hospitals out of business in rural Wisconsin. I'd argue that an emergency department without an emergency physician is really just an "urgent care".

If you live almost anywhere in northern Wisconsin, if you live in parts of western Wisconsin, and your nearest hospital emergency room is thirty miles away, shouldn't your emergency department have an emergency physician on staff at all times? Our position is yes – absolutely. If we can't guarantee our patients - your constituents – that at all times, then many Wisconsin residents are denied access to a true emergency department.

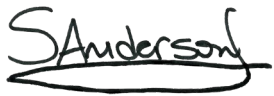
A Wisconsin hospital, no matter where it's located, should not be able to make that bad choice. And yet some are doing so. Patients that seek emergency care in Whitehall, Oconto Falls, Chilton, Barron, and Cumberland have, at times, not had access to a physician at all. That is exactly why we seek clear requirements in Wisconsin law on emergency department staffing.

While the legislature may be moving towards conclusion on this APRN independence debate, the conversation **and hopefully legislation** regarding emergency department staffing will soon follow. We ask the legislature, and specifically this committee, to look closely at this issue, introduce legislation, and work towards ensuring that our state's residents get the consistent care they deserve for any medical emergency – anywhere, any time.

Thank you very much for your time today and I'm happy to answer any of your questions.

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Sofia Anderson, Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 06/02/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b> Board of Nursing			
<b>4) Meeting Date:</b> June 12, 2025	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rules Matters – Discussion and Consideration 1. Pending and Possible rulemaking projects.	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A
<b>10) Describe the issue and action that should be addressed:</b> Attachments:  1. Nursing rule projects chart.			
<b>11) Authorization</b> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">   <hr/> <b>Signature of person making this request</b> </div> <div style="text-align: center;"> <hr/> <b>06/02/2025</b>  <b>Date</b> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> <hr/> <b>Supervisor (if required)</b> </div> <div style="text-align: center;"> <hr/> <b>Date</b> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> <hr/> <b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b> </div> <div style="text-align: center;"> <hr/> <b>Date</b> </div> </div>			
<b>Directions for including supporting documents:</b> 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.			

**Board of Nursing  
Rule Projects (Updated 06/02/2025)**

**Permanent Rules**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Date Scope Requested by Board</b>	<b>Rules Affected</b>	<b>Relating Clause</b>	<b>Synopsis</b>	<b>Stage of Rule Process</b>	<b>Next step</b>
24-031	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.	Adoption Order signed and submitted for publication on May 21, 2025.	Rule effective July 1, 2025.
25-012	106-24	05/04/2027	04/11/2024	N 8	Advanced Practice Nurse Prescribers	The Board will conduct a review of the educational and renewal requirements for APNPs licensure.	Final Rule Draft and Legislative Report submitted to Legislature on May 29, 2025.	Legislative Review.

**Scope Statements**

<b>Clearinghouse Rule Number</b>	<b>Scope #</b>	<b>Scope Expiration</b>	<b>Date Scope Requested by Board</b>	<b>Rules Affected</b>	<b>Relating Clause</b>	<b>Synopsis</b>	<b>Stage of Rule Process</b>	<b>Next step</b>
			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.	

**Board of Nursing**

			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.	
			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	

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Aaron Knautz		2) Date when request submitted: 06/2/25 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: 6/12/25	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Herzing University-Kenosha 2024 NCLEX Performance Assessment and Improvement Plan	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input checked="" type="checkbox"/> 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: David Zapencki Nursing Program Director Presenter BON Approval for the plan is required by July 15, 2025			
11) <span style="float: right;">Authorization</span>			
Signature of person making this request Aaron Knautz		Date 06/2/2025	
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 <a href="#">Agenda Items</a> 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.			



May 23, 2025

Ms. Joan R. Gage  
Program Manager  
Education and Examinations Office | Department of Safety and Professional Services  
Hill Farms State Office Building  
4822 Madison Yards Way  
Madison, WI 53705

Re: Herzing University – Kenosha NCLEX-PN® Pass Rate Improvement Plan (US50110300)

Dear Ms. Gage:

In response to the Wisconsin Board of Nursing communication received April 11, 2025, regarding Herzing University – Kenosha's (Herzing or University) NCLEX-PN® pass rate of 79.07% for 2024, please accept the following assessment and institutional plan for improvement of these rates.

#### Identification and Assessment of Contributing Factors

Programmatic assessment and evaluation of the PN curriculum has been ongoing and robust. The Kenosha Campus regularly collaborates with other Herzing Campuses who offer the same PN curriculum to ensure the highest quality curriculum across all campuses. These improvements have resulted in the Kenosha Campus PN program achieving a 94.1% first time NCLEX-PN® pass rate for 2024. At the time of this submission, the 2025 YTD first time pass rate stands at 100%. At issue here was the 2024 all-time NCLEX-PN® pass rate of 79.07%, down from the 2023 all-time rate of 84.62%. Chief among the contributing factors for this all-time pass rate is the engagement and cooperation of PN graduates from previous years, many as far back as 2019. Lack of response from graduates upon outreach leaves many to make additional attempts at the NCLEX-PN® examination without proper preparation.

#### Institutional Plan for Improvement of Examination Results

##### Continued Strategies for Improvement

Student connectedness is central to the values of Herzing University. As such, the PN program utilizes multiple methods to ensure student engagement and success, as well as to ensure that instructors promptly and proactively engage in substantive interaction, which includes, but is not limited to, the following:

- **Weekly Student Success Meetings**

The Weekly Student Success Meeting was established to formalize and operationalize improvement in student persistence, retention, and completion through the support of organized resources. During these meetings, the faculty (and now the NCLEX® Coach described below) will explore the student's identified weaknesses and strengths and guide them to a workable study plan.

- **Faculty First Student Outreach**

Through this program, faculty communicate with students in a positive manner regarding preparations for the next class session or upcoming assignment. The intent of the faculty student outreach initiative is to reduce the number of students who have consecutive absences for residential based courses, and to reduce the number of students who have consecutive missed assignments or limited participation in online courses.

- **Faculty Office Hours**

Faculty maintain a minimum of two office hours per week for the purpose of student advising and tutoring. Additional tutoring hours are available as needed to provide remediation for students scoring below 76% in a course.

- **Mid-Course Connection Meeting**

The purpose of this program is to ensure faculty and students connect at an appropriate time during the course to identify any intervention needs or support mechanisms to improve the student learning experience and the obtainment

### **Newly Implemented Strategies**

In an effort to better support our students and enhance NCLEX® readiness, the PN program has implemented Elsevier's nationally normed standardized exams as part of our academic strategy. These exams provide robust, data-driven insights into student performance at both the individual and cohort levels, allowing faculty to track progress and identify areas requiring additional focus. This enables the development of targeted remediation plans and personalized support strategies that address each student's unique learning needs. By integrating these tools, Herzing aims to strengthen foundational knowledge, improve outcomes, and ensure students are well-prepared for NCLEX® success.

To aid in engagement and cooperation with study preparation of repeat candidates, an MSN-prepared nurse (NCLEX® Coach) has been assigned to engage in outreach and ongoing individualized remediation to drive success. Outreach follows a multi-tiered approach, starting with the NCLEX® coach, who will make multiple attempts to contact the graduate by last known email and phone records, but also via social media, if available. If unsuccessful in reaching the graduate, additional attempts will be made by the Program Chair, Student Services Advisor, and the Director of Campus Operations. If contact is made, an initial meeting will be scheduled with the NCLEX® Coach, Program Chair, and the graduate to inform and highlight the many effective strategies and complimentary products that the University provides (at no cost to the graduate) to bolster NCLEX® success. The NCLEX® Coach and the graduate will sign the individual study plan agreement, and the Coach will provide follow up at least weekly until retest.

Herzing is committed to supporting the needs of our students and will continue utilizing these strategies to facilitate their success. If you have questions or need additional information, please contact me at [dzapencki@herzing.edu](mailto:dzapencki@herzing.edu) or 262-671-1297.

Thank you for your continued support.

Sincerely,


*David Zapencki*

David P. Zapencki, DNP, MSN/Ed, CNE, CCRN-K, RN  
Nursing Program Chair

Cc: Stephanie Black, DNP, RN, Dean of Prelicensure Nursing  
Jennifer Green, MBA, Associate Vice President of Academic Compliance

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 5/19/2025 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 6/12/2025	5) Attachments: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration  1) 2025 NLC and NCSBN Annual Meeting, Chicago, IL – August 12-15, 2025 2) Travel Report: NCSBN Executive Officers Summit, New Castle, NH – June 3-4, 2025, Wojciechowski	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> 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: <Click Here to Add Description>			
11) <div style="text-align: center;">Authorization</div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">   <hr/>           Signature of person making this request         </div> <div style="text-align: center;">           5/19/2025  <hr/>           Date         </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> <hr/>           Supervisor (Only required for post agenda deadline items)         </div> <div style="width: 35%;"> <hr/>           Date         </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> <hr/>           Executive Director signature (Indicates approval for post agenda deadline items)         </div> <div style="width: 35%;"> <hr/>           Date         </div> </div>			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the <a href="#">Agenda Items</a> 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.			