



**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
RULES COMMITTEE**
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
April 9, 2026

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. A quorum of the Board may be present during any committee meetings.

Be advised that board members may attend meetings designated as “Hybrid” in-person or virtually.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER

- A. Approval of Agenda (1)**
- B. Approval of Minutes of March 12, 2026 (2)**
- C. Administrative Rule Matters – Discussion and Consideration (3-132)**
 - 1. Drafting: N 1 to 8 Relating to APRNs and Comprehensive Review
 - 2. Pending or Possible Rulemaking Projects
- D. Public Comments**

ADJOURNMENT

NEXT MEETING: MAY 14, 2026

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.

**HYBRID (IN-PERSON/VIRTUAL)
BOARD OF NURSING
RULES COMMITTEE
MEETING MINUTES
MARCH 12, 2026**

PRESENT: John Anderson, Amanda Kane (*Virtual*), Jennifer Malak (*Virtual*), Patrick McNally (*Virtual*)

STAFF: Brad Wojciechowski, Executive Director; Renee Parton, Assistant Deputy Chief Legal Counsel; Gretchen Mrozinski, Board Counsel, Sofia Anderson, Administrative Rules Coordinator; Ashley Sarnosky, Board Administrative Specialist; and other Department Staff

CALL TO ORDER

Brad Wojciechowski, Executive Director, called the meeting to order at 8:02 a.m. A quorum was confirmed with four (4) members present.

ADOPTION OF THE AGENDA

MOTION: John Anderson moved, seconded by Amanda Kane, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES FEBRUARY 12, 2026

MOTION: John Anderson moved, seconded by Jennifer Malak, to approve the Minutes of February 12, 2026, as published. Motion carried unanimously.

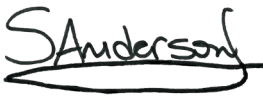
ADJOURNMENT

MOTION: John Anderson moved, seconded by Patrick McNally, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:05 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator		2) Date when request submitted: 04/01/2026 <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 – Rules Committee			
4) Meeting Date: April 9, 2026	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Drafting: N 1 to 8, relating APRNs and comprehensive review. 2. Pending and Possible rulemaking projects.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Discussion points for April meeting. 2. Chapter N 1 to 8 redline. 3. 2025 Act 17 with LC memo. 4. Act 17 summary of changes. 5. Illinois, Iowa, Michigan, and Minnesota summary of APRN requirements.			
11) Authorization <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;"> 04/01/2026 <hr/> Date </div> </div> <div style="margin-top: 10px;"> <hr/> Supervisor (if required) Date </div> <div style="margin-top: 10px;"> <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Discussion points for Rules Committee April meeting

- Restructuring requirements in chapter N 8.
- Discuss workforce survey provision.
- Chapter N 4:
 - Repeal or amend?
 - Proactive plan criteria
 - Review current provisions that may be affected by Act 17.

Chapter N 1

APPROVAL FOR SCHOOLS OF NURSING

N 1.01 Authority and intent.

- (1) The rules in this chapter are adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#) and [441.01 \(3\)](#), Stats.
- (2) The intent of the board of nursing in adopting rules in this chapter is to clarify requirements and develop efficient timelines for the nursing school approval process and to reduce duplication that exists between the board and nursing accreditation processes for nursing schools.

N 1.02 Definitions. In this chapter:

- (1) “Annual NCLEX pass rate” means the pass rates for those who took the NCLEX or advanced practice certification examination between January 1 and December 31.
- (2) “Board” means board of nursing.
- (3) “Certificate of completion” means a student has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.
- (4) “Class” means a graduating class for each 12-month period.
- (5) “Institution” means the college, university or governing body which has the authority to conduct a school of nursing.
- (5g) “Institutional accreditation” means that the institution conforms to the standards of education prescribed by a regional accrediting commission recognized by the U.S. department of education.
- (5r) “NCLEX” means national council licensure examination.
- (6) “Nursing accreditation” means the school of nursing conforms to the standards of a board recognized nursing accreditation agency.
- (8) “Out-of-state school” means a school operating in Wisconsin with a physical location outside of Wisconsin.
- (10) “School of nursing” means a school for professional nurses or practical nurses.
- (11) “School of practical nursing” means a school preparing students for practical nurse licensure.
- (12) “School of professional nursing” means a school preparing nursing students at the associate, bachelor’s, or graduate degree level. This includes schools granting any of the following:
 - (a) Certificate of completion for practical nurse licensure or professional nurse licensure.
 - (b) Postlicensure bachelor’s degree.

(13) “Simulation” means planned clinical experiences to develop clinical judgment and assess learning utilizing patient simulators in an environment and under conditions that provide a realistic clinical scenario.

N 1.03 Authorization to plan a school of nursing.

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

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

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

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

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

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

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

N 1.04 Authorization to admit students.

(1) The school of nursing shall file with the board an application including all of the following:

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

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

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

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

1. Content.

2. Course sequence.

3. Course descriptions.

5. Course syllabi for the first year and plan for subsequent years.

(dm) Documentation of a school evaluation plan.

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

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

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

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

2. Documentation of simulation equipment and experiences.

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

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

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

(2g) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting s. [N 1.08](#)

(3) standards to teach the courses offered four months from the date the report is due.

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

(a) A site survey.

(b) A self-assessment.

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

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

N 1.05 Approval of school of nursing.

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

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

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

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

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

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

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

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

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

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

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

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

N 1.06 Approval of out of state school of nursing.

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

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

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

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

N 1.07 Accreditation.

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

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

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

N 1.08 Standards.

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

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

(b) Maintain institutional accreditation.

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

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

(2) EDUCATIONAL ADMINISTRATOR.

(a) The qualifications for the educational administrator are all of the following:

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

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

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

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

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

4. Current knowledge of nursing practice.

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

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

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

3 FACULTY.

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

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

1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
2. A graduate degree with a major in nursing.
3. Notwithstanding subd. [2.](#), interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

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

1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
2. A baccalaureate degree with a major in nursing.

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

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

- a.** A master’s program with a major in nursing.
- b.** A bachelor’s in nursing to doctorate program in nursing.
- c.** A doctorate program in nursing.

2. ‘Emergency exception.’ A person with a bachelor’s degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered, and the extenuating circumstances to the board prior to the board approving another emergency exception.

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

- a.** A bachelor’s degree in nursing.
- b.** A graduate degree related to the topic of the course the person is teaching.
- c.** Nursing experience in the area of teaching assignment.

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

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

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

(c) Coursework shall include all of the following:

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

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

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

(5) CLINICAL LEARNING EXPERIENCES.

(a) Patient experiences shall occur in a variety of clinical or simulated settings of nursing practice expected at the level of licensure and shall include all of the following:

1. Integrating evidence-based research with patient goals and values to produce optimal care.

3. Providing patient-centered culturally competent care by doing all of the following:

b. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care.

c. Coordinating and managing patient care across settings.

d. Providing education at a level understandable by the patient.

4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve safe and effective patient care.

5. Experiencing quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

6. Using information technology to communicate, mitigate errors, and support decision-making.

(b) All entities selected for clinical experiences shall adhere to standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

(c) All faculty teaching clinical or practicum courses shall be experienced in the clinical area of the course and maintain clinical expertise.

(d) Faculty-supervised clinical practice shall include all of the following:

1. Development of skills in the provision of direct patient care.
4. Delegation to and supervision of other health care providers.
5. Effective application of the nursing process.

(e) Clinical experiences shall be supervised by qualified faculty.

(f) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(5m) SIMULATION.

(a) Simulation used to meet clinical requirements shall adhere to all of the following:

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.
2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.

(b) Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

(6) PRECEPTORS.

(a) Preceptors shall be approved by the faculty of the school of nursing.

(b) The school of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.

(c) Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the licensure level for which the student is being prepared.

(d) Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

(7) EVALUATION. The school of nursing shall implement a comprehensive, systematic plan for ongoing evaluation. Evidence of implementation shall reflect progress toward or achievement of program outcomes.

N 1.09 Annual pass rates.

(1) GENERALLY. The school of nursing NCLEX pass rate includes all prelicensure students taking the NCLEX in the school of nursing. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing. A school of nursing which contains graduate programs shall include all advanced practice certification examinations related to programs offered in the school of nursing.

(2) ANNUAL PASS RATE STANDARD. The annual pass rate of graduates taking the NCLEX or advanced practice certification examinations for all test takers is a minimum of 80%.

(3) ANNUAL PASS RATE STANDARD NOT MET. If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contributing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and institutional plan shall be submitted to the board within 45 days of the board notifying the school of nursing of its failure to meet the annual pass rate standard and the institutional plan shall be acted on by the board no later than July 15. Failure to have a board approved plan by July 15 results in a review of the school of nursing under s. [N 1.10 \(4\)](#).

N 1.10 Continuation of board approval.

(1) Schools of nursing shall file with the board all of the following:

(a) Annual self-evaluation reports by February 1.

(b) All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards.

(c) Notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.

(2) Failure to maintain nursing accreditation shall result in withdrawal of board approval and the procedures in s. [N 1.11 \(2\)](#) will commence.

(3) The board may review the school of nursing to determine whether s. [N 1.08](#) standards are being met in the following situations:

(a) Change in school nursing accreditation status.

(b) Nursing accreditation reports indicate standards are not being met.

- (c) Complaints regarding the conduct of the school are received and it is necessary to evaluate the complaints.
 - (d) Failure to meet annual pass rate standard in s. [N 1.09](#).
 - (e) Violation of any of the rules under this chapter.
- (4) The review of the school may include any of the following:
- (a) A site survey.
 - (b) A self-assessment.
 - (c) A plan for improvement and any progress reports.
- (5) If the board makes a determination that s. [N 1.08](#) standards are not being met, all of the following procedures shall be followed:
- (a) The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.
 - (b) The board shall review the proposed plan and may make modifications to the plan.
 - (c) The school of nursing shall make progress reports to the board as requested.
 - (d) The board may withdraw board approval if the school of nursing continues to not meet standards.

N 1.11 Closure of a school of nursing.

- (1) VOLUNTARY. When a school of nursing intends to close, the institution shall do all of the following:
- (a) Submit a plan of intent to close a school of nursing to the board, including all of the following:
 1. The date of intended closure.
 2. Reason for the closure.
 3. Place for students who have not completed their nursing education.
 - (b) Ensure that the school of nursing is maintained, including retention of adequate number of faculty and approved curriculum, until the last student is transferred or graduates from the school of nursing.
 - (c) Notify the board of the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

(2) WITHDRAWAL OF NURSING APPROVAL.

(a) If the board withdraws approval of the school of nursing, the notice of withdrawal of approval shall contain a short statement in plain language of the basis for withdrawal of approval. The school of nursing may request a hearing within 30 calendar days after the mailing date of the notice.

(b) The institution shall do all of the following if approval of the school is withdrawn:

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

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

3. Close the school when the last student has transferred.

4. Submit progress reports during the closure process upon request of the board.

(c) The school of nursing may be granted a stay of the closure of the school during the appeal process.

N 1.12 Nursing refresher course approval.

(1) INTENT OF NURSE REFRESHER COURSE. A nurse refresher course is designed for nurses who have not been practicing for five years or more.

(2) FACULTY.

(a) The instructor shall have all of the following qualifications:

1. Masters degree in nursing.

2. Recent clinical experience or clinical teaching experience.

(b) If preceptors are used, the preceptor is selected by the instructor using criteria developed for the course and the instructor provides supervision of preceptors.

(3) PROFESSIONAL NURSE CONTENT. The nurse refresher course designed for professional nurse shall have all of the following content:

(a) Theory portion including all of the following:

1. Nursing process review.

2. Infection control.

3. Medication and pharmacology update.
4. Recent trends in nursing techniques and responsibilities.
5. Communication.
6. Documentation and reporting.
7. Supervision and delegation.

(b) Skills lab of at least 25 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 100 hours or more performed in a hospital, clinic, long-term, or subacute facility.

(4) PRACTICAL NURSE CONTENT. The nurse refresher course designed for practical nurses shall have all of the following content:

(a) Theory portion including all of the following:

1. Nursing process review.
2. Infection control.
3. Medication and pharmacology update.
4. Recent trends in nursing techniques and responsibilities.
5. Communication.
6. Documentation and reporting.
7. Supervision and delegation.
8. Aging population.

(b) Skills lab of at least 15 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 70 hours or more performed in a hospital, clinic, long-term, or subacute facility.

(5) APPROVAL PROCESS. The board will review curriculum of nurse refresher courses submitted for inclusion on a listing of approved courses. Individual course participants shall be required to submit curriculum only if the course is not on the approved list.

Chapter N 2

LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES

Subchapter I — Authority; Definitions

N 2.01 Authority.

(1) This chapter is adopted pursuant to authority of ss. [15.08](#), [227.11](#), and [441.01 \(3\)](#), Stats.

N 2.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(1m) “Board-approved prelicensure education program” means a nurse prelicensure program from a Wisconsin-approved school or a prelicensure program approved by another state board of nursing.

(2) “Board-approved school” means any of the following:

(a) A school in Wisconsin which has been approved by the board or the board has granted authorization to admit students under ch. [N 1](#).

(b) A school which participates in the electronic application process.

(3) “Certificate of approval” means the verification from a school of nursing that the applicant has been approved to take the NCLEX prior to receiving a diploma in practical nursing or professional nursing.

(4) “Certificate of completion” means the verification from a school of nursing that the applicant has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.

(5) “Comparable school” means any of the following:

(a) A school holding nursing accreditation by a board-recognized nursing accreditation organization.

(b) A school located in the United States approved by the board of nursing for that jurisdiction.

(c) A school located in a U.S. territory or a province of Canada which is approved by the board of nursing for that jurisdiction and meets the standards of the Wisconsin board of nursing.

(6) “Department” means the department of safety and professional services.

(7) “Direct supervision” means immediate availability to coordinate, direct and inspect the practice of another.

(8) “LPN” means licensed practical nurse.

(8m) “Multistate license” means a license to practice as a registered or licensed practical nurse issued by Wisconsin that authorizes the licensed nurse to practice in all nurse licensure compact party states under a multistate licensure privilege.

(9) “NCLEX” means national council licensure examination.

(9m) “Party state” means any state that has adopted the nurse licensure compact.

(10) “RN” means registered nurse.

(11) “Single state license” means a license issued by Wisconsin that does not include a multistate licensure privilege to practice in any other nurse licensure compact party state.

Subchapter II — Licensure By Examination

N 2.10 Qualifications for licensure.

(1) REGISTERED NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a registered nurse single state license if the applicant complies with all of the following requirements:

(a) Graduates from a high school or its equivalent.

(b) Does not have an arrest or conviction record, subject to ss. [111.321](#), [111.322](#) and [111.335](#), Stats.

(c) Graduates from any of the following:

1. A board-approved school of professional nursing.

2. A comparable school of professional nursing.

(d) In lieu of meeting the requirement in par. (c), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.

(e) Passes the NCLEX.

(1m) REGISTERED NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a registered nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:

1. A board-approved prelicensure education program.

2. A foreign-registered nurse prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.

(b) If a graduate from a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

(2) LICENSED PRACTICAL NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a single state practical nurse license if the applicant complies with all of the following requirements:

(a) Completed two years of high school or its equivalent.

(b) Is 18 years or older.

(c) Does not have an arrest or conviction record, subject to ss. [111.321](#), [111.322](#) and [111.335](#).

(d) Graduates from any of the following:

1. A board-approved school of practical nursing.

2. A comparable school of practical nursing.

(e) In lieu of meeting the requirement in par. (d), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.

(f) Passes the NCLEX.

(2m) LICENSED PRACTICAL NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a practical nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:

1. A board-approved prelicensure education program.

2. A foreign practical nurse prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.

(b) If a graduate from a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

N 2.105 Application procedure for a multistate license.

(1) Each applicant for a multistate license shall complete and submit an application by the electronic application process or on forms provided by the department, declare Wisconsin as the primary state of residence, and pay the fee.

(2) The educational administrator or designee for a board-approved prelicensure education program shall submit one of the following:

(a) Via the electronic application process a verification that the applicant has graduated.

(b) A certification of graduation.

(c) An official transcript indicating graduation.

(3) If the applicant graduated from a foreign prelicensure education program, the applicant shall submit a certificate or report demonstrating verification from an independent credentials review agency that the prelicensure education program is comparable to a board-approved prelicensure education program.

(4) If the applicant graduated from a foreign prelicensure program that was not taught in English or if English is not the applicant's native language, the applicant shall submit proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(5)

(a) The board shall make the applicant eligible for admission to the NCLEX as of the date of the applicant's graduation or upon the board receiving a certificate of approval from the school of nursing that allows the applicant to take the NCLEX before graduation. As part of the application process, the applicant shall report the name of the nursing school they are attending along with the anticipated date of graduation or, if applicant is seeking to take the NCLEX before graduation, the school of nursing shall provide a certificate of approval. The applicant shall notify the board if their anticipated date of graduation changes.

(am) The applicant may not take or attempt to take the NCLEX before graduation or prior to a school of nursing providing a certificate of approval to the board.

(b) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the applicant is eligible to take the examination.

(c) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(d) Failure to comply with the terms of this subsection may result in a denial of application for licensure.

(6) The applicant shall submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining an applicant's criminal history information from the federal bureau of investigation and the Wisconsin department of justice.

(7) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, the applicant shall provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

(8) If a license is issued based on fraud, deceit, or material omission of fact, the board shall take any action it deems necessary pursuant to s. [441.07 \(1g\)](#), Stats.

N 2.11 Application procedure for a single state license for applicants from board-approved schools.

(1) Each applicant from a board-approved school shall complete and submit an application by the electronic application process or on forms provided by the department and shall pay the fee.

(2) The educational administrator or designee for a school of professional nursing or practical nursing shall submit any of the following:

(a) Via the electronic application process a verification that the applicant has graduated or received a certificate of completion.

(b) A certification of graduation or completion to the department.

(3)

(a) The examination accepted by the board is the NCLEX.

(b) The board shall make the applicant eligible for admission to the NCLEX as of the date of the applicant's graduation or upon the board receiving a certificate of approval from the school of nursing that allows the applicant to take the NCLEX before graduation. As part of the application process, the applicant shall report the name of the nursing school they are attending along with the anticipated date of graduation or, if applicant is seeking to take the NCLEX before graduation, the school of nursing shall provide a certificate of approval. The applicant shall notify the board if their anticipated date of graduation changes.

(bm) The applicant may not take or attempt to take the NCLEX before graduation or prior to a school of nursing providing a certificate of approval to the board.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the applicant is eligible to take the examination.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(e) Failure to comply with the terms of this subsection may result in a denial of application for licensure.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. [N 7](#), shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(6) If a license is issued based on fraud, deceit, or material omission of fact, the board shall take any action it deems necessary pursuant to s. [441.07 \(1g\)](#), Stats.

N 2.12 Application procedure for a single state license for applicants from comparable schools.

(1) Each applicant from a comparable school shall complete and submit an application on forms provided by the department.

(2) The school of professional nursing or practical nursing shall forward directly to the department, official transcripts of nursing education for applicants who graduated from the school. If the applicant graduated from a school of professional nursing or practical nursing not located in the United States or a U.S. territory, the applicant shall submit any of the following:

(a) For a professional nursing applicant, one of the following:

1. A valid certificate issued by the Commission on Graduates of Foreign Nursing Schools or another board-approved entity that evaluates education.

2. A credential evaluation service academic report and demonstration of passing a board-accepted language proficiency exam.

(b) For a practical nursing applicant, a credential evaluation service academic report and demonstration of passing a board accepted language proficiency exam.

(3)

(a) The examination accepted by the board is the NCLEX.

(b) The board shall make the applicant eligible for admission to the NCLEX as of the date of the applicant's graduation or upon the board receiving a certificate of approval from the school of nursing that allows the applicant to take the NCLEX before graduation. As part of the application process, the applicant shall report the name of the nursing school they are attending along with the anticipated date of graduation or, if applicant is seeking to take the NCLEX before graduation, the school of nursing shall provide a certificate of approval. The applicant shall notify the board if their anticipated date of graduation changes.

(bm) The applicant may not take or attempt to take the NCLEX before graduation or prior to a school of nursing providing a certificate of approval to the board.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the applicant is eligible to take the examination.

- (d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.
- (e) Failure to comply with the terms of this subsection may result in a denial of application or licensure.
- (4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.
- (5) An applicant who has committed any act, which would be subject to discipline under ch. [N 7](#), shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.
- (6) If a license is issued based on fraud, deceit, or material omission of fact, the board shall take any action it deems necessary pursuant to s. [441.07 \(1g\)](#), Stats.

Subchapter III — Licensure by Endorsement

N 2.19 Endorsement of an applicant for a multistate license.

- (1) Each applicant for a multistate license by endorsement shall complete and submit an application on forms provided by the department and shall pay the fee.
- (2) The applicant shall provide all of the following:
- (a) Evidence of holding an active, unencumbered license.
 - (b) Declaration or evidence that Wisconsin is the primary state of residence.
 - (c) Evidence of graduation from one of the following:
 - 1. A board-approved nurse prelicensure education program.
 - 2. A foreign nurse prelicensure education program that has been approved by the authorizing accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.
 - (d) If the applicant graduated from a foreign prelicensure program not taught in English or if English is not the applicant's native language, evidence of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(e) Evidence of successfully passing an NCLEX exam or recognized predecessor.

(f) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

(3) The applicant shall submit, through an approved process, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the Wisconsin department of justice.

N 2.21 Endorsement of an applicant for a single state license.

(1)

(a) A license from another U.S. state, a U.S. territory, or Canada is considered to have met educational and other qualifications comparable to those required in this state provided the requirements of the initial license included all of the following:

1. Graduation from a school approved by the board in the jurisdiction of initial licensure or had education the board in the jurisdiction of initial licensure deemed to be comparable to a school that board approves.

2. Passage of the NCLEX.

(b) An applicant, whose initial license from another U.S. state, U.S. territory, or Canada does not meet the requirements in par. (a), shall submit all of the following to the board to assist the board in determining whether the qualifications are comparable:

1. Evidence of educational qualifications.

2. Evidence of passing the NCLEX or other nursing licensure examination.

(2) An applicant shall submit a completed application and pay the applicable fee. The application shall include the following:

(a) Verification of licensure from the state, territory or province in which the original license by examination was issued and the state, territory or province in which the current, active license was issued.

(b) Documentation of employment history.

(c) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(d) An applicant who has a license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin.

(e) An applicant who has been terminated from any employment related to nursing within the 10 years immediately preceding the date of application shall provide the board with all related information necessary to determine current competency.

(f) An applicant who has committed any act, which would be subject to discipline under ch. [N 7](#), shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(3) An applicant who does not have current nursing education or been employed in a position that requires a nursing license within the last 5 years may apply to the board for a limited license to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license holder may petition the board for full licensure.

N 2.23 Reciprocal credentials for service members, former service members, and their spouses. A reciprocal multistate or single state license shall be granted to a service member, former service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. [440.09 \(2\)](#), Stats. Subject to s. [440.09 \(2m\)](#), Stats., the board may request verification necessary to make a determination as to service member or former service member status under this subsection.

Note: Forms to apply for a reciprocal credential are available from the department of safety and professional services' website at www.dsps.wi.gov.

Subchapter IV — Temporary Permits

N 2.30 Definitions. In this subchapter:

(1) "G.N." means graduate nurse.

(2) "G.P.N." means graduate practical nurse.

N 2.31 Application. A nurse who has graduated from a board-approved school or comparable school or granted a certificate of completion by a board-approved school may be granted a temporary permit. An applicant shall submit a completed application and pay the applicable fee. The application shall include any of the following:

(1) Verification from a board-approved school via the electronic application process that the applicant has graduated or received a certificate of completion.

(2) A certification of graduation or completion from a board-approved school.

(3) An official transcript of nursing education submitted by the school of professional nursing or practical nursing directly to the department.

Note: A temporary permit does not grant multistate licensure privileges.

N 2.32 Title.

(1) A registered nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate nurse” or the letters “G.N.”

(2) A practical nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate practical nurse” or the letters “G.P.N.”

(3) A registered nurse or practical nurse for licensure by endorsement who is granted a temporary permit may use the title “registered nurse” or “licensed practical nurse.”

N 2.33 Supervision.

(1) Except as provided in sub. (2), the holder of a temporary permit shall practice only under the direct supervision of a registered nurse.

(2) A holder of a temporary permit who is currently licensed as a registered nurse or practical nurse in another jurisdiction may practice without the direct supervision of a registered nurse.

N 2.34 Duration. The temporary permit is valid for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Practice under temporary permits, including renewals under s. [N 2.35](#), may not exceed 6 months total duration.

N 2.35 Renewal.

(1) A temporary permit for a registered nurse or practical nurse may be renewed once by completing an application and paying applicable fees.

(2) Subsequent renewals may be granted in hardship cases including illness, family illness or death, accident, natural disaster or delay of verification from another state. The board shall consider each application for renewal under this subsection individually on its merits, and the board may grant a renewal as deemed appropriate.

N 2.36 Denial or revocation. A temporary permit may be denied or revoked for the following:

(1) Providing fraudulent information on an application for licensure.

(2) Misrepresentation of being an R.N., G.N., L.P.N. or G.P.N. without holding a valid temporary permit.

(3) Violation of any of the rules of conduct set forth in ch. [N 7](#).

Subchapter V — Renewal

N 2.40 Renewal.

(1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the credential within 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. [440.03 \(9\) \(a\)](#), Stats., and any applicable late renewal fee.

(b) Pay a nursing workforce survey fee.

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

(3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. [440.03 \(9\) \(a\)](#), Stats., and the late renewal fee.

(b) Pay a nursing workforce survey fee.

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

(d) Meet one of the following requirements:

1. Documentation of employment requiring a nursing license within the last five years.

2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

Note: The licensee may request the Board grant a limited license for the sole purpose of completing a nurse refresher course.

N 2.41 Reinstatement. A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

(1) Evidence of completion of the requirements in s. [N 2.40 \(3\)](#) if the license has not been active within 5 years.

(2) Evidence of completion of the disciplinary requirements, if applicable.

- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. [440.12](#), Stats.

Chapter N 4

LICENSURE OF NURSE-MIDWIVES

N 4.01 Authority and intent.

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

N 4.02 Definitions. As used in this chapter:

- (1) “Board” means board of nursing.
- (2m) “Collaboration” has the meaning given in s. [441.15 \(1\) \(a\)](#), Stats.
- (4) “Complications” means conditions specified in a written agreement under s. [N 4.06 \(2\)](#) that jeopardize the health or life of a patient and deviate from normal.
- (5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.
- (5e) “Hardship” includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident, or natural disaster.
- (5m) “Nurse-midwife” means ~~a~~ an advanced practice registered nurse with a certified nurse-midwife specialty designation who was licensed by the board.

N 4.025 Licensure and exceptions.

(1) Except as provided under subs. (2) and (3), unless licensed under this chapter, no person may practice or attempt to practice nurse-midwifery or use the title or letters “Certified Nurse-Midwife”, “C.N.M.”, “Nurse-Midwife”, “N.M.”, or any other title or letters to indicate that person is a nurse-midwife.

(2) Any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats., is not required to be licensed under this chapter.

(3) The holder of a valid temporary permit under s. N 4.05 may use the title “graduate nurse-midwife” or the letters “G.N.M.”.

~~(4) A license to practice nurse-midwifery shall be issued separately from a license to practice professional nursing.~~

N 4.03 Qualifications for licensure. An applicant for licensure as a nurse-midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse-midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.

(2) Holds a certificate issued by the American Midwifery Certification Board, or another national certifying body approved by the board.

(3) Is currently licensed in good standing to practice as a professional nurse in this state, or has been issued a multistate license under the nurse licensure compact, that is current and in good standing, to practice professional nursing by another state that has adopted the nurse licensure compact.

N 4.04 Application for licensure. An applicant for a license to practice nurse-midwifery shall file a completed application on a form provided by the board. The application shall include all of the following:

(1m) The signature of the applicant.

(2m) The fee specified under s. 440.05 (1), Stats.

(3m) Evidence of completion of an educational program in nurse-midwifery approved by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.

(4m) Evidence of current licensure in good standing as a professional nurse in this state or of having been issued a multistate license under the nurse licensure compact, that is current and in good standing, to practice professional nursing by another state that has adopted the nurse licensure compact, including the license number and renewal information.

(5) Evidence of certification as a nurse-midwife from the American Midwifery Certification Board, or another national certifying body approved by the board.

(1) An applicant for initial licensure as an advanced practice registered nurse with a certified nurse-midwife specialty designation shall be granted a license by the board if the applicant does all of the following:

(a) Submits a complete application form.

Note: Instructions for applications are available from the department of safety and professional services' website at <http://dsps.wi.gov>.

(b) Pays the fee specified in s. 440.05 (1), Stats.

(c) Submits one of the following:

1. Evidence of holding a current license to practice as a registered nurse in Wisconsin.

2. An application for a license as a registered nurse concurrently to the application for a license as an advanced practice registered nurse. The board will not grant an advanced practice registered nurse license until the registered nurses' license is granted.

3. Evidence of holding a multistate license as a registered nurse, as defined in s. [441.51\(2\)\(h\)](#), Stats., issued by a jurisdiction, other than Wisconsin, that has adopted the nurse licensure compact.

(d) Provides evidence of completion of a master's or doctoral degree in nursing granted by a college or university accredited by an organization approved by an accreditation agency approved by the board and that prepared the applicant for the practice of advanced practice registered nursing in a recognized role. This paragraph does not apply to an applicant licensed as a registered nurse in Wisconsin and was practicing in a recognized role until January 1, 2026, provided the applicant meets all other requirements established in this subsection.

(e) Provides evidence of certification as a nurse-midwife from the American Midwifery Certification Board, or another national certifying body approved by the board..

(f) Provides evidence of malpractice insurance coverage that satisfies the requirements under s. N 8.08.

(g) Subject to ss. [111.321](#), [111.322](#), and [111.335](#), Stats., evidence satisfactory to the board that the applicant does not have an arrest or a conviction record.

(h) Provides evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the date of application for licensure.

(i) Passes the jurisprudence examination for advance practice registered nurses.

(j) Files with the board a proactive plan that satisfies the requirements under s. N 4. ___ if planning to deliver babies outside a hospital setting.

(2) The board shall grant an advanced practice registered nurse license with a certified nurse-midwife specialty designation to each individual who was granted a license under this chapter before September 1, 2026.

N 4.043 License renewal. ~~The board shall renew a license to practice nurse-midwifery upon the applicant demonstrating completion of each of the following:~~

A person holding an advanced practice registered nurse license with a certified nurse-midwife specialty designation may renew the license by doing all of the following:

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

(1) Pay all of the following fees:

(a) Renewal fee as determined by the department under s. 440.03 (9) (a), Stats.

(b) Workforce survey fee as specified in s. 441.01 (7) (a) 2., Stats.

(c) Any applicable late renewal fee.

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

(3) ~~Providing~~ Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.

~~(4) If applicable, providing evidence to the board that the applicant maintains in effect malpractice insurance meeting the requirements under s. N 4.10 (1).~~

(4) Provide evidence of holding malpractice insurance coverage that satisfies the requirements under s. N 4.10.

(5) Hold a current license to practice as a professional nurse in this state or a current multistate license, as defined in s. 441.51 (2) (h), Stats., to practice as a registered nurse.

(6) Provide a current proactive plan that satisfies the requirements under s. N 4. ___ if planning to deliver babies outside a hospital setting.

N 4.05 Temporary permits.

(1) APPLICATION. An applicant for a license to practice nurse-midwifery may be granted a temporary permit to practice nurse-midwifery. An application for a temporary permit to practice nurse-midwifery shall include all of the following:

(a) Verification the applicant has completed an educational program in nurse midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.

(b) Verification the applicant is currently licensed in good standing to practice as a professional nurse in this state, or of having been issued a multistate license under the nurse licensure compact to practice professional nursing, that is current and in good standing, by another state that has adopted the nurse licensure compact.

(c) The fee specified in s. [440.05 \(1\)](#), Stats.

(2) ISSUING A TEMPORARY PERMIT. The board shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) SUPERVISION REQUIRED. The holder of a temporary permit shall practice under the direct supervision of a nurse-midwife licensed under s. [441.15](#), Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse-midwife as set forth in s. [N 4.06](#).

(5) DURATION.

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

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

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

(6m) RENEWALS. A temporary permit may be renewed twice for a period of 3 months for each renewal. A second renewal under this subsection may only be granted if the holder of the temporary permit is awaiting examination results or an affidavit is filed with the board identifying a hardship.

(7) DENIAL OR REVOCATION. A temporary permit may be denied or revoked for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. [N 7](#) or for violation of the rules governing nurse-midwives under this chapter.

(b) Failure to pay a fee required under s. [440.05 \(1\)](#), Stats.

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

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

N 4.06 Scope of practice.

(1) The scope of practice of nurse-midwifery is the overall management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives and the education, training, and experience of the nurse-midwife.

(2) A nurse-midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) A nurse-midwife shall consult with the collaborating physician regarding any complications discovered by the nurse-midwife or refer the patient pursuant to the written agreement under sub. (2).

(4) Upon referral under sub. (3), a nurse-midwife may independently manage that part of the care for a patient that is consistent with the education, training, and experience of the nurse-midwife.

N 4.07 Limitations on the scope of practice.

(1) A nurse-midwife may not independently manage complications that require referral pursuant to the written agreement under s. [N 4.06 \(2\)](#).

(2) A nurse-midwife may not perform deliveries by forceps or Caesarean section.

(2m) A nurse-midwife may use vacuum extractors only in emergency delivery situations.

(3) A nurse-midwife may not assume any responsibilities that are inconsistent with the education, training, and experience of the nurse-midwife.

(4) Following notification of a physician as required by s. [441.15 \(4\)](#), Stats., a nurse-midwife may continue to manage a delivery if emergency measures are required and the physician has not yet arrived.

N 4.09 Health care facilities where practice shall occur. A health care facility where the practice of nurse-midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back-up.

(3) The above limitations do not apply to care given in emergency circumstances.

N 4.10 Malpractice insurance coverage.

- (1) A nurse-midwife shall have in effect malpractice insurance evidenced by one of the following:
 - (a) Personal liability coverage in the amounts specified in s. [655.23 \(4\)](#), Stats.
 - (b) Coverage under a group liability policy providing individual coverage for the nurse-midwife in the amounts set forth in s. [655.23 \(4\)](#), Stats.
- (2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:
 - (a) A nurse-midwife who practices nurse-midwifery within the scope of employment as a federal, state, county, city, village, or town employee.
 - (b) A nurse-midwife who practices nurse-midwifery as an employee of the federal public health service under [42 USC 233](#) (g).
 - (c) A nurse-midwife who does not provide care for patients.
 - (d) A nurse-midwife whose employer has in effect malpractice liability insurance that provides coverage for the nurse-midwife in an amount equal to or greater than the amounts specified in sub. (1) (a) or (b).
 - (e) A nurse-midwife providing nurse-midwifery services under s. [257.03](#), Stats.

N 4.11 Proactive plan. An advanced practice registered nurse with a certified nurse-midwife specialty designation must file with the board a proactive plan if planning to deliver babies out a hospital setting. This plan should include *[provisions that show that the plan will ensure appropriate care or care transitions conforming with professional standards for patients with higher acuity or emergency care needs that exceed the CNM's scope of practice]*

Chapter N 6

STANDARDS OF PRACTICE FOR **ADVANCED PRACTICE REGISTERED NURSES,** REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.

- (1) This chapter is adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11](#) and [441.001 \(3\)](#) and [\(4\)](#), Stats., and interprets the statutory definitions of professional and practical nursing.
- (2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

N 6.02 Definitions. As used in this chapter,

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

Option 1 “Advanced practice registered nurse” means an individual licensed under s. 441.09, Stats.

Option 2 “Advanced practice registered nurse” means an individual licensed under s. 441.09, Stats., and practice in one of the 4 recognized roles specified in s. 441.001 (5), Stats.

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

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

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

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

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

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

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

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

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

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

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

(10m) “Provider” means a physician, podiatrist, dentist, optometrist, advanced practice ~~nurse prescriber~~ registered nurse, pharmacist, physician assistant, or any licensed professional who is legally authorized to delegate acts within the scope of their practice.

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

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

(13) “Unlicensed Assistive Personnel (UAP)” means any person to whom nursing acts may be delegated who is not licensed under ch. [441](#), Stats., and has received the appropriate education and documented training required to perform the delegated acts. A UAP must be at least 18 years old if the delegated act involves medication administration.

N 6.03 Standards of practice for registered nurses.

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

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

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

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

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

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

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

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

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

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

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

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

(b) Provide direction and assistance to those supervised.

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

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

N 6.04 Standards of practice for licensed practical nurses.

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

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

(b) Provide basic nursing care.

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

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

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

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

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

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

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

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

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

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

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

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

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

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

Chapter N 7

RULES OF CONDUCT

N 7.01 Authority and intent.

(1) The rules in this chapter are adopted pursuant to authority of ss. [15.08](#) and [227.11](#), Stats., and interpret s. [441.07](#), Stats.

(2) The intent of the board of nursing in adopting this chapter is to specify grounds for denying an initial license ~~or certificate~~ or limiting, suspending, revoking, or denying renewal of a license ~~or certificate~~ or for reprimanding a licensee ~~or certificate~~ holder.

Note: The bracketed language was unintentionally omitted in the agency's order promulgating this rule, [CR 13-097](#).

N 7.02 Definitions. As used in this chapter:

(1) "Board" means board of nursing.

~~(1m) “Certificate” means a certificate of an advanced practice nurse prescriber.~~

(2) “Drug” has the meaning contained in s. [450.01 \(10\)](#), Stats.

(3) “License” means a license of an advanced practice registered nurse, registered nurse, or licensed practical nurse ~~or nurse-midwife~~.

(4) “Licensee” means a person licensed as an advanced practice registered nurse, registered nurse, or licensed practical nurse under s. [441.10](#), Stats., ~~or nurse-midwife~~.

(5) “Patient” means any person receiving nursing care for which the nurse is compensated.

~~Note: The board office is located at 1400 East Washington Avenue, Madison, Wisconsin. The board’s mailing address is P.O. Box 8935, Madison, Wisconsin 53708-8935.~~

N 7.03 Grounds for denying or taking disciplinary action. The grounds for denying or taking disciplinary action on a license or certificate are any of the following:

(1) Noncompliance with federal, jurisdictional, or reporting requirements including any of the following:

(a) Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results.

(b) Having a license to practice nursing or a nurse licensure compact privilege to practice denied, revoked, suspended, limited, or having the credential holder otherwise disciplined in another state, territory, or country. A certified copy of the record of the board is conclusive evidence of the final action.

(c) After a request of the board, failing to cooperate in a timely manner, with the board’s investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has failed to cooperate in a timely manner.

(d) Practicing without an active license.

(e) Practicing beyond the scope of practice permitted by law.

(f) Failing to inform the board of the advanced practice registered nurse’s ~~nurse prescriber’s~~ change in certification status with a national certifying body as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

(g) Violating any term, provision, or condition of any order of the board.

(h) Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction, including the date, place, and nature of the conviction or finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that

the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.

(i) Failing to report to the board or institutional supervisory personnel any violation of the rules of this chapter by a licensee. This provision does not require a nurse to report treatment information which would fall within the nurse-patient privilege set forth in s. [905.04 \(1\) \(b\)](#), Stats.

(2) Violating or aiding and abetting a violation of any law substantially related to the practice of nursing or being convicted of any crime substantially related to the practice of nursing. A certified copy of a judgment of conviction is prima facie evidence of a violation.

(3) Confidentiality, patient privacy, consent, or disclosure violations, including any of the following:

(a) Failing to safeguard the patient's dignity, or the right to privacy.

(b) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(c) Making statements or disclosures that create a risk of compromising a patient's privacy, confidentiality, or dignity, including statements or disclosures via electronic or social media.

(4) Misconduct or abuse, including any of the following:

(a) Soliciting, borrowing, misappropriating, obtaining, or attempting to obtain money or property from a patient or a patient's family.

(b) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit, duress, or undue influence in the course of nursing practice.

(c) Abusing a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain, injury, mental anguish, or fear.

(d) Engaging in repeated or significant disruptive behavior or interaction with health care personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(e)

1. Violating principles of professional boundaries, including any of the following:

a. Failing to establish, maintain, or communicate professional boundaries with the patient.

- b.** Engaging in relationships with patients that could impair the nurse's professional judgment.
- c.** Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit.
- d.** Engaging in dual relationships if the nurse's ability to provide appropriate care would be compromised due to the nature of the additional relationship with the patient.
- e.** Engaging in any dual relationship in mental health nursing.
- f.** Engaging in self-disclosure to a patient which creates a risk or adversely impacts the patient's care and well-being.
- g.** Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.
- h.** Accepting gifts which are more than minimal value or any cash from a patient or patient's family.

2. This paragraph does not include providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of or potential for exploiting the patient and contact that is necessary for a health care purpose that meets the standards of the profession.

(f)

1. Engaging in sexual misconduct, including any of the following:

- a.** Sexually explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient.
- b.** Conduct that may reasonably be interpreted by a patient as sexual or any verbal behavior that is sexually harassing to a patient.
- c.** Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.
- d.** Transmitting information about a patient via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.
- e.** Engaging or attempting to engage in sexual or seductive conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

2. For the purpose of this paragraph, due to the unique vulnerability of mental health patients, including patients with substance use disorders, nurses are prohibited from engaging in or attempting to engage in sexual or seductive conduct with such former patients, a former patient's immediate family or person responsible for the patient's welfare, for a period of at least 2 years after the termination of nursing services.

(5) Fraud, deception or misrepresentation, including any of the following:

- (a)** Falsifying or inappropriately altering reports, patient documentation, agency records, or other health documents.
- (b)** Intentionally making incorrect entries in a patient's medical record or other related documents.
- (c)** Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.
- (d)** Submitting false claims.
- (e)** Fraud, deceit, or material omission in obtaining a license or certification or in the renewal of the license or certification.
- (f)** Impersonating another licensee or allowing another person to use the licensee's credential for any purpose.
- (g)** Submitting false information in the course of an investigation.
- (h)** Misrepresentation of credentials.
- (i)** Misleading, false, or deceptive advertising or marketing.

(6) Unsafe practice or substandard care, including any of the following:

- (a)** Failing to perform nursing with reasonable skill and safety.
- (b)** Lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.
- (c)** Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety. Actual injury to a patient need not be established.
- (d)** Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.

- (e)** Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.
 - (f)** Unable to practice safely by reason of alcohol or other substance use.
 - (g)** Unable to practice safely by reason of psychological impairment or mental disorder.
 - (h)** Unable to practice safely by reason of physical illness or impairment.
 - (i)** Failure to consult or delay in consultation for clinical care beyond scope of practice
 - (j)** Failure to treat.
 - (k)** Inadequate or improper infection control practices.
 - (L)** Failure to provide medically necessary items or services.
 - (m)** Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status, or disability while providing nursing services.
 - (n)** Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient.
 - (o)** Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person.
 - (p)** Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person.
- (7)** Improper supervision or allowing unlicensed practice, including any of the following:
- (a)** Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
 - (b)** Knowingly aiding, assisting, advising, or allowing a person to engage in the unlawful practice of nursing.
 - (c)** Inappropriate or inadequate supervision or delegation.
 - (d)** Failing to supervise assigned student experiences
- (8)** Improper prescribing, dispensing, or administering medication or drug related offenses, including any of the following:
- (a)** Prescribing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.
 - (b)** Dispensing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

- (c) Administering any drug other than in the course of legitimate practice or as otherwise prohibited by law.
- (d) Error in prescribing, dispensing, or administering medication.
- (e) Obtaining, possessing or attempting to obtain or possess a drug without lawful authority.

Chapter N 8

CERTIFICATION LICENSURE OF ADVANCED PRACTICE REGISTERED NURSE PRESCRIBERS-NURSES

N 8.01 Authority and intent.

(1) The rules in this chapter are adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11 \(2\)](#), [441.09](#), and [441.16](#), Stats., and interpret ~~ss. 441.09 and 441.16~~, Stats.

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

N 8.02 Definitions. As used in this chapter:

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

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

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

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

“APRN” means advanced practice registered nurse.

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

Option 1 “Advanced practice registered nurse” means an individual licensed under s. 441.09, Stats.

Option 2 “Advanced practice registered nurse” means an individual licensed under s. 441.09, Stats., and practice in one of the 4 recognized roles.

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

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

(5) “Collaboration” means a process which involves 2 or more health care professionals working together, in each other’s presence when necessary, each contributing one’s respective area of expertise to provide more comprehensive care than one alone can offer.

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

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

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

~~(8) “Recognized role” has the meaning given under s. [441.001 \(5\)](#), Stats.~~

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

~~(1) Submits an application form and the fee under s. [440.05 \(1\)](#), Stats.~~

~~(1m) Provides evidence of holding a current license to practice as a professional nurse in this state or a current multistate license, as defined in s. 441.51(2)(h), Stats., to practice as a registered nurse.~~

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

~~(3) Provides evidence of a master's or doctoral degree in nursing granted by a college or university accredited by an organization approved by the Council for Higher Education Accreditation or other accreditation agency approved by the board. This subsection does not apply to those who received national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse-anesthetist or clinical nurse specialist before July 1, 1998.~~

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

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

N 8.03 Licensure as an advanced practice registered nurse.

(1) An applicant for initial licensure as an advanced practice registered nurse shall be granted a license by the board if the applicant does all of the following:

(a) Submits a complete application form.

Note: Instructions for applications are available from the department of safety and professional services' website at <http://dsps.wi.gov>.

(b) Pays the fee specified in s. 440.05 (1), Stats.

(c) Submits one of the following:

1. Evidence of holding a current license to practice as a registered nurse in Wisconsin.

2. An application for a license as a registered nurse concurrently to the application for a license as an advanced practice registered nurse. The board will not grant an advanced practice registered nurse license until the registered nurses' license is granted.

3. Evidence of holding a multistate license as a registered nurse, as defined in s. 441.51(2)(h), Stats., issued by a jurisdiction, other than Wisconsin, that has adopted the nurse licensure compact.

(d) Provides evidence of completion of a master's or doctoral degree in nursing granted by a college or university accredited by an organization approved by an accreditation agency approved by the board and that prepared the applicant for the practice of advanced practice registered nursing in a recognized role. This paragraph does not apply to an applicant licensed as a registered nurse in Wisconsin and was practicing in a recognized role until January 1, 2026, provided the applicant meets all other requirements established in this subsection.

(e) Provides evidence of holding a current certification by a national certifying body approved by the board in a recognized role.

(f) Provides evidence of malpractice insurance coverage that satisfies the requirements under s. N 8.08.

(g) Subject to ss. [111.321](#), [111.322](#), and [111.335](#), Stats., evidence satisfactory to the board that the applicant does not have an arrest or a conviction record.

(h) Provides evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the date of application for licensure.

(i) Passes the jurisprudence examination for advanced practice registered nurses.

(2) The board shall grant an advanced practice registered nurse license to each individual who held privileges to issue prescriptions before September 1, 2026. The board shall also grant one or more specialty designations corresponding to the recognized roles the board has determined the individual qualifies based on the individual's certification.

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

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

(1) Pay all of the following fees:

(a) Renewal fee as determined by the department under s. [440.03 \(9\) \(a\)](#), Stats.

(b) Workforce survey fee as specified in s. [441.01 \(7\) \(a\) 2.](#), Stats.

(c) Any applicable late renewal fee.

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

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

(4) Hold a current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist.

(5) Hold a current license to practice as a professional nurse in this state or a current multistate license, as defined in s. [441.51 \(2\) \(h\)](#), Stats., to practice as a registered nurse.

(6) Provide evidence of holding malpractice insurance coverage that satisfies the requirements under s. N 8.08.

N 8.00 ___ Independent Practice. (1) Requirements. An advanced practice registered nurse may practice without collaborating with a physician as defined in s. 448.01 (5), Stats., or a dentist as defined in s. 447.01 (7), Stats., if the advanced practice registered nurse has completed all of the following:

(a) 3,840 hours of professional nursing in a clinical setting and at least 24 months have passed since the advanced practice registered nurse first began completing the clinical hours. Clinical hours completed as a requirement of a nursing program that met the education requirement for a registered nurse license may be used to satisfy this requirement.

(b) 3,840 clinical hours in the advanced practice registered nurse's recognized role and while working in collaboration with a physician or a dentist who was immediately available for consultation and accepted responsibility for the actions of the advanced practice registered nurse and at least 24 months have passed since the advanced practice registered nurse began practicing in the recognized role.

(2) Limitations regarding pain management services. An advanced practice registered nurse may provide pain management services through invasive techniques without a collaborative relationship with a physician who specializes in pain management if one of the following applies:

(a) The advanced practice registered nurse is providing treatment in a hospital or in a clinic associated with a hospital and qualifies for independent practice by meeting the requirements in sub. (1).

(b) The advanced practice registered nurse has been granted privileges in a hospital or in a clinic associated with a hospital that allows the advanced practice registered nurse to do pain management through the use of invasive techniques without a collaborative relationship with a physician and qualifies for independent practice by meeting the requirements in sub. (1)

N 8.05 Continuing education.

(1) Every advanced practice registered nurse ~~prescriber~~ shall complete 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered ~~nurse-prescriber's~~ nurses' area of practice, including at least 2 contact hours in responsible prescribing of controlled substances.

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

N 8.06 Prescribing limitations. The advanced practice registered nurse ~~prescriber~~:

An individual who was granted an advanced practice registered nurse license may not issue prescription orders if:

The individual was licensed as a registered nurse in Wisconsin and practicing in a recognized role on January 1, 2026, but does not hold a current certification in a recognized role by a national certifying body approved by the board or has not completed a master's or doctoral degree in nursing granted by a college or university accredited by an organization approved by the board that prepared the applicant for the practice of advanced practice registered nursing in a recognized role.

The individual did not hold a certificate to issue prescriptions on January 1, 2026.

Pursuant to s. 961.395 (1), Stats., an advanced practice registered nurse may not prescribe the following _____

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

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

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

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

(b) Treatment of narcolepsy.

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

(d) Treatment of drug-induced brain dysfunction.

(e) Treatment of epilepsy.

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

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

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

N 8.07 Prescription orders.

(1) Prescription orders issued by an advanced practice registered nurse ~~prescribers~~ shall:

(a) Specify the date of issue.

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

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

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

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

(2) Prescription orders issued by advanced practice registered nurses ~~prescribers~~ for a controlled substance shall be written in ink or indelible pencil or shall be submitted electronically as permitted by state and federal law, and shall contain the practitioner's drug enforcement agency number.

N 8.08 Malpractice insurance coverage.

(1) Advanced practice registered nurses ~~prescribers~~ who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. [655.23 \(4\)](#), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. [655.23 \(4\)](#), Stats. An advanced practice registered nurse ~~prescriber~~ covered under one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy's coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

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

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

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

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

N 8.09 Dispensing.

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

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

N 8.10 Care management and collaboration with other health care professionals.

(1) Advanced practice registered ~~nurse-prescribers~~ nurses shall communicate with patients through the use of modern communication techniques.

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

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

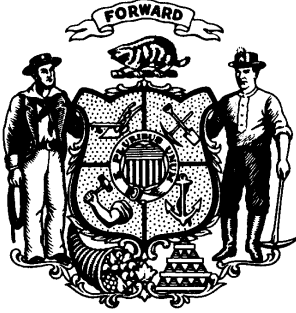
(4) Advanced practice registered ~~nurse-prescribers~~ nurses shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating care management and improved collaboration.

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

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

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

State of Wisconsin



2025 Assembly Bill 257

Date of enactment: August 8, 2025

Date of publication*: August 9, 2025

2025 WISCONSIN ACT 17

AN ACT *to repeal* 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 118.294 (1) (a), 146.89 (1) (r) 8., 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 441.19, 448.035 (1) (a), 450.01 (1m) and 655.001 (9); *to renumber* 655.001 (1); *to renumber and amend* 146.89 (1) (r) 3., 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); *to amend* 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2915 (2) (a), 118.2915 (3) (a), 118.2915 (4) (c), 118.2915 (6) (a) (intro.), 118.2915 (6) (a) 2., 118.2915 (6) (a) 3., 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 118.294 (1) (am), 118.294 (2), 118.294 (4) (a), 146.615 (1) (a), 146.82 (3) (a), 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:** advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

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

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

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

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

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

29.193 (2) (b) 2. An applicant shall submit an application on a form prepared and furnished by the department, which shall include a written statement or report prepared and signed by a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a ~~certified licensed~~ advanced practice ~~registered nurse prescriber~~ prepared no more than 6 months preceding the application and verifying that the applicant is physically disabled.

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

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

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

29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function in one or both arms and fails to meet the minimum standards of the standard upper extremity pinch test, the standard grip test, or the standard nine-hole peg test, administered under the direction of a licensed physician, a licensed physician assistant, a licensed chiropractor, or a ~~certified licensed~~ advanced practice ~~registered nurse prescriber~~.

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

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

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

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

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

29.193 (3) (a) Produces a certificate from a licensed physician, a licensed physician assistant, a licensed optometrist, or a ~~certified licensed~~ advanced practice ~~registered nurse prescriber~~ stating that his or her sight is impaired to the degree that he or she cannot read ordinary newspaper print with or without corrective glasses.

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

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

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

46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and keep current an information sheet to be distributed to a patient by a physician, a physician assistant, or ~~certified an~~ advanced practice ~~registered nurse prescriber who may issue prescription orders~~ under s. ~~441.09~~ (2) providing expedited partner therapy to that patient under s. ~~441.092~~, ~~448.035~~, or 448.9725. The information sheet shall in-

clude information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person with questions about the information to contact his or her physician, advanced practice registered nurse, pharmacist, or local health department, as defined in s. 250.01 (4).

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

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

50.08 (2) A physician, an advanced practice registered nurse prescriber ~~certified who may issue prescription orders~~ under s. 441.16 441.09 (2), or a physician assistant who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

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

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

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

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

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

50.09 (1) (h) Meet with, and participate in activities of social, religious, and community groups at the resident's discretion, unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice registered nurse prescriber in the resident's medical record.

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

50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician, physician

assistant, or advanced practice registered nurse prescriber for a specified and limited period of time and documented in the resident's medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice registered nurse prescriber within 12 hours. Any use of physical restraints shall be noted in the resident's medical records. "Physical restraints" includes, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, and confinement in a locked room.

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

50.49 (1) (b) (intro.) "Home health services" means the following items and services that are furnished to an individual, who is under the care of a physician, physician assistant, or advanced practice registered nurse prescriber, by a home health agency, or by others under arrangements made by the home health agency, that are under a plan for furnishing those items and services to the individual that is established and periodically reviewed by a physician, physician assistant, or advanced practice registered nurse prescriber and that are, except as provided in subd. 6., provided on a visiting basis in a place of residence used as the individual's home:

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

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

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

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by tele-

phone or to submit written statements, under oath, to the board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, physician assistant, or advanced practice ~~registered nurse prescriber certified under s. 441.16 (2)~~ licensed under ch. 441 that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

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

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

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

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

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

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 prescriber in any state. In this paragraph, "physician" has the meaning given in s. 448.01 (5).

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

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

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

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

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

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

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

118.2915 (3) (a) A physician, an advanced practice registered nurse prescriber, or a physician assistant may

provide a prescription or standing order for a short-acting bronchodilator or components in the name of a school that has adopted a plan under sub. (2) (a) to be maintained by the school for use under sub. (4).

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

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

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

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

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

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

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

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

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

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

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

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

118.2925 (4) (c) Administer an epinephrine deliv-

ery system to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice registered nurse ~~prescriber~~ who may issue prescription orders under s. 441.09 (2), or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine delivery system. If the pupil or other person does not have a prescription for an epinephrine delivery system, or the person who administers the epinephrine delivery system does not know whether the pupil or other person has a prescription for an epinephrine delivery system, the person who administers the epinephrine delivery system shall, as soon as practicable, report the administration by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.

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

118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF MEDICINE. A school and its designated school personnel, and a physician, an advanced practice registered nurse ~~prescriber~~ who may issue prescription orders under s. 441.09 (2), or a physician assistant who provides a prescription or standing protocol for school epinephrine delivery systems, are not liable for any injury that results from the administration or self-administration of an epinephrine delivery system under this section, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, 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 subsection is in addition to and not in lieu of that provided under s. 895.48.

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

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

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

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

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

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

118.294 (4) (a) A school and its school personnel, and a physician, an advanced practice registered nurse prescriber, or a physician assistant who provides a prescription or standing order for undesignated glucagon are not liable for any injury that results from the administration of undesignated glucagon under this section, regardless of whether authorization was given by the pupil's parent or 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 subch. IX of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

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

146.89 (1) (r) 5e. A registered nurse practitioner, as defined in s. 255.06 (1) (d) who holds a multistate li-

cense, as defined in s. 441.51 (2) (h), issued by a party state, as defined in s. 441.51 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, dentist, podiatrist, or advanced practice registered nurse.

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

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

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

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

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

154.01 (1g) "Advanced practice registered nurse" means ~~a nurse an individual licensed under ch. 441 who is currently certified by a national certifying body approved by the board of nursing as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist s. 441.09.~~

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

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

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

251.01 (1c) "Advanced practice registered nurse" means an individual licensed under s. 441.09.

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

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

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

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

252.07 (9) (c) If the court orders confinement of an individual under this subsection, the individual shall remain confined until the department or local health officer, with the concurrence of a treating physician, physician assistant, or advanced practice registered nurse pre-

~~scriber~~, determines that treatment is complete or that the individual is no longer a substantial threat to himself or herself or to the public health. If the individual is to be confined for more than 6 months, the court shall review the confinement every 6 months.

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

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

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

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

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

252.11 (4) If a person infected with a sexually transmitted disease ceases or refuses treatment before reaching what in a physician's, physician assistant's, or advanced practice ~~nurse-prescriber's~~ registered nurse's opinion is the noncommunicable stage, the physician, physician assistant, or advanced practice registered nurse prescriber shall notify the department. The department shall without delay take the necessary steps to have the person committed for treatment or observation under sub. (5), or shall notify the local health officer to take these steps.

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

252.11 (5) Any court of record may commit a person infected with a sexually transmitted disease to any institution or may require the person to undergo a system of care for examination, treatment, or observation if the person ceases or refuses examination, treatment, or

observation under the supervision of a physician, physician assistant, or advanced practice registered nurse prescriber. The court shall summon the person to appear on a date at least 48 hours, but not more than 96 hours, after service if an officer of the department or a local health officer petitions the court and states the facts authorizing commitment. If the person fails to appear or fails to accept commitment without reasonable cause, the court may cite the person for contempt. The court may issue a warrant and may direct the sheriff, any constable, or any police officer of the county immediately to arrest the person and bring the person to court if the court finds that a summons will be ineffectual. The court shall hear the matter of commitment summarily. Commitment under this subsection continues until the disease is no longer communicable or until other provisions are made for treatment that satisfy the department. The certificate of the petitioning officer is prima facie evidence that the disease is no longer communicable or that satisfactory provisions for treatment have been made.

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

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

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

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

SECTION 59. 252.15 (3m) (d) 11. b. and 13., (5g)

(c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

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

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

(5g) (c) A physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, based on information provided to the physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, determines and certifies in writing that the person has had contact that constitutes a significant exposure. The certification shall accompany the request for HIV testing and disclosure. If the person is a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, he or she may not make this determination or certification. The information that is provided to a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~ to document the occurrence of the contact that constitutes a significant exposure and the physician's, physician assistant's, or advanced practice ~~nurse prescriber's~~ registered nurse's certification that the person has had contact that constitutes a significant exposure, shall be provided on a report form that is developed by the department of safety and professional services under s. 101.02 (19) (a) or on a report form that the department of safety and professional services determines, under s. 101.02 (19) (b), is substantially equivalent to the report form that is developed under s. 101.02 (19) (a).

(5m) (d) 2. A physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, based on information provided to the physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, determines and certifies in writing that the contact under subd. 1. constitutes a significant exposure. A health care provider who has a contact under subd. 1. c. may

not make the certification under this subdivision for himself or herself.

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

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

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

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

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

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

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

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

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

253.07 (4) (d) In each fiscal year, \$31,500 as grants for employment in communities of licensed registered nurses, licensed practical nurses, ~~certified nurse midwives~~ licensed advanced practice registered nurses, or licensed physician assistants who are members of a racial minority.

SECTION 63. 253.115 (1) (f) of the statutes is amended to read:

253.115 (1) (f) "Nurse-midwife" means an individ-

ual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

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

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

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

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

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

253.13 (1) (b) The attending physician or ~~nurse licensed under s. 441.15~~ nurse-midwife shall cause every infant born in each hospital or maternity home, prior to its discharge therefrom, to be subjected to tests for congenital and metabolic disorders, as specified in rules promulgated by the department. If the infant is born elsewhere than in a hospital or maternity home, the attending physician, ~~nurse licensed under s. 441.15~~ nurse-midwife, or birth attendant who attended the birth shall cause the infant, within one week of birth, to be subjected to these tests.

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

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

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

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

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

253.15 (2) **INFORMATIONAL MATERIALS.** The board shall purchase or prepare or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to shaken baby syndrome and impacted babies. The materials shall include information regarding the identification and prevention of shaken baby syndrome and impacted babies, the grave effects of shaking or

throwing on an infant or young child, appropriate ways to manage crying, fussing, or other causes that can lead a person to shake or throw an infant or young child, and a discussion of ways to reduce the risks that can lead a person to shake or throw an infant or young child. The materials shall be prepared in English, Spanish, and other languages spoken by a significant number of state residents, as determined by the board. The board shall make those written and audiovisual materials available to all hospitals, maternity homes, and nurse-midwives ~~licensed under s. 441.15~~ that are required to provide or make available materials to parents under sub. (3) (a) 1., to the department and to all county departments and nonprofit organizations that are required to provide the materials to child care providers under sub. (4) (d), and to all school boards and nonprofit organizations that are permitted to provide the materials to pupils in one of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make those written materials available to all county departments and Indian tribes that are providing home visitation services under s. 48.983 (4) (b) 1. and to all providers of prenatal, postpartum, and young child care coordination services under s. 49.45 (44). The board may make available the materials required under this subsection to be made available by making those materials available at no charge on the board’s Internet site.

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

255.06 (1) (f) (intro.) ~~“Nurse-practitioner”~~ “Women’s health nurse clinician” means ~~a~~ any of the following:

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

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

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

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

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

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

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

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

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

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

257.01 (5) (b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a naturopathic doctor under ch. 466, licensed as a registered nurse, licensed practical nurse, or ~~nurse-midwife~~, advanced practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2023 stats., licensed as a dentist or dental therapist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448, if the individual’s license or certification was never revoked, limited, suspended, or denied renewal.

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

341.14 (1a) If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, from a physical therapist licensed to practice in any state, or from a Christian Science practitioner residing in this state and

listed in the Christian Science journal certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is owned by a nonveteran disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee shall be made for the issuance or renewal of such plates.

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

341.14 (1e) (a) If any resident of this state, who is registering or has registered a motorcycle, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, from a physical therapist licensed to practice in any state, from a Christian Science practitioner residing in this state and listed in the Christian Science journal, or from the U.S. department of veterans affairs certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person a plate of a special design in lieu of the plate which ordinarily would be issued for the motorcycle, and shall renew the plate. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, physical therapist, practitioner, or U.S. department of veterans affairs as to the duration of the disability. The plate shall be so designed as to readily apprise law enforcement officers of the fact that the motorcycle is owned by a disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plate.

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

341.14 (1m) If any licensed driver submits to the department a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from a public health nurse certified or licensed to practice in any state, from an advanced practice registered nurse licensed to prac-

tice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, from a physical therapist licensed to practice in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying that another person who is regularly dependent on the licensed driver for transportation is a person with a disability that limits or impairs the ability to walk, the department shall issue and deliver to the licensed driver plates of a special design in lieu of the plates which ordinarily would be issued for the automobile or motor truck, dual purpose motor home or dual purpose farm truck having a gross weight of not more than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds or motor home, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is operated by a licensed driver on whom a disabled person is regularly dependent and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plates. The plates shall conform to the plates required in sub. (1a).

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

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

tion fee may be made for the issuance or renewal of the plates. The plates shall conform to the plates required in sub. (1a).

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

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

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

343.51 (1) Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle parked by, or under the direction of, the person, or a motor vehicle operated by or on behalf of the organization when used to transport such a person, to parking privileges under s. 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined by the department, upon submission by the applicant, if the applicant is an individual rather than an

organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, from a physical therapist licensed to practice in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, physical therapist, or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

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

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

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

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

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

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

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

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

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

440.077 (2) (c) Under the program under par. (a), a participating military medical personnel shall be supervised by a physician, physician assistant, podiatrist, registered professional nurse, or advanced practice registered nurse ~~prescriber~~. The supervising physician, physician assistant, podiatrist, registered 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 as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

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

440.982 (1) No person may engage in the practice of midwifery unless the person is granted a license under this subchapter, is granted a temporary permit pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as ~~a nurse-midwife under s. 441.15~~ an advanced

practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

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

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

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

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

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

441.001 (3c) PRACTICE OF A CERTIFIED NURSE-MIDWIFE. “Practice of a certified nurse-midwife” means practice in the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives 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:

441.001 (3w) PRESCRIPTION ORDER. “Prescription order” has the meaning given in s. 450.01 (21).

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

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

- (a) Certified nurse-midwife.
- (b) Certified registered nurse anesthetist.
- (c) Clinical nurse specialist.
- (d) Nurse practitioner.

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

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

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

441.01 (4) The board shall direct that those schools that qualify be placed on a list of schools the board has approved for professional nurses ~~or~~ of schools the board has approved for licensed practical nurses, or of schools the board has approved for advanced practice registered nurses on application and proof of qualifications; ~~and~~ the board shall make a study of nursing education and ~~initiate~~ promulgate rules and policies to improve it.

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

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

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

441.01 (7) (b) The board may not renew a registered nurse ~~or~~ licensed practical nurse, or advanced practice registered nurse license under this chapter unless the renewal applicant has completed the nursing workforce survey to the satisfaction of the board. The board shall establish standards to determine whether the survey has been completed. The board shall, by no later than June

30 of each odd-numbered year, submit all completed nursing workforce survey forms to the department of workforce development.

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

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

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

441.06 (title) Registered nurses; civil liability exemption.

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

441.06 (3) ~~— Except as provided in s. 441.09 (1) (c), a registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the nursing workforce survey and fee required under s. 441.01 (7) and the applicable renewal fee determined by the department under s. 440.03 (9) (a).~~

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

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

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

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

(a) Reporting in good faith to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice ~~nurse prescriber's~~ registered nurse's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

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

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

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

(2) (a) Subsection (1) does not prohibit 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. If a person to whom this paragraph applies uses, assumes, or appends to his or her name the title "doctor," the person shall 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.

(b) Subsection (1) does not prohibit 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.

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

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

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

(c) Acts ~~which that~~ show the registered nurse, ~~nurse-midwife advanced practice registered nurse,~~ or licensed practical nurse to be unfit or incompetent by reason of

negligence, abuse of alcohol or other drugs, or mental incompetency.

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

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

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

- (a) For a 1st violation, issue a written warning.
- (b) For a 2nd violation, suspend the license of the person.
- (c) For a 3rd violation, revoke the license of the person.

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

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

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

441.09 Advanced practice registered nurses; civil liability exemption. (1) LICENSE. (a) An applicant who satisfies all of the following requirements may apply to the board for initial licensure by the board as an advanced practice registered nurse:

1. The applicant satisfies one of the following criteria:
 - a. The applicant holds a valid license to practice as a registered nurse issued under s. 441.06 (1), (1c), or (1m).
 - b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or (1m) with the application for a license under this paragraph.
 - c. The applicant is a registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact.
2. The applicant provides evidence satisfactory to the board that he or she satisfies one of the following criteria:
 - a. The applicant has completed a graduate-level or postgraduate-level education program that is approved by the board and that prepares the applicant for the practice of advanced practice registered nursing in one of the 4 recognized roles, and the applicant holds a current certification by a national certifying body approved by the board.

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

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

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

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

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

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

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

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

(b) 1. a. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced practice registered nurse license to an applicant the board determines meets the requirements under par. (a). The board shall also grant a person who is granted a license under this subd. 1. a. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person's qualifications under par. (a).

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

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

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

3. The board may not grant an advanced practice

registered nurse license to a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless the board also grants the person the license under s. 441.06 (1), (1c), or (1m).

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

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

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

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

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

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

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

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

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

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

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

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

b. Use the title "certified registered nurse anesthetist," the title "C.R.N.A.," or anything else to indicate that he or she is a certified registered nurse anesthetist unless he or she has been granted a certified registered nurse anesthetist specialty designation under sub. (1) (b) 1.

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

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

(3m) PRACTICE REQUIREMENTS AND LIMITATIONS.

(a) 1. An advanced practice registered nurse licensed under this section may, except as provided in subd. 2. and par. (b), practice advanced practice registered nursing only in collaboration with a physician or dentist.

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

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

1. The advanced practice registered nurse has completed 3,840 hours of professional nursing in a clinical setting. Clinical hours completed as a requirement of a nursing program offered by a qualifying school of nursing under s. 441.06 (1) (c) may be used to satisfy the re-

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

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

3. The advanced practice registered nurse has completed 3,840 clinical hours of advanced practice registered nursing 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 advanced practice registered nurse during those 3,840 hours of practice. The advanced practice registered nurse may substitute additional hours of advanced practice registered nursing working with a physician or dentist described under this subdivision to count toward the requirement under subd. 1. Each such additional hour shall count toward one hour of the requirement under subd. 1.

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

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

(bg) 1. An advanced practice registered nurse may provide treatment of pain syndromes, as defined in s. 50.60 (5), 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. Except as provided in subd. 2., this subdivision applies regardless of whether the advanced practice registered nurse has qualified for independent practice under par. (b).

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

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

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

(c) Nothing in this section prohibits an entity employing or with a relationship with an advanced practice registered nurse from establishing additional requirements for an advanced practice registered nurse as a condition of employment or relationship.

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

1. A physician licensed under ch. 448.

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

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

(f) An advanced practice registered nurse with a certified nurse-midwife specialty designation may not offer to deliver babies outside of a hospital setting unless the advanced practice registered nurse files with the board, and the board approves, a proactive plan for ensuring appropriate care or care transitions conforming with professional standards for patients with higher acuity or emergency care needs that exceed the advanced practice registered nurse's scope of practice. An advanced practice registered nurse who offers to deliver babies outside of a hospital setting shall file a plan under this paragraph when applying for an initial license under this section or a renewal of a license under this section, shall keep the plan current with the board, and shall follow the plan.

(4) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per bien-

nium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse's area of practice. The board may promulgate rules regarding the continuing education requirements under this subsection.

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

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

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

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

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

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

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

a. Administer a drug prescribed by an advanced practice registered nurse.

b. Administer a drug at the direction of an advanced practice registered nurse.

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

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

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

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

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

(b) "Antimicrobial drug" has the meaning given in s. 448.035 (1) (b).

(c) "Expedited partner therapy" has the meaning given in s. 448.035 (1) (c).

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

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

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

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

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

441.10 (7) No license is required for practical nursing, but, except as provided in s. 257.03, no person without a license may hold himself or herself out as a licensed practical nurse or licensed attendant, use the title or letters "Trained Practical Nurse" or "T.P.N.," "Licensed Practical Nurse" or "L.P.N.," "Licensed Attendant" or "L.A.," "Trained Attendant" or "T.A.," or oth-

erwise seek to indicate that he or she is a licensed practical nurse or licensed attendant. No licensed practical nurse or licensed attendant may use the title, or otherwise seek to act as a registered, licensed, graduate or professional nurse. Anyone violating this subsection shall be subject to the penalties prescribed by s. 441.13. ~~The board shall grant without examination a license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant.~~ This subsection does not apply to any licensed practical nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact ~~under s. 441.51.~~

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

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

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

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

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

SECTION 123. 441.15 of the statutes is repealed.

SECTION 124. 441.16 of the statutes is repealed.

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

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

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

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

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

441.18 (3) An advanced practice registered nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dis-

penses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

SECTION 128. 441.19 of the statutes is repealed.

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

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

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

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

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician ~~or certified advanced practice nurse prescriber~~ may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician ~~or certified advanced practice nurse prescriber~~ shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician ~~or certified advanced practice nurse prescriber~~ is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

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

(4) (a) Except as provided in par. (b), a physician ~~or certified advanced practice nurse prescriber~~ is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial

drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

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

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

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

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

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

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

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

448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who renders any podi-

atric service or assistance, or gives any podiatric advice or any similar advice or assistance, to any patient, podiatrist, physician, physician assistant, advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~, partnership, or corporation, or to any other institution or organization, including a hospital, for which a charge is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal Social Security Act, render an individual statement or account of the charge directly to the patient, distinct and separate from any statement or account by any other podiatrist, physician, physician assistant, advanced practice registered nurse ~~prescriber~~, or other person.

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

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

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

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

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

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

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

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

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

medicine under ch. 89, or as otherwise provided by statute.

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

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. ~~441.092~~, 448.035, or 448.9725, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

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

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

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

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

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

450.11 (7) (b) Information communicated to a

physician, physician assistant, or advanced practice registered nurse ~~prescriber~~ in an effort to procure unlawfully a prescription drug or the administration of a prescription drug is not a privileged communication.

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

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

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

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

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

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

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

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

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

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

655.001 (1g) "Advanced practice registered nurse" means an individual who is licensed under s. 441.09, who has qualified to practice independently in his or her recognized role under s. 441.09 (3m) (b), and who practices advanced practice registered nursing, as defined under s. 441.001 (1c), outside of a collaborative rela-

tionship with a physician or dentist, as described under s. 441.09 (3m) (a) 1., or other employment relationship.

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

655.001 (7t) “Health care practitioner” means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist advanced practice registered nurse.

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

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

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

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

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

1. The physician or nurse anesthetist advanced practice registered nurse is a resident of this state.
2. The physician or nurse anesthetist advanced practice registered nurse practices his or her profession in this state or in Michigan or a combination of both more than 240 hours in a fiscal year.
3. The physician or nurse anesthetist advanced practice registered nurse performs more procedures in a Michigan hospital than in any other hospital. In this subdivision, “Michigan hospital” means a hospital located in Michigan that is an affiliate of a corporation organized under the laws of this state that maintains its principal office and a hospital in this state.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

655.003 (3) Except for a physician or nurse anesthetist advanced practice registered nurse who meets the

criteria under s. 146.89 (5) (a), a physician or ~~a nurse anesthetist~~ an advanced practice registered nurse who provides professional services under the conditions described in s. 146.89, with respect to those professional services provided by the physician or ~~nurse anesthetist~~ advanced practice registered nurse for which he or she is covered by s. 165.25 and considered an agent of the department, as provided in s. 165.25 (6) (b).

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

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

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

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

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

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

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

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

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

655.27 (3) (b) 2m. In addition to the fees and payment classifications described under subds. 1. and 2.,

the commissioner, after approval by the board of governors, may establish a separate payment classification for physicians satisfying s. 655.002 (1) (b) and a separate fee for ~~nurse anesthetists~~ advanced practice registered nurses satisfying s. 655.002 (1) (b) which take into account the loss experience of health care providers for whom Michigan is a principal place of practice.

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

655.275 (2) APPOINTMENT. The board of governors shall appoint the members of the council. Section 15.09, except s. 15.09 (4) and (8), does not apply to the council. The board of governors shall designate the chairperson, who shall be a physician, the vice chairperson, and the secretary of the council and the terms to be served by council members. The council shall consist of 5 or 7 persons, not more than 3 of whom are physicians who are licensed and in good standing to practice medicine in this state and one of whom is ~~a nurse anesthetist~~ an advanced practice registered nurse who is licensed and in good standing to practice nursing in this state. The chairperson or another peer review council member designated by the chairperson shall serve as an ex officio nonvoting member of the medical examining board and may attend meetings of the medical examining board, as appropriate.

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

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

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

895.478 (3m) ELEMENTARY AND SECONDARY SCHOOLS. An elementary or secondary school and its designated school personnel, and a physician, advanced practice registered nurse prescriber, or physician assistant who provides or administers an opioid antagonist, are not liable for any injury that results from the opioid antagonist, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, advanced practice registered nurse prescriber, or physician assistant, 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 subsection is in addition to and not in lieu of that provided under s. 895.48.

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

961.01 (19) (a) A physician, advanced practice registered nurse, dentist, veterinarian, podiatrist, op-

tometrists, scientific investigators or, subject to s. 448.975 (1) (b), a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

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

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

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

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

SECTION 172. Nonstatutory provisions.

(1) Using the procedure under s. 227.24, the board of nursing may promulgate rules under ch. 441 that are necessary to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the board is not re-

quired to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. A rule under this subsection may take effect no later than the date specified in SECTION 173 (intro.) of this act. Notwithstanding s. 227.24 (1) (c) and (2), a rule promulgated under this subsection is effective for 2 years after its promulgation, or until permanent rules take effect, whichever is sooner, and the effective period of a rule promulgated under this subsection may not be further extended under s. 227.24 (2).

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

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

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

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

Wisconsin Legislative Council

ACT MEMO



Prepared by: Margit Kelley, Principal Attorney

September 11, 2025

2025 Wisconsin Act 17
[2025 Assembly Bill 257]

**Advanced Practice Registered
Nurses**

LICENSURE OVERVIEW

2025 Wisconsin Act 17 creates a new system of licensure that allows a registered nurse (RN) to be licensed by the Board of Nursing as an advanced practice registered nurse (APRN). Among other things, the act generally authorizes an APRN to issue prescription orders, use the title “APRN,” and delegate certain tasks to other clinically trained health care workers. The system of APRN licensure replaces certain authorities granted to a person who was certified under prior law as an advanced practice nurse prescriber.

The act recognizes four distinct APRN roles, and allows an APRN to use the specialty designations corresponding to the recognized role or roles for which the person qualifies:

- Certified nurse-midwife; CNM.
- Certified registered nurse anesthetist; CRNA.
- Clinical nurse specialist; CNS.
- Nurse practitioner; NP.

The act specifies that no person may use, assume, or append to their name any title that is not granted by the board unless the person holds another credential that entitles the person to use the title, or the person is otherwise permitted by law to use the title. A person who holds a doctorate degree and uses, assumes, or appends to their name the title “doctor,” must also use, assume, or append to their name other words or abbreviations that represent the field in which the degree was received.¹

PRACTICE

Independent Practice

Subject to two exceptions, the act specifies that an APRN is required to practice in collaboration with a physician or dentist.

Under the first exception, a CNM is fully exempt from the collaboration requirement, but must submit to the board and follow a plan for births outside of a hospital.

¹ If the board finds that a person has violated the title provisions, 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. However, the statutory limitations on the board’s authority to reinstate a person whose license was revoked do not apply to a revocation for a third violation of improper title usage.

Under the second exception, an APRN who meets certain requirements for independent practice is also largely exempt from the collaboration requirement. Specifically, an APRN who has completed all of the following may engage in independent practice:

- 3,840 hours of professional nursing in a clinical setting, during which at least 24 months have elapsed since the APRN first began the required hours.
- 3,840 hours of APRN practice in the person's 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 which at least 24 months have elapsed since the APRN first began the required hours.

However, for pain management services, independent practice under the second exception is limited. Generally, an APRN may provide treatment of pain syndromes² 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. However, the collaborative relationship requirement does not apply to an APRN who has qualified for independent practice and either: (1) is providing treatment of pain syndromes through the use of invasive techniques in a hospital or hospital clinic; or (2) has privileges in a hospital to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.

Independent practice under either exception may be limited by any additional requirements established by an entity employing or having a relationship with an APRN, as a condition of the employment or relationship.

Practice Within Expertise; Delegation; Liability Insurance

The act requires an APRN to adhere to professional standards when managing situations that are beyond the APRN's expertise. If a particular patient's needs are beyond the expertise, the APRN must consult or collaborate with, or refer a patient to, a physician or other reasonable professional for the patient's needs.

An APRN may delegate a task or order to another clinically trained health care worker, if the task or order is within the APRN's practice and the APRN is competent to perform the task or issue the order, and the health care worker is minimally competent to perform the task or carry out the order.

An APRN must have malpractice liability insurance coverage in the amounts specified for participation in the Injured Patients and Families Compensation Fund (IPFCF). An APRN who practices independently outside of a collaborative relationship or other employment relationship must participate in the IPFCF.³

PATHWAYS TO LICENSURE

The act provides multiple pathways to APRN licensure.

² A "pain syndrome" means pain that has persisted, or is reasonably anticipated to persist, for more than three months or beyond the time frame for normal healing.

³ The IPFCF participation requirement applies only to an APRN who has qualified to practice independently under the second exception to the collaboration requirement. Accordingly, the IPFCF participation requirement does not apply to an APRN with a CNM specialty designation, who may practice independently under the first exception to the collaboration requirement.

First, a person who holds a valid license or multistate license as an RN, or concurrently applies for that license, may apply for an APRN license with a specialty designation in a recognized role if the applicant provides evidence of either of the following:

- That the applicant has completed a graduate-level or post-graduate-level education program approved by the board in one of the recognized roles and holds a current certification by a national certifying body approved by the board.
- That on January 1, 2026, the applicant was licensed in Wisconsin as an RN, was practicing in a recognized role, and satisfies additional criteria relating to practice, education, or certification established by the board.

Second, the board is required to grant an APRN license with a specialty designation in a recognized role for which the person is qualified to an RN who, on August 31, 2026, is certified as an advanced practice nurse prescriber in Wisconsin. This licensure replaces the provisions for certification as an advanced practice nurse prescriber that are repealed by the act.⁴

Third, the board is required to grant an APRN license with a CNM specialty designation to a person who, on August 31, 2026, is licensed as a nurse-midwife in Wisconsin. This licensure replaces the provisions for licensure as a nurse-midwife that are repealed by the act.

The board may place specific limitations on an APRN as a condition of licensure.⁵

RENEWAL

An APRN must renew the license every two years. To obtain a renewal, an APRN must complete at least 16 contact hours of continuing education during the renewal period in clinical pharmacology or therapeutics relevant to the APRN's area of practice. Additionally, an APRN must complete the biennial nursing workforce survey that also applies to RN and licensed practical nurse renewals.

RULEMAKING AUTHORITY

The board may promulgate rules necessary to administer APRN licensure, including determining acceptable national certifications, establishing appropriate education, training, or experience requirements to obtain a specialty designation in a recognized role, addressing continuing education requirements, and implementing the independent practice exception.

Additionally, the board may specify classes of drugs, individual drugs, or devices that may not be prescribed by an APRN, and may specify any conditions to be met for an RN to administer a drug at the direction of an APRN or as prescribed by an APRN.

The board may also further define the scope of practice of an APRN generally and in the recognized roles, but may not promulgate rules that expand the scope of practice of an APRN beyond the practices within advanced practice registered nursing.

⁴ Throughout the statutes, the act replaces each reference to actions by a "certified advanced practice nurse prescriber" with references to a "licensed advanced practice registered nurse." See, for example, s. 118.15 (3) (a), Stats.

⁵ In addition, the board must place a notation on an APRN license prohibiting an APRN from issuing prescription orders if the applicant did not hold a certificate as an advanced practice nurse prescriber on January 1, 2026, and either of the following apply: (1) the APRN license is issued on the basis of practice in a recognized role on January 1, 2026, without the person also having completed education and certification in a recognized role; or (2) the APRN license is issued on the basis of practice as a nurse-midwife on August 31, 2026.

The act provides special emergency rulemaking authority prior to the act's effective date, for up to two years after promulgation of the emergency rule, to implement the act.

Effective date: September 1, 2026

For a full history of the bill, visit the Legislature's [bill history page](#).

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2025 Wisconsin Act 17 - Advanced Practice Registered Nurses

- 1) New system of licensure that generally authorizes an individual with an APRN license to issue prescription orders and delegate tasks to other trained health care workers. The new system replaces certain authorities granted to an individual who was certified under prior law as an APNP.
- 2) The new license designation as an APRN will include the following recognized roles (s. [441.001 \(5\)](#)):
 - a. Certified Nurse Midwife (CNM)
 - b. Certified Registered Nurse Anesthetist (CRNA)
 - c. Clinical Nurse Specialist (CNS)
 - d. Nurse Practitioner (NP)

- 3) **Practice and delegation (s. [441.09 \(3m\) \(d\)](#) and [\(e\)](#))** – The act requires an APRN to adhere to professional standards when managing situations that are beyond the APRN’s expertise. If a particular patient’s needs are beyond the expertise, the APRN must consult or collaborate with, or refer a patient to, a physician or other reasonable professional for the patient’s needs.

An APRN may delegate a task or order to another clinically trained health care worker, if the task or order is within the APRN’s practice and the APRN is competent to perform the task or issue the order, and the health care worker is minimally competent to perform the task or carry out the order.

- 4) **Prescribing Authority (s. [441.09 \(2\)](#))** – APRNs will be able to prescribe but the board will need to specify the classes of drugs, individual drugs, or devices that they may NOT prescribe. This is also connected with ss. [961.395 \(1\) to \(3\)](#), [441.09 \(2\)](#), and [441.09 \(6\) \(a\) 4](#). The board will also need to specify the conditions to be met for RNs to do the following (s. [441.09 \(6\) \(a\) 5](#)):

- a. Administer a drug prescribed by an APRN.
- b. Administer a drug at the direction of an APRN.

- 5) **Licensure requirements (s. [441.09 \(1\)](#))** – The idea is that an applicant will be able to apply for an APRN license with a specific national certification, so there won’t be just an APRN, but an APRN CNM, CRNA, CNS, or NP depending on the national certification they were accredited. To apply, an applicant will need to satisfy **ALL of the following** requirements:

- a. **ONE of the following:**

- i. Hold a valid license in WI as a single state RN, multistate RN, or out of state/territory/Canada RN with equivalent education and training.

- ii. Apply concurrently to a single state RN, multistate RN, or equivalent license.
 - iii. RN with a multistate license issued by a state (not Wisconsin) that has adopted the nurse licensure compact.
- b. Provide evidence satisfactory to the board (**ASK BOARD**) of **ONE of the following**:
- i. Completion of a graduate-level or postgrad-level education approved by the board that prepares the applicant for the practice as an APRN in one of the 4 recognized roles AND the applicant holds a current national certification relating to one of the 4 recognized roles that is by a national certifying body approved by the board.
 - ii. On Jan 1, 2026, the applicant was licensed as an RN in WI and practicing AND satisfied additional criteria relating to practice, education, or certification (**ASK BOARD**)
- c. Pay fee.
- d. Evidence of malpractice liability insurance that meets the criteria in s. [441.09 \(5\)](#).
- e. Only for CNM designation, ALL of the following:
- i. Evidence of current certification by the American Midwifery Cert Board (AMCB) or its successor.
 - ii. Files with the Board a PROACTIVE PLAN required in s. [441.09 \(3m\) \(f\)](#) – **CONSULT WITH CREDENTIALING**.
- CNMs may NOT offer to deliver babies outside of a hospital setting UNLESS the board sees a proactive plan for ensuring appropriate care or care transition with professional standards for patients with emergency needs that exceeds the APRNs scope of practice. **This plan needs to be kept current with the Board.**
- f. Evidence of no arrest or conviction record.
- g. Any other education, training, or experience established by the board (**ASK BOARD**).

6) Grandfather clauses

- a. S. [441.09 \(1\) \(a\) 2. b.](#) – Grant APRN licenses to an applicant licensed as an RN and was practicing in this state on Jan 1st, 2026, plus the applicant satisfies additional

criteria for practice, education, and certification established by the board **(ASK BOARD)**.

- b. S. [441.09 \(1\) \(b\) 1. b.](#) – Grant APRN licenses to each RN certified as an APNP before Sept 1st, 2026, and recognize one or more specialty designations corresponding to what the board determines the person is qualified based on their practice, education, and certification.
 - c. S. [441.09 \(1\) \(b\) 1. c.](#) – Grant APRN licenses to nurse midwives licensed before Sept 1st, 2026, with the corresponding specialty designation.
 - d. S. [441.09 \(3m\) \(bd\)](#) – Out of state hours as an APRN may count towards the independent practice clinical hours if they were done before Sept 1st, 2026.
- 7) **Independent Practice** (s. [441.09 \(3m\) \(a\) 1.](#)) – Generally, APRNs will have to work in collaboration with a physician (“collaboration requirement”) but there are **2 EXCEPTIONS** to this requirement:
- a. CNMs are fully exempt from the collab requirement as long as they have a proactive plan on file with the board (s. [441.09 \(3m\) \(a\) 2.](#))
 - b. An APRN who has completed ALL of the following:
 - i. 3,840 hours of professional nursing in a clinical setting during which at least 24 months have passed since the APRN first began the required hours. The APRN can count clinical hours completed as a requirement of a nursing program but cannot count the hours completed during the education for their recognized role (s. [441.09 \(3m\) \(b\) 1.](#) and [2.](#))
 - ii. 3,840 hours of APRN practice in the individual’s recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the APRN, and at least 24 months have elapsed since the APRN first began the required hours (s. [441.09 \(3m\) \(b\) 3.](#) and [4.](#))
- 8) **Limitations to independent practice** – If the APRN works or provides pain management services. Generally, an APRN would be able to use invasive techniques to provide pain management services with the collaboration of a physician who through education, training, and experience, specializes in pain management. However, this does not apply to an APRN who has qualified for independent practice and falls under one of these two **EXCEPTIONS** (s. [441.09 \(3m\) \(bq\)](#)):
- a. The APRN provides pain treatment in a hospital or hospital clinic.

- b. The APRN has privileges in a hospital or hospital clinic that allows the APRN to do pain treatment without collaboration.

Both exceptions are subject to additional requirements by their employer or an entity in a relationship with an APRN, as a condition of employment or professional relationship (s. [441.09 \(3m\) \(c\)](#)).

9) **Renewal** (s. [441.09 \(1\) \(c\)](#)) – An APRN must renew the license every biennium, for which they will have to:

- a. Complete an application with name and residence.
- b. Pay the renewal fee.
- c. Complete a nursing workforce survey and pay the survey fee.
- d. Show evidence of completion of 16 hours of CE.
- e. Show evidence of holding current malpractice liability insurance coverage.
- f. For CNMs:
 - i. File a current proactive plan with the board.
 - ii. Evidence of current certification by the AMCB or its successor.
- g. Evidence of **ALL of the following** (**ASK LEGAL**):
 - i. **ONE of the following:**
 - 1. Hold a valid license in WI as a single state RN, multistate RN, or out of state/territory/Canada RN with equivalent education and training.
 - 2. Apply concurrently to a single state RN, multistate RN, or equivalent license.
 - 3. RN with a multistate license issued by a state (not Wisconsin) that has adopted the nurse licensure compact.
 - ii. **ONE of the following:**
 - 1. Completion of a graduate-level or postgrad-level education approved by the board that prepares the applicant for the practice as an APRN in one of the 4 recognized roles AND the applicant holds a current national

certification relating to one of the 4 recognized roles that is by a national certifying body approved by the board.

2. On Jan 1, 2026, the applicant was licensed as an RN in WI and practicing AND satisfied additional criteria relating to practice, education, or certification (**ASK BOARD**)
- iii. Any other education, training, or experience established by the board (**ASK BOARD**).

Once a licensee has met all the renewal requirements, the board shall grant the renewal of the APRN license with the specialty designations AND the renewal of the single state RN license, multistate RN license, or out of state/territory/province of Canada RN license.

10) **Board's rulemaking authority** (s. [441.09 \(6\)](#))

a. The board SHALL promulgate rules to:

- i. Further define the scope of practice of APRNs in each recognized role. However, the board may not expand the scope of practice of an APRN beyond the practices of advanced practice registered nursing (s. [441.09 \(6\) \(b\)](#))
- ii. Define the scope of practice within which the APRN may issue prescriptions. This also includes specifying the classes of drugs, individual drugs, or devices that may not be prescribed by an APRN. And also specifying the conditions to be met for RNs to do the following (s. [441.09 \(6\) \(a\) 5.](#)):
 1. Administer a drug prescribed by an APRN.
 2. Administer a drug at the direction of an APRN.
- iii. Determine acceptable national certification for each of the recognized roles.
- iv. Establish the appropriate education, training, or experience requirements that RNs need to satisfy to be APRNs and to obtain the appropriate specialty designation in the recognized role.
- v. Establish standards of professional conduct for APRNs in general and for practice in each recognized role.

b. The board MAY promulgate rules to implement the APRN independent practice requirements and limitations.

ILLINOIS

	Statutes	Administrative Code
Licensure requirements	<p>To be licensed as an APRN, an applicant must meet these four main requirements:</p> <ul style="list-style-type: none"> • RN Licensure: Hold a current, active license to practice as a professional registered nurse. This includes verification of licensure status in another jurisdiction, if applicable. • Graduate Education: Complete a graduate degree appropriate for national certification in a clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty. • National Certification: Maintain current certification from one of the board-approved national certifying bodies established by rule. • Background & Verification: Includes a criminal history check and verification of licensure/disciplinary status from all other states where you have practiced. <p>CRNA Exception A CRNA (Certified Registered Nurse Anesthetist) without a graduate degree as stated in the main requirements may qualify for licensure if they meet these requirements:</p> <ol style="list-style-type: none"> 1. Program Completion: Completion of a post-basic advanced practice formal education program in the area of nurse anesthesia before January 1, 1999. 2. Certification: Hold current certification from the NBCRNA (National Board of Certification & Recertification of Nurse Anesthetists). Also show that the certification has been maintained continually active and up to date. This certification should include the completion of an examination from either the Council on Certification of the 	<p><u>Section 1300.400 Application for Licensure</u></p> <p>To obtain licensure as an Advanced Practice Registered Nurse (APRN), an applicant must submit a formal application and meet the following requirements:</p> <ol style="list-style-type: none"> 1. Current Illinois registered professional nurse license number. 2. Proof of successful completion of a graduate degree appropriate for national certification in the clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty. 3. Verification of licensure as an APRN from the state in which an applicant was originally licensed, current state of licensure or any other state in which the applicant has been actively practicing as an APRN within the last 5 years, if applicable. 4. Proof of current national certification, which includes completion of an examination, from one of the following: <p>Nurse Midwife certification from:</p> <ul style="list-style-type: none"> • The American Midwifery Certification Board (AMCB); or • Other certifications approved by the Department under subsection (a)(3). <p>Nurse Practitioner certification from:</p> <ul style="list-style-type: none"> • American Academy of Nurse Practitioners Certification Program (AANP) as a Nurse Practitioner; • American Nurses Credentialing Center (ANCC) as a Nurse Practitioner;

ILLINOIS

	Statutes	Administrative Code
	<p>American Association of Nurse Anesthetists or the Council on Recertification of the American Association of Nurse Anesthetists.</p> <ol style="list-style-type: none"> 3. Apply before July 1, 2028. 4. Provide a complete work history for the 5-year period immediately preceding the date of application. 5. Provide verification of licensure as an APRN from the state originally licensed, current state of licensure, and any other state in which the applicant has been practicing as an APRN within the 5-year period immediately preceding the date of application. <p>Multiple Specialties Applicants who want to apply to practice in more than one role do not need two separate graduate degrees. They need to:</p> <ul style="list-style-type: none"> • Meet requirements for at least one specialty. • Possess an additional graduate education that results in a certificate for another APRN specialty and that meets the requirements of certification of the appropriate nursing specialty. • Hold a current national certification from the appropriate national certifying body for that additional APRN specialty. 	<ul style="list-style-type: none"> • The Pediatric Nursing Certification Board (PNCB) as a Nurse Practitioner; • American Association of Critical-Care Nurses (AACN); • National Certification Corporation (NCC); or • Other certifications approved by the Department under subsection (a)(3). <p>Registered Nurse Anesthetist certification from:</p> <ul style="list-style-type: none"> • National Board of Certification & Recertification of Nurse Anesthetists (NBCRNA); or • Other certifications approved by the Department under subsection (a)(3). <p>Clinical Nurse Specialist certification from:</p> <ul style="list-style-type: none"> • American Nurses Credentialing Center (ANCC) as a Clinical Nurse Specialist; • American Association of Critical Care Nurses (AACN) as a Clinical Nurse Specialist; or • Other certifications approved by the Department under subsection (a)(3). <p>The Board may accept certification from other national certifying bodies if the certifying body meets the following requirements:</p> <ul style="list-style-type: none"> • Is national in the scope of credentialing; • Has no requirement for an applicant to be a member of any organization; • Has an examination that represents a specialty practice category; evaluates knowledge, skills and abilities essential for the delivery of safe and effective specialty nursing care; whose content and distribution are specified in a test plan; is reviewed for content validity, cultural sensitivity and correct scoring, using an

ILLINOIS

	Statutes	Administrative Code
		<p>established mechanism, both before use and periodically; is evaluated for psychometric performance;</p> <ul style="list-style-type: none"> • Has a passing standard established using acceptable psychometric methods and is re-evaluated periodically; • Has examination security maintained through established procedures; • Issues a certification based upon passing the examination; • Has mechanisms in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status and changes in the certification program, including qualifications, test plan and scope of practice; and • Has an evaluation process to provide quality assurance in its certification program. <p>Multiple Specialties. An applicant seeking licensure in more than one advanced practice registered nursing category shall have met the requirements for at least one advanced practice registered nursing specialty; and:</p> <ol style="list-style-type: none"> 1. Submit proof of possession of an additional graduate education that results in a certificate for another clinical APRN category and that meets the requirements for the national certification from the appropriate nursing specialty; and 2. Submit proof of a current, national certification from the appropriate certifying body for that additional advanced practice registered nursing category.
Temporary permits	Sec. 65-11 & 65-11.5: Temporary Permits for Out-of-State APRNs	An applicant for licensure as an APRN under Section 65-5 of the Act may apply to the Division for a temporary permit, on forms provided by the Division, to practice as an APRN prior to

ILLINOIS

	Statutes	Administrative Code
	<p>The Department may issue temporary permits to APRNs licensed in other jurisdictions to provide health care services in Illinois with a collaborating physician.</p> <p>To qualify for a temporary permit, the applicant must meet the following criteria:</p> <ul style="list-style-type: none"> • Public Welfare: The Department must determine that the applicant's services will improve the welfare of Illinois residents and non-residents requiring health care services. • Out-of-State Licensure: Must hold an active license in good standing in another state or territory. Upon request, the applicant shall show a certified letter from the other jurisdiction attesting that the applicant has no pending action or violations against their license. • Education: Must possess a graduate degree or post-master's certificate in a clinical APRN specialty. • Competency: Must demonstrate sufficient training, core competencies to provide health care services, and is physically, mentally, and professionally capable of practicing as an APRN with reasonable judgment, skill, safety, and in accordance with applicable standards of care. • Sponsorship: Must work pursuant to an agreement with a sponsoring Illinois licensed hospital, medical office, or clinic. The sponsor must certify the applicant has an active and good standing license in the state in which they are licensed. The sponsor shall notify the Department if the applicant leaves or separates from the sponsor in any way. 	<p>the issuance of the APRN license. Temporary permits will not be issued prior to granting an APRN full practice authority under Section 65-43 of the Act.</p> <p>1) Application Requirements</p> <p>A) The application shall include a completed, signed application for licensure, as set forth in subsection (a).</p> <p>B) The application shall include documentation from an approved certifying body set forth in subsection (a)(2) indicating the date the applicant is scheduled to sit for the examination. Upon successful completion of the examination, proof of certification shall be submitted to the Division from the certifying body.</p> <p>C) An APRN who will be practicing in a hospital or ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act shall not be required to have prescriptive authority or a written collaborative agreement pursuant to the Act and this Part.</p> <p>D) An APRN applicant who will be practicing outside of a hospital or ambulatory surgical treatment center shall provide a certifying statement indicating that the APRN applicant has entered into a written collaborative agreement as required by Section 65-35 of the Act.</p> <p>E) The applicant shall include the processing fee set forth in Section 1300.30(a)(4).</p>

ILLINOIS

	Statutes	Administrative Code
	<ul style="list-style-type: none"> • Written collaborative agreement: The applicant has to meet all the applicable requirements of the written collaborative agreement. <p>Duration: Permits are valid for two years and may be renewed only once for an additional two years.</p>	
<p>Practice Pending Licensure</p>	<p>Sec. 65-10: APRN License-Pending Status This section outlines the requirements for recent graduates and licensed APRNs to practice while their formal applications are being processed.</p> <p>A graduate of an APRN program may practice in Illinois for no longer than 6 months provided they submit the following:</p> <ul style="list-style-type: none"> • Proof of current licensure as an RN in Illinois. • Proof of finishing a graduate APRN program that qualifies the applicant for both national certification and Illinois licensure in their specialty. • Proof of a pending application to take the national certification exam in the APRN’s area of specialty. <p>Restrictions & Identification:</p> <ul style="list-style-type: none"> • Prescriptive Authority: Graduates in "license-pending" status are strictly prohibited from being delegated prescriptive authority. • Required Titles: Must use the specific title of "license-pending certified clinical nurse specialist", "license-pending certified nurse midwife", "license-pending certified nurse practitioner", or "license-pending certified registered nurse anesthetist", whichever is applicable. 	<p>Practice Pending Licensure. The Division will provide a letter to each applicant indicating the ability to practice pending licensure. The Division shall notify the applicant in writing of the termination and shall notify the applicant by email of the intent to deny licensure. Practice pending licensure shall be terminated upon:</p> <ol style="list-style-type: none"> 1. The issuance of a permanent license; 2. Failure to complete the application process within 6 months from the date of application; 3. A finding by the Division that the applicant has violated one or more of the grounds for discipline set forth in Section 70-5 of the Act; 4. A finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of advanced practice registered nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or 5. A finding by the Division that the applicant does not meet the licensure requirements set forth in this Section.

ILLINOIS

	Statutes	Administrative Code
	<p>A licensed advanced practice registered nurse certified as a nurse midwife, clinical nurse specialist, or nurse practitioner who files with the Department a notarized attestation of completion of at least 250 hours of continuing education or training in the advanced practice registered nurse's area of certification and at least 4,000 hours of clinical experience after first attaining national certification and thus having met the requirements to be granted full practice authority shall be granted the authority to practice as a full practice authority-pending advanced practice registered nurse under the supervision of a full practice advanced practice registered nurse or a physician for a period of 6 months.</p>	
Prescriptive Authority	<p>225 ILCS 65/65-40. Written collaborative agreement – Prescriptive Authority.</p> <ul style="list-style-type: none"> • A physician may delegate prescriptive authority to an APRN as part of a written collaborative agreement, which can include prescription, selection, administration, storage, acceptance of samples, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances. In order to do this, the collaborating physician must have a valid Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances. • To prescribe controlled substances under this Section, an advanced practice registered nurse must obtain a mid-level practitioner controlled substance license. Medication orders shall be 	<p><u>Section 1300.430 Written Collaborative Agreement – Prescriptive Authority</u></p> <p>a) A collaborating physician or podiatric physician who delegates prescriptive authority to an advanced practice registered nurse shall include that delegation in the written collaborative agreement. This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatric physician must have a valid current Illinois controlled substances license and federal registration to delegate authority to prescribe delegated controlled substances.</p>

ILLINOIS

	Statutes	Administrative Code
	<p>reviewed periodically by the collaborating physician.</p> <ul style="list-style-type: none"> • The collaborating physician shall file with the Department and the Prescription Monitoring Program notice of delegation of prescriptive authority and termination of such delegation, in accordance with rules of the Department. • The collaborating physician may delegate authority to an advanced practice registered nurse to prescribe any Schedule II controlled substances, if all of the following conditions apply: <ol style="list-style-type: none"> 1. The delegated Schedule II controlled substances are routinely prescribed by the collaborating physician. However, Schedule II controlled substances to be delivered by injection or other route of administration may not be delegated. 2. Any delegation must be controlled substances that the collaborating physician prescribes. 3. Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only by the collaborating physician. 4. The APRN must discuss monthly with the collaborating physician the condition of the patient prescribed the controlled substances. 5. The APRN must obtain a mid-level practitioner registration, which includes providing evidence of completion of at least 45 graduate contact hours in pharmacology and completing 5 hours of CE in pharmacology. <p>These requirements do not apply to APRNs with full practice authority.</p>	<p>b) Pursuant to Section 65-40(d) of the Act, <i>a collaborating physician may, but is not required to, delegate authority to an APRN to prescribe any Schedule II controlled substances by oral dosage or topical or transdermal application if all the following conditions apply:</i></p> <ol style="list-style-type: none"> 1) <i>The delegated Schedule II controlled substance is specifically identified by either brand name or generic name. For the purposes of this Section generic substitution pursuant to Section 25 of the Pharmacy Practice Act [225 ILCS 85] shall be allowed under this Section when not prohibited by a prescriber's indication on the prescription that the pharmacist "may not substitute".</i> 2) <i>The delegated Schedule II controlled substances are routinely prescribed by the collaborating physician or podiatric physician.</i> 3) <i>Any Schedule II controlled substance prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating physician or podiatric physician.</i> 4) <i>The APRN must discuss the condition of any patients for whom a Schedule II controlled substance is prescribed monthly with the delegating physician or podiatric physician.</i> 5) <i>The APRN meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act [720 ILCS 570].</i> <p>c) <i>An APRN who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license in accordance with 77 Ill. Adm. Code 3100. The physician or podiatric</i></p>

ILLINOIS

	Statutes	Administrative Code
		<p>physician shall file a notice of delegation of prescriptive authority with the Division and the Prescription Monitoring Program. (Section 65-40(c) of the Act) The delegation of authority form shall be submitted to the Division and the Prescription Monitoring Program prior to the issuance of a mid-level controlled substances license.</p> <p>d) The APRN may only prescribe and dispense Schedule II controlled substances that the collaborating physician or podiatric physician prescribes. Licensed dentists may not delegate prescriptive authority.</p> <p>e) The APRN shall sign his/her own name when writing and signing prescriptions. The collaborating physician's or podiatric physician's signature is not required.</p> <p>f) An APRN may receive and dispense samples per the collaborative agreement.</p> <p>g) Medication orders shall be reviewed periodically by the collaborating physician.</p> <p>h) Nothing in this Section shall be construed to apply to an APRN granted full practice authority pursuant to Section 65-43.</p> <p>i) Nothing in this Section shall apply to any prescribing authority, including Schedule II controlled substances, of an APRN providing care in a hospital, hospital affiliate, or ambulatory surgical treatment center (see Section 65-45 of the Act).</p>
Full Practice Authority	<p>Sec. 65-43. Full Practice Authority (FPA) APRNs certified as Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs), and Clinical Nurse Specialists</p>	<p><u>Section 1300.465 Full Practice Authority</u></p>

ILLINOIS

	Statutes	Administrative Code
	<p>(CNSs) may practice without a written collaborative agreement if they attest to all of the following:</p> <ol style="list-style-type: none"> 1. Completion of at least 4,000 clinical hours of clinical experience in the APRN’s specialty and after first attaining national certification. The clinical experience shall be in collaboration with a physician. The completion must be attested by the collaborating physician or the employer as well as the APRN. 2. Completion of at least 250 hours of CE or training in their specialty. <p>Scope of practice:</p> <ol style="list-style-type: none"> 1. Everything mentioned under section 65-30 (see <i>Scope of Practice below</i>) 2. Authority to prescribe: <ul style="list-style-type: none"> • Legend drugs and Schedules II through V controlled substances without physician delegation. • Schedule II Narcotics (Opioids): May be prescribed only in a consultation relationship with a physician. This relationship must be recorded in the Prescription Monitoring Program website. The APRN must discuss these patients with the physician monthly. • Benzodiazepines: May prescribe up to a 120-day supply independently; continued prescriptions require physician consultation. • Authority is limited to local anesthetic only. 3. Authority to obtain an Illinois controlled substance license and a federal DEA number. 	<p>An APRN certified as a nurse midwife, clinical nurse specialist, or nurse practitioner seeking full practice authority shall submit a form provided by the Department indicating he/she has met the necessary requirements in Section 65-43 of the Act. The documentation shall include:</p> <ol style="list-style-type: none"> 1. Current APRN license number and current registered professional nurse license number. Only applicants whose APRN license and registered professional nurse license are current, active and unrestricted are eligible for full practice authority. 2. Notarized attestation, signed by the APRN, of completion of at least 250 hours of continuing education or training in the APRN’s area of certification. Continuing education and training, as used in this Section, shall include, but not be limited to: <ul style="list-style-type: none"> • Formal CE hours conducted by approved CE sponsors and programs as set forth in Section 1300.130(c)(1); • Completion of graduate education at universities or colleges; • CE programs required for certification or recertification by appropriate professional associations; • Other educational opportunities that comply with the continuing education standards in Section 1300.130. 3. Notarized attestation of completion of at least 4000 hours of clinical experience after first attaining national certification. The clinical experience must be in the APRN's area of certification. The clinical experience shall be in collaboration with a physician or

ILLINOIS

	Statutes	Administrative Code
	<p>4. Restrictions: the full practice authority does not authorize operative surgery (though assisting is permitted) or any health care services required by law to be performed exclusively by a physician.</p>	<p>physicians. Completion of the clinical experience must be attested to by the collaborating physician or physicians and the APRN. For APRNs working in a hospital setting, the clinical experience may be attested to by the hospital medical staff committee or designee.</p> <p>The scope of practice of an APRN granted full practice authority includes:</p> <ol style="list-style-type: none"> 1. All matters included in Section 65-30(c) of the Act (see <i>below Scope of Practice</i>); 2. Practicing without a written collaborative agreement in all practice settings consistent with national certification; 3. Authority to prescribe both legend drugs and Schedule II through V controlled substances. This authority includes prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, and controlled substances categorized as any Schedule II through V controlled substances, and other preparations, including, but not limited to, botanical and herbal remedies; 4. Prescribing benzodiazepines or Schedule II narcotic drugs, such as opioids, only in a consultation relationship with a physician; <ul style="list-style-type: none"> o This consultation relationship shall be recorded in the Prescription Monitoring Program website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and advanced practice registered nurse with full practice authority; o Consultation is not required to be filed with the Department;

ILLINOIS

	Statutes	Administrative Code
		<ul style="list-style-type: none"> ○ The specific Schedule II narcotic drug must be identified by either brand name or generic name; ○ May be administered by oral dosage or topical or transdermal application; ○ Delivery by injection or other route of administration is not permitted; ○ At least monthly, the APRN and the physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed; <ol style="list-style-type: none"> 5. Authority to obtain an Illinois controlled substances license and a federal Drug Enforcement Administration number; 6. Use of only local anesthetic; and 7. The scope of practice of an APRN does not include operative surgery.
<p>Scope of Practice</p>	<p>Sec. 65-30: APRN Scope of Practice This section defines the foundational legal parameters and professional capabilities for APRNs in Illinois. The scope of practice is built upon the knowledge and skills acquired through advanced nursing education, clinical training, and professional experience.</p> <p>The scope of practice of an advanced practice registered nurse includes, but is not limited to, each of the following:</p> <ol style="list-style-type: none"> 1. Advanced nursing patient assessment and diagnosis. 2. Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced 	<p><u>Section 1300.440 APRN Scope of Practice</u></p> <ol style="list-style-type: none"> a) <i>Advanced practice registered nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice registered nurse's nursing education, training and experience.</i> b) <i>Practice as an advanced practice registered nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.</i> c) <i>The scope of practice of an advanced practice registered nurse includes, but is not limited to, each of the following:</i> <ol style="list-style-type: none"> 1) <i>Advanced nursing patient assessment and diagnosis.</i>

ILLINOIS

	Statutes	Administrative Code
	<p>practice registered nurse or another health care professional.</p> <ol style="list-style-type: none"> 3. Ordering treatments, ordering or applying appropriate medical devices, and using nursing medical, therapeutic, and corrective measures to treat illness and improve health status. 4. Providing palliative and end-of-life care. 5. Providing advanced counseling, patient education, health education, and patient advocacy. 6. Prescriptive authority. 7. Delegating selected nursing interventions to a licensed practical nurse, a registered professional nurse, or other personnel. 	<ol style="list-style-type: none"> 2) <i>Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice registered nurse or another health care professional.</i> 3) <i>Ordering treatments, ordering or applying appropriate medical devices, and using nursing, medical, therapeutic, and corrective measures to treat illness and improve health status.</i> 4) <i>Providing palliative and end-of-life care.</i> 5) <i>Providing advanced counseling, patient education, health education, and patient advocacy.</i> 6) <i>Prescriptive authority as defined in Section 65-40 of the Act.</i> 7) <i>Delegating selected nursing interventions to a licensed practical nurse, a registered professional nurse, or other personnel. (Section 65-30 of the Act)</i> d) <i>An Illinois-licensed advanced practice registered nurse certified as a nurse practitioner, certified nurse midwife or clinical nurse specialist may be granted the authority to practice without a written collaborative agreement as set forth in Section 65-43 of the Act and Section 1300.465 of this Part.</i>

MICHIGAN		
	Statutes	Administrative Code
<p>Licensure requirements and scope of practice</p>	<p><u>333.17201 Definitions</u> (a) "Advanced practice registered nurse" or "a.p.r.n." means a registered professional nurse who has been granted a specialty certification under section 17210 in 1 of the following health profession specialty fields: (i) Nurse midwifery. (ii) Nurse practitioner. (iii) Clinical nurse specialist.</p> <p><u>333.17210 Registered professional nurse; issuance of specialty certification; qualifications; rules; scope of practice for nurse anesthetist; malpractice insurance required; definitions. Sec. 17210.</u></p> <p>(1) The Michigan board of nursing may grant a specialty certification to a registered professional nurse who has advanced training beyond that required for initial licensure, who has demonstrated competency through examination or other evaluative processes, and who practices in 1 of the following health profession specialty fields: (a) Nurse midwifery. (b) Nurse anesthetist. (c) Nurse practitioner. (d) Subject to subsection (2), clinical nurse specialist.</p> <p>(2) The Michigan board of nursing shall promulgate rules establishing the qualifications for the training and competency of the health profession specialty field of clinical nurse specialist. The Michigan board of nursing shall not grant a specialty certification as a clinical nurse specialist under subsection (1) until after the effective date of the rules promulgated under this subsection.</p> <p>(3) All of the following apply to a registered professional nurse who holds a specialty certification as a nurse anesthetist:</p>	<p>R 338.10404 Specialty certification qualifications; nurse anesthetist. Rule 404. A specialty certification for a nurse anesthetist shall be granted to a registered professional nurse who satisfies all of the following requirements: (a) Holds a current and valid license to practice nursing in this state. (b) Submits an application for certification as a nurse anesthetist on a form provided by the department, with the required fee. (c) Possesses current certification from the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA), or a successor organization.</p> <p>R 338.10404a Specialty certification qualifications; nurse midwife. Rule 404a. A specialty certification for nurse midwife shall be granted to a registered professional nurse who satisfies all of the following requirements: (a) Holds a current and valid license to practice nursing in this state. (b) Submits an application for certification as a nurse midwife on a form provided by the department with the required fee. (c) Possesses a current certification from the American Midwifery Certification Board, Inc. (AMBC), or a successor organization.</p>

MICHIGAN

Statutes

Administrative Code

(a) In addition to performing duties within the scope of the practice of nursing, his or her scope of practice includes any of the following anesthesia and analgesia services if the services are performed in accordance with the American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice:

(i) Development of a plan of care.

(ii) Performance of all patient assessments, procedures, and monitoring to implement the plan of care or to address patient emergencies that arise during implementation of the plan of care.

(iii) Selection, ordering, or prescribing and the administration of anesthesia and analgesic agents, including pharmacological agents that are prescription drugs as defined in section 17708 or controlled substances. For purposes of this subparagraph, the authority of a registered professional nurse who holds a specialty certification as a nurse anesthetist to prescribe pharmacological agents is limited to pharmacological agents for administration to patients as described in subdivision (b), (c), or (d), and his or her authority does not include any activity that would permit a patient to self-administer, obtain, or receive pharmacological agents, including prescription drugs or controlled substances, outside of the facility in which the anesthetic or analgesic service is performed or beyond the perioperative, periobstetrical, or periprocedural period.

(b) If he or she meets both of the following requirements, he or she may provide the anesthesia and analgesia services described in subdivision (a) without supervision:

R 338.10404b Specialty certification qualifications; nurse practitioner.

Rule 404b. A specialty certification for nurse practitioner shall be granted to a registered professional nurse who satisfies all of the following requirements:

(a) Holds a current and valid license to practice nursing in this state.

(b) Submits an application for certification as a nurse practitioner, on a form provided by the department with the required fee.

(c) Possesses advanced practice certification from 1 of the following certification organizations, or successor organizations:

(i) The American Nurses Credentialing Center.

(ii) The Pediatric Nursing Certification Board.

(iii) The National Certification Corporation for Women’s Health Care Nurse Practitioner and Neonatal Nurse Practitioner.

(iv) The American Academy of Nurse Practitioners for Emergency Nurse Practitioners, Family Nurse Practitioners, and Adult-Gerontology Primary Care Nurse Practitioners.

(v) The Oncology Nursing Certification Corporation.

MICHIGAN

Statutes

Administrative Code

(i) He or she meets either of the following:

(A) He or she has practiced in the health profession specialty field of nurse anesthetist for 3 years or more and has practiced in that health profession specialty field in a health care facility for a minimum of 4,000 hours.

(B) He or she has a doctor of nurse anesthesia practice degree or doctor of nursing practice degree.

(ii) He or she is collaboratively participating in a patient-centered care team.

(c) He or she may provide the anesthesia and analgesia services described in subdivision (a) in a health care facility if the health care facility has a policy in place under subsection (4) allowing for the provision of the anesthesia and analgesia services and ensuring that a qualified health care professional is immediately available in person or through telemedicine to address any urgent or emergent clinical concerns.

(d) The anesthesia and analgesia services described in subdivision (a) may be performed for and during the perioperative, peripostetrical, or periprocedural period.

(e) If he or she is practicing pain management in a freestanding pain clinic, he or she must be under the supervision of a physician.

(4) A health care facility may adopt policies relating to the provision of anesthesia and analgesia services. If a health care facility uses a registered professional nurse who holds a specialty certification as a nurse anesthetist to perform the anesthesia and analgesia services described in subsection (3) who is not employed by the health care

(vi) The American Association of Critical Care Nurses Certification Corporation for Acute Care Nurse Practitioner.

R 338.10404c Specialty certification qualifications; clinical nurse specialist.

Rule 404c. A specialty certification for a clinical nurse specialist must be granted to a registered professional nurse who satisfies all the following requirements:

(a) Holds a current and valid license to practice nursing in this state.

(b) Submits an application for certification as a clinical nurse specialist, on a form provided by the department with the required fee.

(c) Possesses an advanced practice certification from either of the following certification organizations, or successor organizations:

(i) The American Nurses Credentialing Center.

(ii) The American Association of Critical Care Nurses Certification Corporation.

MICHIGAN

Statutes

Administrative Code

facility, the health care facility shall ensure that the registered professional nurse or the person employing the registered professional nurse maintains malpractice insurance.

(5) Subsection (3) does not require new or additional third party reimbursement or mandated worker's compensation benefits for anesthesia and analgesia services provided under that subsection by a registered professional nurse who holds a specialty certification as a nurse anesthetist under this part.

(6) As used in this section:

(a) "Collaboratively participating" means practicing and communicating with health care professionals involved in the patient-centered care team to optimize the overall care delivered to the patient.

(b) "Health care facility" means any of the following:

(i) A hospital inpatient or outpatient facility.

(ii) A freestanding surgical outpatient facility.

(iii) An office of a physician, podiatrist, or dentist.

(iv) Any other office or facility in which diagnostic or therapeutic procedures are provided to a patient, including, but not limited to, imaging, endoscopy, or cystoscopy services.

(c) "Health care professional" means an individual who is licensed or registered to perform a health profession under this article.

MICHIGAN		
	Statutes	Administrative Code
	<p>(d) "Patient-centered care team" means a group of health care professionals, which must include, but is not limited to, a qualified health care professional, who directly or indirectly care for a patient by each contributing his or her specialized knowledge, skill, and experience to the care of the patient.</p> <p>(e) "Qualified health care professional" means any of the following health care professionals who has completed the necessary education, training, and experience in anesthesia care or pharmacology, or has experience with procedures requiring anesthesia:</p> <p>(i) A physician.</p> <p>(ii) A dentist licensed under part 166.</p> <p>(iii) A podiatric physician licensed under part 180.</p>	
Prescriptive Authority	<p><u>333.17211a</u> Advanced practice registered nurse; authority to prescribe nonscheduled prescription drug or controlled substance. Sec. 17211a.</p> <p>(1) An advanced practice registered nurse may prescribe any of the following:</p> <p>(a) A nonscheduled prescription drug.</p> <p>(b) Subject to subsection (2), a controlled substance included in schedules 2 to 5 of part 72, as a delegated act of a physician.</p> <p>(2) If an advanced practice registered nurse prescribes a controlled substance under subsection (1)(b), both the advanced practice</p>	

MICHIGAN

Statutes

Administrative Code

registered nurse's name and the physician's name shall be used, recorded, or otherwise indicated in connection with that prescription. If an advanced practice registered nurse prescribes a controlled substance under subsection (1)(b), both the advanced practice registered nurse's and the physician's DEA registration numbers shall be used, recorded, or otherwise indicated in connection with that prescription.

(3) The amendatory act that added this section does not require new or additional third-party reimbursement or mandated worker's compensation benefits for services rendered by an advanced practice registered nurse who is authorized to prescribe nonscheduled prescription drugs and controlled substances included in schedules 2 to 5 of part 72 under this section.

MINNESOTA		
	Statutes	Administrative Code
Licensure requirements	<p>Section 148.171 Subd. 3. Advanced practice registered nurse.</p> <p>"Advanced practice registered nurse," abbreviated APRN, means an individual licensed as an advanced practice registered nurse by the board and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner. The national nursing certification organization must:</p> <p>(1) be endorsed by a national professional nursing organization that describes scope and standards statements specific to the practice as a clinical nurse specialist, nurse-midwife, nurse practitioner, or registered nurse anesthetist for the population focus for which the individual will be certified;</p> <p>(2) be independent from the national professional nursing organization in decision-making for all matters pertaining to certification or recertification;</p> <p>(3) administer a professional nursing certification program that is psychometrically sound and legally defensible, and meets nationally recognized accreditation standards for certification programs; and</p> <p>(4) require periodic recertification or be affiliated with an organization that provides recertification.</p> <p>Section 148.211 Subd. 1a. Advanced practice registered nurse licensure.</p> <p>(a) No advanced practice registered nurse shall practice as an advanced practice registered nurse unless the advanced</p>	<p>6305.0410 REQUIREMENTS FOR ADVANCED PRACTICE REGISTERED NURSE INITIAL LICENSURE.</p> <p>Graduation from an approved advanced practice nursing program. An applicant who has graduated from an approved advanced practice nursing program is eligible for licensure as an advanced practice registered nurse.</p> <p>Resolution of application deficiencies related to education. If an applicant cannot demonstrate graduation from an approved advanced practice program, the applicant will be considered for licensure if the applicant: A. met the advanced practice nursing educational requirements that were in effect on July 1, 2014; B. graduated from an advanced practice nursing program in a state or territory in the United States that does not approve advanced practice nursing programs; or C. provides evidence through a credentials evaluation that the applicant has graduated from a graduate- or postgraduate-level advanced practice nursing program equivalent to an advanced practice nursing program in a state or territory in the United States.</p> <p>Confirmation of graduation. A. The applicant must demonstrate confirmation of graduation that meets Minnesota Statutes. The confirmation must: (1) be completed and signed by an official of the advanced practice program; (2) bear the seal or stamp of the controlling institution;</p>

MINNESOTA

	Statutes	Administrative Code
	<p>practice registered nurse is licensed by the board under this section.</p> <p>(b) An applicant for a license to practice as an advanced practice registered nurse (APRN) shall apply to the board in a format prescribed by the board and pay a fee in an amount determined under section 148.243.</p> <p>(c) To be eligible for licensure an applicant:</p> <p style="padding-left: 40px;">(1) must hold a current Minnesota professional nursing license or demonstrate eligibility for licensure as a registered nurse in this state;</p> <p style="padding-left: 40px;">(2) must not hold an encumbered license as a registered nurse in any state or territory;</p> <p style="padding-left: 40px;">(3)(i) must have completed a graduate level APRN program accredited by a nursing or nursing-related accrediting body that is recognized by the United States Secretary of Education or the Council for Higher Education Accreditation as acceptable to the board. The education must be in one of the four APRN roles for at least one population focus. For APRN programs completed on or after January 1, 2016, the program must include at least one graduate-level course in each of the following areas: advanced physiology and pathophysiology; advanced health assessment; and pharmacokinetics and pharmacotherapeutics of all broad categories of agents; or</p> <p style="padding-left: 40px;">(ii) must demonstrate compliance with the advanced practice registered nursing educational requirements that were in effect in Minnesota at the time the</p>	<p>(3) reflect each role and each population focus consistent with Minnesota Statutes and for which the applicant is applying; and</p> <p>(4) include verification of completion of three separate graduate-level courses in advanced physiology and pathophysiology, advanced health assessment, and advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents, if the program was completed after January 1, 2016.</p> <p>Verification of certification. The applicant must demonstrate current certification by a national nurse certifying organization that has been approved by the board. Certification must be in one of the six populations. Certification in the adult- or gerontology-only population will not be accepted for purposes of initial licensure after November 1, 2017.</p> <p>Postgraduate practice. At the time of application, a certified nurse practitioner or clinical nurse specialist applicant must submit documentation of initiation or completion of postgraduate practice hours as defined in Minnesota Statutes, section 148.211, subdivision 1c (see <i>Scope of Practice under Statutes</i>).</p> <p>Clinical practice component. If more than five years have elapsed since the applicant has practiced in the advanced practice registered nurse role, the applicant shall complete a reorientation plan in the same advanced practice registered nurse role and population focus. The plan must include supervision</p>

MINNESOTA		
	Statutes	Administrative Code
	<p>applicant completed the advanced practice registered nursing education program;</p> <p>(4) must be currently certified by a national certifying body recognized by the board in the APRN role and population foci appropriate to educational preparation;</p> <p>(5) must report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction; and</p> <p>(6) must not have committed any acts or omissions which are grounds for disciplinary action in another jurisdiction or, if these acts have been committed and would be grounds for disciplinary action as set forth in section 148.261, the board has found, after investigation, that sufficient restitution has been made.</p>	<p>during the clinical component by a qualified practitioner. The applicant shall submit the plan and the name of the qualified practitioner to the board. The plan must include a minimum of 500 hours of clinical practicum required by the certifying body for recertification and be submitted with the initial application for licensure.</p>
Postgraduate practice	<p>Section 148.211 Subd. 1c. Postgraduate practice.</p> <p>A nurse practitioner or clinical nurse specialist who qualifies for licensure as an advanced practice registered nurse must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where advanced practice registered nurses and physicians work together to provide patient care. The nurse practitioner or clinical nurse specialist shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this subdivision, a collaborative agreement is a mutually agreed upon plan for the overall working relationship between a nurse practitioner or clinical nurse specialist, and one or more physicians licensed under chapter 147 or in another state or United States territory, or one or</p>	

MINNESOTA		
	Statutes	Administrative Code
	<p>more advanced practice registered nurses licensed under this section that designates the scope of collaboration necessary to manage the care of patients. The nurse practitioner or clinical nurse specialist, and one of the collaborating physicians or advanced practice registered nurses, must have experience in providing care to patients with the same or similar medical problems.</p>	
Prescriptive Authority	<p>Section 148.235 Subd. 7a. Diagnosis, prescribing, and ordering.</p> <p>Advanced practice registered nurses are authorized to:</p> <ul style="list-style-type: none"> (1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies and providers; (2) prescribe, procure, sign for, record, administer, and dispense over-the-counter, legend, and controlled substances, including sample drugs; and (3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable medical devices and equipment, nutrition, diagnostic services, and supportive services including, but not limited to, home health care, hospice, physical therapy, and occupational therapy. <p>Subd. 7b. Drug Enforcement Administration requirements.</p> <p>(a) Advanced practice registered nurses must:</p> <ul style="list-style-type: none"> (1) comply with federal Drug Enforcement Administration (DEA) requirements related to controlled substances; and 	

MINNESOTA		
	Statutes	Administrative Code
	<p>(2) file any and all of the nurse's DEA registrations and numbers with the board.</p> <p>(b) The board shall maintain current records of all advanced practice registered nurses with DEA registration and numbers.</p>	
Use of title	<p><u>SECTION 148.233 IDENTIFICATION OF CERTIFIED REGISTERED NURSES.</u> Subdivision 1. Registered nurse.</p> <p>A registered nurse certified in a specialized field of professional nursing as described in section 148.171, subdivision 22, shall use the designation RN,C for personal identification and in documentation of services provided. Identification of educational degrees and specialty fields may be added.</p> <p>Subd. 2. Advanced practice registered nurse.</p> <p>(a) Only those persons who hold a current license to practice advanced practice registered nursing in this state may use the title advanced practice registered nurse with the role designation of certified registered nurse anesthetist, certified nurse-midwife, certified clinical nurse specialist, or certified nurse practitioner.</p> <p>(b) An advanced practice registered nurse shall use the appropriate designation: APRN, CNS; APRN, CNM; APRN, CNP; or APRN, CRNA for personal identification and in documentation of services provided. Identification of educational degrees and specialty fields may be added.</p>	

MINNESOTA

	Statutes	Administrative Code
	(c) When providing nursing care, an advanced practice registered nurse shall provide clear identification of the appropriate advanced practice registered nurse designation.	

CHAPTER 621
ADVANCED REGISTERED NURSE PRACTITIONERS

[Prior to 8/26/87, Nursing Board[590] Ch 7]

[Prior to 6/11/25, see Nursing Board[655] Ch 7]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

481—621.1(17A,124,147,152) Definitions.

“*Advanced registered nurse practitioner*” or “*ARNP*” means a person who is currently licensed as a registered nurse under Iowa Code chapter 152 or 152E who is licensed by the board as an advanced registered nurse practitioner.

“*Asynchronous store-and-forward transmission*” means the collection of a patient’s relevant health information and the subsequent transmission of the data from an originating site to a health care provider at a distant site without the presence of the patient.

“*Board*” as used in this chapter means the Iowa board of nursing.

“*Collaboration*” is the process whereby an ARNP and physician jointly manage the care of a client.

“*Controlled substance*” means a drug in Schedules II through V of subchapter II of Iowa Code chapter 124.

“*Cross-coverage*” means a licensee who engages in a remote evaluation of a patient, without in-person contact, at the request of another licensed health care provider who has established a proper practitioner-patient relationship with the patient.

“*Dispense*” means to provide a prescription drug to a patient for self-use outside of the ARNP’s practice location. “Dispense” does not include administration.

“*Licensee*” means an individual licensed by the board as an advanced registered nurse practitioner.

“*National professional certification organization*” means the American Academy of Nurse Practitioners, the American Association of Critical Care Nurses, the American Midwifery Certification Board, the American Nurses Credentialing Center, the National Board of Certification and Recertification for Nurse Anesthetists, the National Certification Corporation, and the Pediatric Nursing Certification Board.

“*On call*” means a licensee is available, where necessary, to attend to the urgent and follow-up needs of a patient for whom the licensee has temporarily assumed responsibility, as designated by the patient’s primary care licensee or other health care provider of record.

“*Opioid*” means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

“*Prescription monitoring program database*” or “*PMP database*” means a centralized database of reportable controlled substance prescriptions dispensed to patients and includes data access logs, security tracking information, and records of each individual who requests prescription monitoring program (PMP) information as operated by the board of pharmacy.

“*Telehealth*” means the practice of nursing using electronic audiovisual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telehealth, for the purposes of this rule, does not include the provision of nursing services only through an audio-only telephone, email messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.2(152) Requirements for licensure as an ARNP.

621.2(1) Qualifications. An applicant for an ARNP license shall:

- a. Hold an active unrestricted license as a registered nurse in accordance with 481—Chapter 617.
- b. Graduate from an accredited graduate or postgraduate advanced practice educational program in one of the following roles, except as provided by subrule 621.2(2):

- (1) Certified nurse-midwife.
- (2) Certified registered nurse anesthetist.
- (3) Certified nurse practitioner.
- (4) Clinical nurse specialist.
- c. Hold current certification issued by a national professional certification organization as a certified nurse-midwife or certified registered nurse anesthetist, or as a certified nurse practitioner or clinical nurse specialist in at least one of the following population foci:
 - (1) Women's health/gender-related.
 - (2) Family (individual across the lifespan).
 - (3) Psychiatric mental health.
 - (4) Adult/gerontology.
 - (5) Pediatrics.
 - (6) Neonatal.

621.2(2) Exception. An applicant who has completed a formal advanced practice educational program but has not graduated from an accredited graduate or postgraduate advanced practice educational program may be licensed as an ARNP provided that the applicant possesses a current certification from a national professional certification organization as described in paragraph 621.2(1) "c." This exception is intended to allow for the grandfathering of ARNPs who completed educational programs before the board required graduation from an accredited graduate or postgraduate advanced practice educational program.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.3(17A,147,152) Application process.

- 621.3(1)** An applicant shall submit to the board:
- a. An ARNP application for each population focus.
 - b. A dated copy of the applicant's current advanced level certification issued by the appropriate national professional certification organization.
 - c. If the applicant is not licensed as a registered nurse in Iowa, verification of an active registered nurse license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.
 - d. A nonrefundable license fee of \$81.
- 621.3(2)** The applicant shall request that official transcripts be sent directly to the board from the educational program verifying the coursework, date of completion of the program, and the degree conferred.
- 621.3(3)** The executive director of the board or the executive director's designee has the authority to determine if all requirements have been met for licensure of the applicant as an ARNP. If all requirements have been met:
- a. The applicant will be issued a license and a certificate to practice as an ARNP that clearly denotes the applicant's name, title, and population focus, and the expiration date of the license.
 - b. The expiration date of the ARNP license will be the same as the expiration date of the applicant's license to practice as a registered nurse.
- 621.3(4)** Licensure completion. An applicant shall complete the ARNP licensure process within 12 months from the start of the application. The board reserves the right to destroy incomplete application materials after 12 months.
- 621.3(5)** Renewal of licensure. An ARNP license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the expiration date. To renew, a licensee shall submit the information required by subrule 621.3(1). The expiration date assigned to a renewed ARNP license is the same as the expiration date of the licensee's license to practice as a registered nurse.
- 621.3(6)** Inactive status. Failure to renew an ARNP license within 30 days after its expiration results in an inactive ARNP license.
- a. Continuing to work as an ARNP with an inactive ARNP license may result in disciplinary action.
 - b. To reactivate the license, the licensee must reactivate the underlying license to practice as a registered nurse, if required, and complete the license renewal process for the ARNP license.

621.3(7) License denial. Rule 481—617.9(17A,272C) governs the denial of an application for an ARNP license.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.4(17A,147,152) Advanced nursing practice.

621.4(1) An ARNP shall practice within the ARNP’s respective population foci and practice in accordance with the applicable standard of care as described in guidelines published by national professional associations or other reputable sources.

621.4(2) An ARNP must maintain current certification with a national professional certification organization at all times while the ARNP license is active.

621.4(3) An ARNP licensed by the board may prescribe, administer, or dispense prescription drugs or devices, including controlled substances, within the ARNP’s role and population foci and consistent with applicable state and federal laws.

621.4(4) An ARNP has the authority to practice to the full extent of the ARNP’s license, education, and experience in the ARNP’s respective population foci. An ARNP may:

- a. Assess health status;
- b. Obtain a relevant health and medical history;
- c. Perform physical examinations;
- d. Order preventive and diagnostic procedures;
- e. Formulate a differential diagnosis;
- f. Develop a treatment plan;
- g. Develop a patient education plan;
- h. Receive third-party reimbursement;
- i. Maintain hospital privileges; and
- j. Promote health maintenance.

621.4(5) Supervision of fluoroscopy. An ARNP is permitted to provide direct supervision in the use of fluoroscopic X-ray equipment, as defined in rule 641—38.2(136C).

a. The ARNP shall provide direct supervision of fluoroscopy pursuant to the following provisions:

(1) Completion of an educational course including content in radiation physics, radiobiology, radiological safety and radiation management applicable to the use of fluoroscopy, and maintenance of documentation verifying successful completion.

(2) Collaboration, as needed, as defined in rule 481—621.1(17A,124,147,152).

(3) Compliance with facility policies and procedures.

b. The ARNP shall maintain documentation of the initial educational course.

c. The initial education requirements are subject to audit by the board pursuant to 481—subrule 619.2(10).

621.4(6) Only a person currently licensed as an advanced registered nurse practitioner may use that title and the letters “ARNP” after the person’s name.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.5(17A,147,152) Standards of practice for treating patients. An ARNP shall follow the standards of practice for the ARNP’s respective population foci. Prior to treating a patient, an ARNP shall:

621.5(1) Establish a patient-provider relationship.

621.5(2) Perform and document the following, or have access to the patient’s health records where all of the following have been documented by other providers in the care team:

- a. Chief complaint;
- b. Pertinent health history;
- c. A focused assessment;
- d. Diagnosis; and
- e. Plan of treatment.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.6(17A,124,147,152,272C) Standards of practice for controlled substances.

621.6(1) An ARNP who prescribes or administers a controlled substance shall:

- a. Review health history, including but not limited to a personal and family substance abuse risk assessment, or the documented rationale for not performing the assessment.
- b. Ensure the health record includes documentation of the presence of one or more recognized indications for the use of a controlled substance.
- c. Utilize a treatment agreement if continuously prescribing one or more controlled substances.
- d. Provide ongoing education of the risks of using a controlled substance, and information regarding addiction, physical dependence, substance abuse, and tolerance, or document the rationale for not providing the education.
- e. Maintain an active Drug Enforcement Administration (DEA) registration and an active controlled substances Act (CSA) registration to dispense, prescribe, or administer controlled substances, when required by the DEA and the board of pharmacy.
- f. Not prescribe a controlled substance to the ARNP's self or to a family member unless the prescribing occurs in a clinical setting when an emergency situation arises and when there is no other qualified practitioner available to the patient.

621.6(2) The board may discipline an ARNP for prescribing opioids in dosage amounts that exceed what would be prescribed by a reasonably prudent ARNP in a similar practice.

621.6(3) An ARNP who has prescribed opioids to a patient during the renewal cycle is required to complete a minimum of two contact hours of continuing education regarding the U.S. Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal every three years. These hours may count towards the 36 contact hours required for license renewal. The ARNP shall maintain documentation of these hours, which may be subject to audit.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.7(124) Use of the prescription monitoring program.

621.7(1) Prior to the prescribing or dispensing of an opioid by an ARNP, the ARNP or the ARNP's authorized delegate shall query the PMP database and the ARNP shall review the patient's information contained in the PMP database.

621.7(2) This rule does not apply to an ARNP when treating a patient who is receiving inpatient hospice care or long-term residential facility care.

621.7(3) This rule does not apply to an ARNP who issues a medication order for an opioid to be administered to a patient at a hospital or clinic.

621.7(4) An ARNP is responsible for understanding the board of pharmacy's rules governing use of the prescription monitoring program in 481—Chapter 556.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.8(152) Prescribing epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of a facility or school.

621.8(1) An ARNP may issue a prescription for one or more epinephrine auto-injectors in the name of a facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school.

621.8(2) An ARNP may issue a prescription for one or more bronchodilator canisters or bronchodilator canisters and spacers in the name of a school district or an accredited nonpublic school.

621.8(3) An ARNP may issue a prescription for one or more opioid antagonists in the name of a school district.

621.8(4) An ARNP who prescribes epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school, to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16, and 280.16A, provided the ARNP has acted reasonably and in good faith, is not be liable for any injury arising from the provision, administration, or

assistance in the administration of an epinephrine auto-injector, bronchodilator canister, bronchodilator canister and spacer, or opioid antagonist.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

481—621.9(152) Standards of practice for telehealth.

621.9(1) *Telehealth permitted.* A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

621.9(2) *License required.* An advanced registered nurse practitioner who provides services through telehealth to a patient physically located in Iowa must be licensed by the board. A licensee who provides services through telehealth to a patient physically located in another state shall be subject to the laws and jurisdiction of the state where the patient is physically located.

621.9(3) *Standard of care.*

a. A licensee who provides services through telehealth is held to the same standard of care as is applicable to in-person settings. A licensee shall not perform any service via telehealth unless the same standard of care can be achieved as if the service was performed in person.

b. Prior to initiating contact with a patient for the purpose of providing services to the patient using telehealth, a licensee shall:

- (1) Review the patient's history and all relevant medical records; and
- (2) Determine as to each unique patient encounter whether the licensee will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

621.9(4) *Scope of practice.* A licensee who provides services through telehealth must practice within the licensee's respective population foci and ensure the services provided are consistent with the licensee's scope of practice, education, training, and experience.

621.9(5) *Practitioner-patient relationship.*

a. Prior to providing services through telehealth, the licensee shall first establish a practitioner-patient relationship. A practitioner-patient relationship is established when:

- (1) The person with a health-related matter seeks assistance from the licensee;
- (2) The licensee agrees to provide services; and
- (3) The person agrees to be treated, or the person's legal guardian or legal representative agrees to the person's being treated, by the licensee regardless of whether there has been a previous in-person encounter between the licensee and the person.

b. A practitioner-patient relationship can be established through an in-person encounter, consultation with another licensee or health care provider, or telehealth encounter.

c. Notwithstanding paragraphs 621.9(5) "a" and "b," services may be provided through telehealth without first establishing a practitioner-patient relationship in the following settings or circumstances:

- (1) Institutional settings;
- (2) Licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities, and hospice settings;
- (3) In response to an emergency or disaster;
- (4) Informal consultations with another health care provider performed by a licensee outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- (5) Episodic consultations by a specialist located in another jurisdiction who provides consultation services upon request to a licensee;
- (6) A substitute licensee acting on behalf and at the designation of an absent licensee or other health care provider in the same specialty on an on-call or cross-coverage basis; or
- (7) When a sexually transmitted disease has been diagnosed in a patient, a licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention.

621.9(6) *Consent to telehealth.* Prior to providing services via telehealth, the licensee shall obtain consent from the patient, or the patient's legal guardian or legal representative, to receive services via telehealth.

621.9(7) Technology. A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 30, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

621.9(8) Prescriptions. A licensee providing services through telehealth may issue a prescription to a patient as long as the issuance of such prescription is consistent with the standard of care applicable to the in-person setting.

621.9(9) Records. A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, standards of care for recordkeeping, confidentiality, and disclosure of a patient's medical record.

621.9(10) Follow-up care. A licensee who provides services through telehealth shall refer a patient for follow-up care when required by the standard of care.

[ARC 9164C, IAB 4/30/25, effective 6/4/25; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code sections 17A.3, 124.551A, 124.552, 147.2, 147.10, 147.11, 147.72, 147.74, 147.76, 147.80, 147.107, 152.1, 152.6, 152.7, and 272C.2C.

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[Editorial change: IAC Supplement 6/11/25]

CHAPTER 623
CERTIFIED PROFESSIONAL MIDWIVES

[Prior to 6/11/25, see Nursing Board[655] Ch 16]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

481—623.1(148I) Definitions. As used in this chapter, in addition to those listed below, definitions as stated in Iowa Code section 148I.1 apply to this chapter.

“*Administer*” means the same as defined in Iowa Code section 155A.3(1).

“*Consultation*” means discussing the aspects of an individual client’s circumstance with other professionals to ensure comprehensive and quality care for the client, consistent with the objectives in the client’s treatment plan or for purposes of making adjustments to the client’s treatment plan. Consultation may include history-taking; examination of the client; rendering an opinion concerning diagnosis or treatment; or offering service, assistance or advice.

“*Professional conduct*” means behavior that adheres to the practice standards set out in rule 481—623.3(148I).

“*Unprofessional conduct*” means unethical conduct, including but not limited to acts or behavior that is inconsistent with Iowa Code chapter 148I or any violations of this chapter.

[ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.2(148I) Licensure.

623.2(1) Initial license. An individual seeking initial licensure as a certified professional midwife (CPM) will submit the following:

- a. A completed application for licensure.
- b. Payment of the application fee.
- c. A dated copy of the applicant’s current certification issued by the North American Registry of Midwives or its successor organization, including the applicant’s education or midwifery bridge certificate in accordance with Iowa Code section 148I.2.
- d. An official transcript or certificate denoting the date of high school graduation and diploma or equivalent.
- e. A dated certificate of completion of mandatory reporter training.
- f. A written plan in accordance with Iowa Code section 148I.4(1) “g.”
- g. Two completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check.
- h. If the applicant has a criminal history, a copy of all documents required by rule 481—617.11(272C).

623.2(2) Renewal of license. A CPM license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the license expiration date. To renew, a licensee shall submit the following:

- a. A completed application for licensure.
- b. Payment of the application fee.
- c. A dated copy of the applicant’s current certification issued by the North American Registry of Midwives or its successor organization.
- d. Attestation of fulfillment of the continuing education and peer review requirements established by the North American Registry of Midwives or its successor organization.
- e. Attestation of reporting client data to the department of health and human services by way of filing the paperwork required to obtain a birth certificate in accordance with Iowa Code section 148I.4(1) “i.”

623.2(3) Inactive status. Failure to renew a CPM license within 30 days after its expiration will result in an inactive CPM license.

- a. Continuing to work as a CPM with an inactive CPM license may result in disciplinary action.
- b. To reactivate the license, the licensee must complete the license renewal process established in subrule 623.2(2).

623.2(4) Fees. The following fees apply to licensure for CPMs.

- a. Application fee for an initial license is \$81 for a period of licensure up to three years.
- b. Evaluation fee of the fingerprint cards and the criminal history background check by the Federal Bureau of Investigation (FBI) and the state division of criminal investigation (DCI) is \$50.
- c. Fee for renewal of license to practice as a CPM is \$81.
- d. Fee for late renewal of a license to practice as a CPM is \$50, plus the renewal fee.
- e. Fee for reactivation of a license to practice as a CPM is \$81 for any period of licensure up to three years.
- f. All other fees are the same as defined in rule 481—617.1(148I).

623.2(5) Exceptions to licensure. Exceptions to licensure are established in Iowa Code section 148I.3. [ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.3(148I) Practice standards. A CPM shall practice within the legal boundaries for certified professional midwifery as set forth in Iowa Code chapter 148I, this chapter, and any other pertinent law or regulation. A licensed CPM shall:

623.3(1) Comply with the practice standards accepted by the North American Registry of Midwives as defined by the National Association of Certified Professional Midwives (NACPM) or its successor organization, as of February 1, 2024, found at nacpm.org.

623.3(2) Demonstrate professionalism and accountability in the practice of certified professional midwifery, including:

- a. Demonstrating honesty and integrity in practice.
- b. Basing decisions in practice on knowledge, judgment, skills, and the needs of clients.
- c. Maintaining competence through completion of the continuing education requirements in subrule 623.2(2) and application of such education in practice.
- d. Reporting to appropriate authorities instances of unsafe practice by a CPM.
- e. Being accountable for judgments and individual actions as a CPM and competence, decisions, and behaviors in the practice of certified professional midwifery.

623.3(3) Maintain a record of, and provide to each client orally and by written consent form, all information and consents in accordance with Iowa Code section 148I.4(1) “h.”

623.3(4) Comply with Iowa Code sections 136A.6 and 136A.5A.

623.3(5) File a birth certificate for each birth in accordance with Iowa Code section 148I.4.

623.3(6) Consult with a licensed physician or certified nurse midwife for high-risk pregnancies and births.

a. A CPM shall consult with a licensed physician or a certified nurse midwife providing obstetrical care whenever there are significant deviations, including but not limited to abnormal laboratory results, relative to a client’s pregnancy or to a neonate. If a referral to a physician is needed, the CPM shall refer the client to a physician and, if possible, remain in consultation with the physician until resolution of the concern.

b. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any mother who presents with or develops the following risk factors or presents with or develops other risk factors that in the judgment of the CPM warrant consultation:

(1) Antepartum.

1. Pregnancy-induced hypertension, as evidenced by a blood pressure of at least 140/90 on two occasions greater than six hours apart.
2. Persistent, severe headaches; epigastric pain; or visual disturbances.
3. Persistent symptoms of urinary tract infection.
4. Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.
5. Rupture of membranes prior to the thirty-seventh week of gestation.
6. Noted abnormal decrease in or cessation of fetal movement.
7. Anemia resistant to supplemental therapy.
8. Fever of 102°F or 39°C or greater for more than 24 hours.
9. Nonvertex presentation after 38 weeks of gestation.

10. Hyperemesis or significant dehydration.
 11. Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer that may have a detrimental effect on mother or fetus.
 12. Elevated blood glucose level unresponsive to dietary management.
 13. Positive HIV antibody test.
 14. Primary genital herpes infection in pregnancy.
 15. Symptoms of malnutrition, anorexia, protracted weight loss or failure to gain weight.
 16. Suspected deep vein thrombosis.
 17. Documented placental anomaly or previa.
 18. Documented low-lying placenta in a woman with a history of previous cesarean delivery.
 19. Labor prior to the thirty-seventh week of gestation.
 20. History of prior uterine incision.
 21. Lie other than vertex at term.
 22. Known fetal anomalies that may be affected by the site of birth.
 23. Marked abnormal fetal heart tones.
 24. Abnormal nonstress test or abnormal biophysical profile.
 25. Marked or severe polyhydramnios or oligohydramnios.
 26. Evidence of intrauterine growth restriction.
 27. Significant abnormal ultrasound findings.
 28. Gestation beyond 42 weeks by reliable confirmed dates.
- (2) Intrapartum.
1. Rise in blood pressure above baseline, more than 30/15 points or greater than 140/90.
 2. Persistent, severe headaches; epigastric pain; or visual disturbances.
 3. Significant proteinuria or ketonuria.
 4. Fever over 100.6°F or 38°C in absence of environmental factors.
 5. Ruptured membranes without onset of established labor after 18 hours.
 6. Significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption.
 7. Lie not compatible with spontaneous vaginal delivery or unstable fetal lie.
 8. Failure to progress after five hours of active labor or following two hours of active second-stage labor.
 9. Signs and symptoms of maternal infection.
 10. Active genital herpes at onset of labor.
 11. Fetal heart tones with nonreassuring patterns.
 12. Signs or symptoms of fetal distress.
 13. Thick meconium or frank bleeding with birth not imminent.
 14. Client or CPM desires physician consultation or transfer.
- (3) Postpartum.
1. Failure to void within six hours of birth.
 2. Signs or symptoms of maternal shock.
 3. Febrile: 102°F or 39°C and unresponsive to therapy for 12 hours.
 4. Abnormal lochia or signs or symptoms of uterine sepsis.
 5. Suspected deep vein thrombosis.
 6. Signs of clinically significant depression.
- c. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any neonate who is born with or develops the following risk factors:
- (1) Apgar score of six or less at five minutes without significant improvement by ten minutes.
 - (2) Persistent grunting respirations or retractions.
 - (3) Persistent cardiac irregularities.
 - (4) Persistent central cyanosis or pallor.
 - (5) Persistent lethargy or poor muscle tone.
 - (6) Abnormal cry.

- (7) Birth weight less than 2,300 grams.
- (8) Jitteriness or seizures.
- (9) Jaundice occurring before 24 hours or outside of normal range.
- (10) Failure to urinate within 24 hours of birth.
- (11) Failure to pass meconium within 48 hours of birth.
- (12) Edema.
- (13) Prolonged temperature instability.
- (14) Significant signs or symptoms of infection.
- (15) Significant clinical evidence of glycemic instability.
- (16) Abnormal, bulging, or depressed fontanel.
- (17) Significant clinical evidence of prematurity.
- (18) Medically significant congenital anomalies.
- (19) Significant or suspected birth injury.
- (20) Persistent inability to suck.
- (21) Diminished consciousness.
- (22) Clinically significant abnormalities in vital signs, muscle tone or behavior.
- (23) Clinically significant color abnormality, cyanotic, or pale or abnormal perfusion.
- (24) Abdominal distension or projectile vomiting.
- (25) Signs of clinically significant dehydration or failure to thrive.

623.3(7) Not use forceps or a vacuum extractor in accordance with Iowa Code section 148I.4.

[ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.4(148I) Delegation to another CPM. The CPM shall apply the delegation process when delegating to another CPM by:

623.4(1) Delegating only those midwifery tasks that fall within the delegate's scope of practice, education, experience, and competence.

623.4(2) Matching the client's needs and circumstances with the delegate's qualifications and resources.

623.4(3) Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the delegate.

623.4(4) Monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

623.4(5) Evaluating client outcomes as a result of the delegation process.

623.4(6) Intervening when problems are identified and revising plan of care when needed.

623.4(7) Retaining accountability for properly implementing the delegation process.

623.4(8) Promoting a safe and therapeutic environment by:

a. Providing appropriate monitoring of the care environment.

b. Identifying unsafe care situations.

c. Correcting problems or referring problems to a physician as described in Iowa Code section 148.1 or advanced registered nurse practitioner as defined in Iowa Code section 152.1.

[ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.5(148I) Testing and drugs.

623.5(1) A licensee may:

a. Obtain and administer drugs in accordance with Iowa Code section 148I.4.

b. Obtain and administer the following drugs approved by the board of nursing:

(1) Pyridoxine (vitamin B6) IM or IV for treatment of hyperemesis;

(2) Terbutaline for cord prolapse; and

(3) Nifedipine for eclampsia.

c. Request board approval to obtain and administer other drugs, not otherwise stated in Iowa Code section 148I.4(1) "d," consistent with the practice of certified professional midwifery.

d. Obtain appropriate screening and testing for clients in accordance with Iowa Code section 148I.4(1) "c."

e. Administer prescription drugs prescribed by a licensed health care provider to a client in accordance with Iowa Code section 148I.4(1) “*e.*”

623.5(2) A licensee who dispenses or administers controlled substances must adhere to 481—Chapter 553.

623.5(3) In addition to following the standards of practice for treating a client described in rule 481—623.3(148I), a licensee who administers a controlled substance shall practice in accordance with the following:

a. The client’s health history will include a personal and family substance abuse risk assessment performed by a licensed prescribing health care provider or the documented rationale for not performing the assessment.

b. The client’s health record must include documentation of the presence of one or more recognized indications for the use of a controlled substance.

c. A licensee who administers any controlled substance will maintain an active Drug Enforcement Administration (DEA) registration and active controlled substances Act (CSA) registration when required by the DEA and the board of pharmacy.

[ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.6(148I) Discipline. A licensee may be disciplined for failure to comply with Iowa Code chapter 148I or this chapter or for any wrongful act or omission related to the licensee’s practice, licensure, or professional conduct, including but not limited to the following:

623.6(1) In accordance with Iowa Code section 147.55(1), behavior that constitutes fraud in procuring a license that may include but need not be limited to the following:

a. Falsification of the application, certification, or records submitted to the board for licensure or license renewal as a CPM.

b. Fraud, misrepresentation, or deceit in taking the licensing examination or in obtaining a license as a CPM.

623.6(2) In accordance with Iowa Code section 147.55(2), professional incompetency that may include but need not be limited to the following:

a. Lack of knowledge, skill, or ability to discharge professional obligations within the scope of the practice of midwifery.

b. Deviation by the licensee from the standards of learning, education, or skill ordinarily possessed and applied by other CPMs in the state of Iowa acting in the same or similar circumstances.

c. Willful or repeated departure from or failure to conform to the minimum standards of acceptable and prevailing practice of midwifery in the state of Iowa.

623.6(3) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct or practice harmful or detrimental to the public that may include but need not be limited to the following:

a. Engaging in practice contradictory to NACPM standards of practice.

b. Performing services beyond the authorized scope of practice for which the individual is licensed or prepared.

c. Allowing another person to use one’s license for any purpose.

d. Failing to comply with any rule promulgated by the board related to minimum standards of care.

e. Improper delegation of services, functions or responsibilities.

f. Committing an act or omission that may adversely affect the physical or psychosocial welfare of the client.

g. Committing an act that causes physical, emotional, or financial injury to the client.

h. Violating the confidentiality or privacy rights of the client.

i. Discriminating against a client because of age, sex, race, ethnicity, national origin, creed, illness, disability, sexual orientation, or economic or social status.

j. Failing to assess, accurately document, evaluate, or report the status of a client when necessary.

k. Misappropriating or attempting to misappropriate medications, property, supplies, or equipment of the client.

l. Fraudulently or inappropriately using or permitting the use of prescriptions, obtaining or attempting to obtain prescription medications under false pretenses, or assisting others to obtain or attempt to obtain prescription medication under false pretenses.

m. Practicing midwifery while under the influence of alcohol, marijuana, or illicit drugs or while impaired by the use of pharmacological agents or medications, even if legitimately prescribed.

n. Being involved in the unauthorized manufacture or distribution of a controlled substance.

o. Being involved in the unauthorized possession or use of a controlled substance.

p. Engaging in behavior that is contradictory to professional decorum.

q. Failing to report suspected wrongful acts or omissions committed by the licensee of the board.

r. Failing to comply with an order of the board.

s. Administering drugs:

(1) In an unsafe manner.

(2) Without accurately documenting the drug or without assessing, evaluating, or instructing the patient or client.

(3) To individuals who are not clients.

t. Failing to properly safeguard or secure medications.

u. Failing to properly document or perform medication wastage.

623.6(4) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct or practice harmful or detrimental to the public that may include but need not be limited to the professional boundaries violations in paragraphs 623.6(4) “a” through “e.” For purposes of this subrule, “client” includes the client and the client’s family that are present with the client while the client is under the care of the licensee.

a. Sexual contact with a client, regardless of the client’s consent.

b. Making lewd, suggestive, demeaning, or otherwise sexual comments, regardless of client consent.

c. Participating in, initiating, or attempting to initiate a sexual or emotional relationship with a client, regardless of client consent.

d. Soliciting, borrowing, or misappropriating money or property from a client, regardless of client consent.

e. Engaging in a sexual, emotional, social or business relationship with a former client when there is a risk of exploitation or harm to the client, regardless of client consent.

623.6(5) In accordance with Iowa Code section 147.55(4), habitual intoxication or addiction to the use of drugs that may include but need not be limited to the following:

a. Excessive use of alcohol that may impair a licensee’s ability to practice the profession with reasonable skill and safety.

b. Excessive use of drugs that may impair a licensee’s ability to practice the profession with reasonable skill and safety.

623.6(6) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. An offense directly relates to the duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or if the circumstances under which the offense was committed are circumstances customary to the profession.

623.6(7) In accordance with Iowa Code section 147.55(5), fraud in representation as to skill or ability.

623.6(8) In accordance with Iowa Code section 147.55(6), use of untruthful or improbable statements in advertisements.

623.6(9) In accordance with Iowa Code section 147.55(7), willful or repeated violations of provisions of Iowa Code chapter 147, 148I, or 272C.

623.6(10) In accordance with Iowa Code section 147.55(10), other acts or offenses as specified by board rules, including the following:

a. Failing to provide written notification of a change of address to the board within 30 days of the event.

b. Failing to notify the board within 30 days from the date of the final decision in a disciplinary action taken by the licensing authority of another state, territory, or country.

c. Failing to notify the board of a criminal conviction within 30 days of the action, regardless of whether the judgment of conviction or sentence was deferred, and regardless of the jurisdiction where it occurred.

d. Failing to submit an additional completed fingerprint packet as required and the applicable fee, when a previous fingerprint submission has been determined to be unacceptable, within 30 days of a request made by board staff.

e. Failing to respond to the board during a board audit or submit verification of compliance with continuing education requirements or exceptions within the time period provided.

f. Failing to respond to the board during a board audit or submit verification of compliance with training in child or dependent adult abuse identification and reporting or exceptions within the time period provided.

g. Failing to respond to or comply with a board investigation or subpoena.

h. Engaging in behavior that is threatening or harassing to the board, board staff, or agents of the board.

623.6(11) In accordance with Iowa Code section 147.2 or 147.10:

a. Engaging in the practice of midwifery in Iowa prior to licensure.

b. Engaging in the practice of midwifery in Iowa on an inactive license.

[ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

481—623.7(148I) Telehealth.

623.7(1) *Telehealth permitted.* A CPM may, in accordance with all applicable laws and rules, provide services to a client through telehealth.

623.7(2) *License required.* A CPM who provides services through telehealth to a client physically located in Iowa must be licensed by the board. A CPM who provides services through telehealth to a client physically located in another state shall be subject to the laws and jurisdiction of the state where the client is physically located.

623.7(3) *Standard of care.*

a. A CPM who provides services through telehealth shall be held to the same standard of care as is applicable to in-person settings. A CPM shall not perform any service via telehealth unless the same standard of care can be achieved as if the service were performed in person.

b. Prior to initiating contact with a client for the purpose of providing services to the client using telehealth, a CPM shall:

(1) Review the client's history and all relevant medical records; and

(2) Determine as to each unique client encounter whether the CPM will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

623.7(4) *Scope of practice.* A CPM who provides services through telehealth must ensure the services provided are consistent with the CPM's scope of practice, education, training and experience.

623.7(5) *CPM-client relationship.*

a. Prior to providing services through telehealth, the CPM shall first establish a CPM-client relationship. A CPM-client relationship is established when:

(1) The client seeks assistance from the CPM;

(2) The CPM agrees to provide services; and

(3) The client agrees to be treated, or the client's legal guardian or legal representative agrees to the client being treated, by the CPM regardless of whether there has been a previous in-person encounter between the CPM and the client.

b. A CPM-client relationship can be established through an in-person encounter, consultation with another CPM or health care provider, or telehealth encounter.

c. Notwithstanding paragraphs 623.7(5) "a" and "b," services may be provided through telehealth without first establishing a CPM-client relationship in the following settings or circumstances:

(1) In response to an emergency or disaster;

(2) Via informal consultations with another health care provider performed by a CPM outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(3) A substitute CPM acting on behalf and at the designation of an absent CPM in the same specialty on an on-call or cross-coverage basis.

623.7(6) *Consent to telehealth.* Prior to providing services via telehealth, the CPM shall obtain consent from the client, or the client's legal guardian or legal representative, to receive services via telehealth.

623.7(7) *Technology.* A CPM providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA), as effective June 19, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the CPM can safely and effectively provide the telehealth services and abide by the applicable standard of care.

623.7(8) *Records.* A CPM who provides services through telehealth shall maintain a record of the care provided to the client. Such records shall comply with all applicable laws, rules, and standards of care for recordkeeping, confidentiality, and disclosure of a client's medical record.

623.7(9) *Follow-up care.* A CPM who provides services through telehealth shall refer a client for follow-up care when required by the standard of care.

[ARC 8114C, IAB 7/10/24, effective 6/19/24; Editorial change: IAC Supplement 6/11/25]

These rules are intended to implement Iowa Code chapter 148I.

[Filed Emergency After Notice ARC 8114C (Notice ARC 7935C, IAB 5/15/24), IAB 7/10/24,
effective 6/19/24]

[Editorial change: IAC Supplement 6/11/25]

CHAPTER 152

NURSING

Referred to in §124E.2, 125.2, 135.24, 135.61, 135.194, 135B.7, 135G.1, 135J.1, 135P.1, 135Q.1, 137.105, 142C.7, 144.29A, 144D.1, 147.74, 147.76, 147.136A, 147A.12, 148F.7, 148H.1, 148H.4, 148L.3, 155A.33B, 216.8C, 229.1, 249A.4, 280.16, 321.34, 321.186, 321L.2, 514.21, 514C.11, 514C.13, 514F.1, 514F.6, 622.10, 702.8, 702.17, 708.3A, 714H.4, 915.46

Enforcement, §147.87, 147.92

Penalty, §147.86

Licensing board and support staff;

location, meetings, and powers; see §10A.503 – 10A.505, 135.12

Utilization and cost control review committee; §514F.1

Authority of advanced registered nurse practitioner
to prescribe drugs; limitations; see §147.107

152.1	Definitions.	152.6	Licenses — professional abbreviations.
152.2	Executive director.	152.7	Applicant qualifications.
152.3	Director's duties. Repealed by 2024 Acts, ch 1170, §66.	152.8	Reciprocity.
152.3A	Advisory committees.	152.9	Temporary license.
152.4	Appropriations.	152.9A	Limited nursing authorization.
152.5	Education programs.	152.10	License revocation or suspension.
152.5A	Student record checks.	152.11	Investigators for nurses.
		152.12	Examination information.

152.1 Definitions.

As used in [this chapter](#):

1. “Advanced registered nurse practitioner” means a person who is currently licensed as a registered nurse under this chapter or chapter [152E](#) who is licensed by the board of nursing as an advanced registered nurse practitioner.

2. “Board” means the board of nursing, created under [chapter 147](#).

3. As used in [this section](#), “nursing diagnosis” means to identify and use discriminatory judgment concerning physical and psychosocial signs and symptoms essential to determining effective nursing intervention.

4. “Physician” means a person licensed in this state to practice medicine and surgery, osteopathic medicine and surgery, or a person licensed in this state to practice dentistry or podiatry when acting within the scope of the license. A physician licensed to practice medicine and surgery or osteopathic medicine and surgery in a state bordering this state shall be considered a physician for purposes of [this chapter](#) unless previously determined to be ineligible for such consideration by the board of medicine.

5. The “practice of a licensed practical nurse” means the practice of a natural person who is licensed by the board to do all of the following:

a. Perform services in the provision of supportive or restorative care under the supervision of a registered nurse or a physician.

b. Perform additional acts under emergency or other conditions which require education and training and which are recognized by the medical and nursing professions and are approved by the board, as being proper to be performed by a licensed practical nurse.

c. Make the pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a Medicare-certified home health agency, a Medicare-certified hospice program or facility, or an assisted living facility or residential care facility, with notice of the death to a physician, advanced registered nurse practitioner, or physician assistant.

6. The “practice of nursing” means the practice of a registered nurse, a licensed practical nurse, or an advanced registered nurse practitioner. It does not mean any of the following:

a. The practice of medicine and surgery and the practice of osteopathic medicine and surgery, as defined in [chapter 148](#), or the practice of pharmacy as defined in [chapter 155A](#), except practices which are recognized by the medical and nursing professions and approved by the board as proper to be performed by a registered nurse.

b. The performance of nursing services by an unlicensed student enrolled in a nursing education program if performance is part of the course of study. Individuals who have been licensed as registered nurses, licensed practical or vocational nurses, or advanced registered

nurse practitioners in any state or jurisdiction of the United States are not subject to this exemption.

c. The performance of services by unlicensed workers employed in offices, hospitals, or health care facilities, as defined in [section 135C.1](#), under the supervision of a physician or a nurse licensed under [this chapter](#), or employed in the office of a psychologist, podiatric physician, optometrist, chiropractor, speech pathologist, audiologist, or physical therapist licensed to practice in this state, and when acting while within the scope of the employer's license.

d. The practice of a nurse licensed in another state and employed in this state by the federal government if the practice is in discharge of official employment duties.

e. The care of the sick rendered in connection with the practice of the religious tenets of any church or order by the adherents thereof which is not performed for hire, or if performed for hire by those who depend upon prayer or spiritual means for healing in the practice of the religion of their church or denomination, so long as they do not otherwise engage in the practice of nursing as practical nurses.

7. The “*practice of the profession of a registered nurse*” means the practice of a natural person who is licensed by the board to do all of the following:

a. Formulate nursing diagnosis and conduct nursing treatment of human responses to actual or potential health problems through services, such as case finding, referral, health teaching, health counseling, and care provision which is supportive to or restorative of life and well-being.

b. Execute regimen prescribed by a physician, an advanced registered nurse practitioner, or a physician assistant.

c. Supervise and teach other personnel in the performance of activities relating to nursing care.

d. Perform additional acts or nursing specialties which require education and training under emergency or other conditions which are recognized by the medical and nursing professions and are approved by the board as being proper to be performed by a registered nurse.

e. Make the pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a correctional institution listed in [section 904.102](#), a Medicare-certified home health agency, a Medicare-certified hospice program or facility, an assisted living facility, or a residential care facility, with notice of the death to a physician, advanced registered nurse practitioner, or physician assistant.

f. Under a pharmacist's order and consistent with [this subsection](#), assist in the administration of immunizations and vaccinations and the utilization of statewide protocols pursuant to [section 155A.33B](#).

g. Apply to the abilities enumerated in paragraphs “a” through “f” of [this subsection](#) scientific principles, including the principles of nursing skills and of biological, physical, and psychosocial sciences.

[S13, §2575-a28, -a31, -a32; C24, 27, 31, 35, 39, §2561, 2562; C46, 50, 54, 58, 62, 66, 71, 73, 75, §152.1, 152.2; C77, 79, 81, §152.1]

87 Acts, ch 215, §41; 91 Acts, ch 100, §1; 95 Acts, ch 108, §12; 2001 Acts, ch 113, §2 – 4; 2003 Acts, ch 78, §4, 5; 2004 Acts, ch 1168, §8; 2007 Acts, ch 10, §126; 2007 Acts, ch 159, §29, 30; 2008 Acts, ch 1088, §101, 102; 2015 Acts, ch 56, §4 – 8; 2017 Acts, ch 96, §1; 2022 Acts, ch 1108, §1; 2023 Acts, ch 66, §40

Referred to in [§155A.33B](#), [509.3](#), [514.7](#), [514B.1](#)

152.2 Executive director.

An executive director shall be appointed pursuant to [section 10A.504](#). The executive director shall be a registered nurse. The governor, with the approval of the executive council

pursuant to [section 8A.413, subsection 3](#), under the pay plan for exempt positions in the executive branch of government, shall set the salary of the executive director.

[C35, §2537-g1; C39, §2537.1; C46, 50, 54, 58, 62, 66, 71, 73, 75, §147.105; C77, 79, 81, §152.2]

2003 Acts, ch 145, §197; 2008 Acts, ch 1031, §106; 2019 Acts, ch 85, §61; 2020 Acts, ch 1063, §64; 2024 Acts, ch 1170, §62; 2024 Acts, ch 1182, §9

152.3 Director's duties. Repealed by 2024 Acts, ch 1170, §66.

152.3A Advisory committees.

The board may establish and utilize such ad hoc advisory committees as determined necessary by the board. The board shall establish appointment provisions, membership terms, operating guidelines, and any other operational requirements for committees established pursuant to [this section](#). Members of committees established pursuant to [this section](#) shall serve without compensation but may be reimbursed for actual expenses.

2024 Acts, ch 1170, §71

152.4 Appropriations.

The board may apply appropriated funds to:

1. The administration and enforcement of the provisions of [this chapter](#) and [chapters 147, 152E, and 272C](#).
2. The elevation of the standards of the schools of nursing.
3. The promotion of educational and professional standards of nurses in this state.
4. The collection, analysis, and dissemination of nursing workforce data.

[C35, §2537-g3; C39, §2537.3; C46, 50, 54, 58, 62, 66, 71, 73, 75, §147.107; C77, 79, 81, §152.4]

2015 Acts, ch 56, §9

152.5 Education programs.

1. All programs preparing a person to be a registered nurse or a licensed practical nurse shall be approved by the board. The board shall not recognize a program unless it:

- a. Is of recognized standing.
- b. Has provisions for adequate physical and clinical facilities and other resources with which to conduct a sound education program.
- c. Requires, for graduation of a registered nurse applicant, the completion of at least a two academic year course of study.
- d. Requires, for graduation of a licensed practical nurse applicant, the completion of at least a one academic year course of study as prescribed by the board.

2. All postlicense formal academic nursing education programs shall also be approved by the board.

[S13, §2575-a29; C24, 27, 31, 35, 39, §2564; C46, 50, 54, 58, 62, 66, 71, 73, 75, §152.4; C77, 79, 81, §152.5]

95 Acts, ch 79, §1; 2006 Acts, ch 1008, §1; 2015 Acts, ch 56, §10

Referred to in §152.5A, 152.7, 235A.15, 235B.6

152.5A Student record checks.

1. For the purposes of [this section](#):

- a. "Comprehensive preliminary background check" means the same as defined in [section 135C.1](#).
 - b. "Nursing program" means a nursing program that is approved by the board pursuant to [section 152.5](#).
 - c. "Record check evaluation system" means the same as defined in [section 135C.1](#).
 - d. "Student" means a person applying for, enrolled in, or returning to the clinical education component of a nursing program.
2. Prior to a student beginning or returning to a nursing program, the nursing program

shall do one of the following in substantial conformance with the provisions of [section 135C.33](#):

a. Request that the department of public safety perform a criminal history check and the record check evaluation system of the department of health and human services perform child and dependent adult abuse record checks of the student in this state.

b. Access the single contact repository to perform the required record checks.

3. *a.* If a program accesses the single contact repository to perform the required record checks pursuant to [subsection 2](#), the program may utilize a third-party vendor to perform a comprehensive preliminary background check to allow a student to provisionally participate in the clinical education component of the nursing program pending completion of the required record checks through the single contact repository and the evaluation by the record check evaluation system, as applicable, subject to all of the following:

(1) If the comprehensive preliminary background check determines that the student being considered for provisional participation has been convicted of a crime, but the crime does not constitute a felony as defined in [section 701.7](#) and is not a crime specified pursuant to [chapter 708](#), [708A](#), [709](#), [709A](#), [710](#), [710A](#), [711](#), or [712](#), or pursuant to [section 726.3](#), [726.27](#), or [726.28](#).

(2) If the comprehensive preliminary background check determines the student being considered for provisional participation does not have a record of founded child abuse or dependent adult abuse, or if an exception pursuant to [section 135C.33](#), [subsection 4](#), is applicable to the student.

(3) If the program has requested an evaluation in accordance with [section 135C.33](#), [subsection 2](#), paragraph “*a*”, to determine whether the crime warrants prohibition of the student’s provisional participation.

b. The provisional participation under this [subsection 3](#) may continue until such time as the required record checks through the single contact repository and the evaluation by the record check evaluation system, as applicable, are completed.

4. If a student has a criminal record or a record of founded child or dependent adult abuse, upon request of the nursing program, the record check evaluation system shall perform an evaluation to determine whether the record warrants prohibition of the student’s involvement in a clinical education component of a nursing program involving children or dependent adults. The record check evaluation system shall utilize the criteria provided in [section 135C.33](#) in performing the evaluation and shall report the results of the evaluation to the nursing program. The record check evaluation system has final authority in determining whether prohibition of the student’s involvement in a clinical education component is warranted.

[2015 Acts, ch 56, §11](#); [2020 Acts, ch 1029, §6](#); [2023 Acts, ch 19, §271](#)

Referred to in [§235A.15](#), [235B.6](#)

Department of inspections, appeals, and licensing to post list of third-party vendors eligible to conduct comprehensive preliminary background checks; [2020 Acts, ch 1029, §7](#); [2023 Acts, ch 19, §1358](#)

152.6 Licenses — professional abbreviations.

The board may license a natural person to practice as a registered nurse, as a licensed practical nurse, or as an advanced registered nurse practitioner. However, only a person currently licensed as a registered nurse in this state may use that title and the letters “R.N.” after the person’s name; only a person currently licensed as a licensed practical nurse in this state may use that title and the letters “L.P.N.” after the person’s name; and only a person currently licensed as an advanced registered nurse practitioner may use that title and the letters “A.R.N.P.” after the person’s name. For purposes of [this section](#), “*currently licensed*” includes persons licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in [section 152E.1](#) or pursuant to the advanced practice registered nurse compact contained in [section 152E.3](#).

[C50, 54, 58, 62, 66, 71, 73, 75, §152.5; C77, 79, 81, §152.6]

[2000 Acts, ch 1008, §4](#); [2005 Acts, ch 53, §4](#); [2014 Acts, ch 1019, §2](#); [2015 Acts, ch 56, §12](#)

Referred to in [§272C.2C](#)

152.7 Applicant qualifications.

1. In addition to the provisions of [section 147.3](#), an applicant to be licensed for the practice of nursing shall have the following qualifications:

- a. Be a graduate of an accredited high school or the equivalent.
- b. Pass an examination as prescribed by the board.
- c. Complete a course of study approved by the board pursuant to [section 152.5](#).

2. An applicant to be licensed as an advanced registered nurse practitioner shall have the following qualifications:

- a. Hold a current license as a registered nurse.
- b. Satisfactory completion of a formal advanced practice educational program of study in a nursing specialty area approved by the board.
- c. Hold an advanced level certification by a recognized national certifying body.

3. For purposes of licensure pursuant to the nurse licensure compact contained in [section 152E.1](#), the compact administrator may refuse to accept a change in the qualifications for licensure as a registered nurse or as a licensed practical or vocational nurse by a licensing authority in another state which is a party to the compact which substantially modifies that state's qualifications for licensure in effect on July 1, 2000. For purposes of licensure pursuant to the advanced practice registered nurse compact contained in [section 152E.3](#), the compact administrator may refuse to accept a change in the qualifications for licensure as an advanced practice registered nurse by a licensing authority in another state which is a party to the compact which substantially modifies that state's qualifications for licensure in effect on July 1, 2005. A refusal to accept a change in a party state's qualifications for licensure may result in submitting the issue to an arbitration panel or in withdrawal from the respective compact, at the discretion of the compact administrator.

[S13, §2575-a29, -a30; C24, 27, 31, 35, 39, §2563; C46, 50, 54, 58, 62, 66, 71, 73, 75, §152.3; C77, 79, 81, §152.7]

[95 Acts, ch 79, §2](#); [2000 Acts, ch 1008, §5](#); [2000 Acts, ch 1140, §37](#); [2000 Acts, ch 1232, §50](#); [2005 Acts, ch 53, §5](#); [2006 Acts, ch 1030, §15](#); [2007 Acts, ch 22, §37](#); [2015 Acts, ch 56, §13](#)

Referred to in [§152.8](#)

152.8 Reciprocity.

Notwithstanding the provisions of [sections 147.44](#), [147.48](#), [147.49](#), and [147.53](#), the following shall apply regarding applicants for nurse licensure possessing a license from another state:

1. A license possessed by an applicant from a state which has not adopted the nurse licensure compact contained in [section 152E.1](#) or the advanced practice registered nurse compact contained in [section 152E.3](#) shall be recognized by the board under conditions specified which indicate that the licensee meets all the qualifications required under [section 152.7](#). If a foreign license is recognized, the board may issue a license by endorsement without an examination being required. Recognition shall be based on whether the foreign licensee is qualified to practice nursing. The board may issue a temporary license to a natural person who has completed the requirements of and applied for licensure by endorsement. The board shall determine the length of time a temporary license shall remain effective.

2. A license possessed by an applicant and issued by a state which has adopted the nurse licensure compact contained in [section 152E.1](#) or the advanced practice registered nurse compact contained in [section 152E.3](#) shall be recognized pursuant to the provisions of that section.

[C35, §2537-g3; C39, §2537.3; C46, 50, 54, 58, 62, §147.107; C66, 71, 73, 75, §147.107, 152.7; C77, 79, 81, §152.8]

[2000 Acts, ch 1008, §6](#); [2005 Acts, ch 53, §6](#); [2008 Acts, ch 1088, §103](#)

152.9 Temporary license.

The board may issue a temporary license to a natural person who has completed the requirements of and applied for licensure by endorsement. The board shall determine the length of time a temporary license shall remain effective.

[C77, 79, 81, §152.9]

[94 Acts, ch 1123, §1](#)

152.9A Limited nursing authorization.

The board may issue a limited authorization to a nurse to complete the clinical component of a nurse refresher course. The board shall determine the length of time a limited nursing authorization shall remain effective.

2018 Acts, ch 1092, §1

152.10 License revocation or suspension.

1. Notwithstanding [sections 147.87 through 147.89](#), the board may restrict, suspend, or revoke a license to practice nursing or place the licensee on probation. The board may also prescribe by rule conditions of license reinstatement. The board shall adopt rules of procedure by which to restrict, suspend, or revoke a license. These procedures shall conform to the provisions of [chapter 17A](#).

2. In addition to the grounds stated in [section 147.55](#), the following are grounds for suspension or revocation under [subsection 1](#) of [this section](#):

a. Willful violation of the rules of the board.

b. Continued practice while knowingly having an infectious or contagious disease which could be harmful to a patient's welfare.

c. (1) Having a license to practice nursing as a registered nurse or licensed practical nurse revoked or suspended, or having other disciplinary action taken by a licensing authority of another state, territory, or country. A certified copy of the record or order of suspension, revocation, or disciplinary action is prima facie evidence of such fact.

(2) Having a license to practice nursing as a registered nurse or licensed practical nurse revoked or suspended, or having other disciplinary action taken, by a licensing authority in another state which has adopted the nurse licensure compact contained in [section 152E.1](#) or the advanced practice registered nurse compact contained in [section 152E.3](#) and which has communicated information relating to such action pursuant to the coordinated licensure information system established by the compact. If the action taken by the licensing authority occurs in a jurisdiction which does not afford the procedural protections of [chapter 17A](#), the licensee may object to the communicated information and shall be afforded the procedural protections of [chapter 17A](#).

d. Knowingly aiding, assisting, procuring, advising, or allowing a person to unlawfully practice nursing.

e. Being adjudicated mentally incompetent by a court of competent jurisdiction. Such adjudication shall automatically suspend a license for the duration of the license, unless the board orders otherwise.

f. Being guilty of willful or repeated departure from or the failure to conform to the minimum standard of acceptable and prevailing practice of nursing; however, actual injury to a patient need not be established.

g. (1) Inability to practice nursing with reasonable skill and safety by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals, or other type of material or as a result of a mental or physical condition.

(2) The board may, upon probable cause, request a licensee to submit to an appropriate medical evaluation by a designated health care provider. If requested by the licensee, the licensee may also designate a health care provider for an independent medical evaluation. Refusal or failure of a licensee to complete such evaluations shall constitute an admission of any allegations relating to such condition. All objections shall be waived as to the admissibility of the examining health care provider's testimony or evaluation reports on the grounds that they constitute privileged communication. The medical testimony or evaluation reports shall not be used against a registered nurse, licensed practical nurse, or advanced registered nurse practitioner in another proceeding and shall be confidential. At reasonable intervals, a registered nurse, licensed practical nurse, or advanced registered nurse practitioner shall be afforded an opportunity to demonstrate that the registered

nurse, licensed practical nurse, or advanced registered nurse practitioner can resume the competent practice of nursing with reasonable skill and safety to patients.

[C77, 79, 81, §152.10]

2000 Acts, ch 1008, §7; 2005 Acts, ch 53, §7; 2008 Acts, ch 1088, §104; 2015 Acts, ch 56, §14; 2020 Acts, ch 1103, §17, 31; 2021 Acts, ch 80, §82

Referred to in §272C.3, 272C.4, 272C.5

152.11 Investigators for nurses.

The board of nursing may appoint investigators, who shall not be members of the board, to administer and aid in the enforcement of the provisions of law related to those licensed to practice nursing. The amount of compensation for the investigators shall be determined pursuant to [chapter 8A, subchapter IV](#). Investigators authorized by the board of nursing have the powers and status of peace officers when enforcing [this chapter](#) and [chapters 147, 152E, and 272C](#).

93 Acts, ch 41, §1; 2003 Acts, ch 145, §199; 2018 Acts, ch 1026, §53

Referred to in §272C.5

152.12 Examination information.

Notwithstanding [section 147.21](#), individual pass or fail examination results made available from the authorized national testing agency may be disclosed to the appropriate licensing authority in another state, the District of Columbia, or a territory or country, and the board-approved education program, for purposes of verifying accuracy of national data and determining program approval.

97 Acts, ch 159, §22; 2008 Acts, ch 1088, §105; 2012 Acts, ch 1021, §47