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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
September 10, 2026

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

AGENDA

9:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of July 9, 2026 (6-10)

C. Introductions, Announcements and Recognition

D. Reminders: Conflicts of Interests, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration
1. Department, Staff and Board Updates
2. Appointment of Liaisons and Alternates
3. Board Members – Term Expiration Dates
   a. Anderson, John G.– 7/1/2029
   b. Brzozowski, Sarah L. – 7/1/2027
   c. DeGroot, Tina M. – 7/1/2030
   b. Kane, Amanda K. – 7/1/2027
   c. Malak, Jennifer L. – 7/1/2026
   d. McNally, Patrick J. – 7/1/2026
   e. Reinbold, Craig – 7/1/2027
   f. Saldivar Frias, Christian – 7/1/2023

F. 9:30 A.M. Public Hearing for Emergency Rule EMR 2607 revising N 1 to 8, relating to Advanced Practice Registered Nurses and Comprehensive Review (11-26)
1. Review Public Hearing Comments

G. 9:30 A.M. Public Hearing for Emergency Rule EMR 2606 and Permanent Rule CR 26-036 revising N 1, relating to Faculty Accreditation Standards (27-44)
1. Review Public Hearing Comments and Clearinghouse Report

H. Public Agenda Request – Discussion and Consideration (45-50)

1. Wisconsin Association of School Nurses: Compliance Requirements for School Based Services

I. Administrative Rule Matters – Discussion and Consideration (51-53)

1. Pending and Possible Rulemaking Projects

J. Board Opioid Abuse Goal Setting and Report Pursuant to Wis. Stat. § 440.035 (2m) (c) – Discussion and Consideration (54-57)

K. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration (58)

1. Travel Report: NCSBN Annual Meeting, Aug. 18-21, 2026, Chicago, IL – Anderson, Kane, Malak, McNally and Wojciechowski

L. Interdisciplinary Advisory Committee – Discussion and Consideration

M. Education and Examination Matters – Discussion and Consideration

N. Legislative and Policy Matters – Discussion and Consideration

O. Credentialing Matters – Discussion and Consideration

P. Newsletter Matters – Discussion and Consideration

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

R. Liaison Reports – Discussion and Consideration

S. Discussion and Consideration of Items Added After Preparation of Agenda:

1. Introductions, Announcements and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Legislative and Policy Matters
10. Administrative Rule Matters
11. Liaison Reports
12. Board Liaison Training and Appointment of Mentors
13. Public Health Emergencies
14. Informational Items
15. Division of Legal Services and Compliance (DLSC) Matters
16. Presentations of Petitions for Summary Suspension
17. Petitions for Designation of Hearing Examiner
18. Presentation of Stipulations, Final Decisions and Orders
19. Presentation of Proposed Final Decisions and Orders
20. Presentation of Interim Orders
21. Petitions for Re-Hearing

22. Petitions for Assessments
23. Petitions to Vacate Orders
24. Requests for Disciplinary Proceeding Presentations
25. Motions
26. Petitions
27. Appearances from Requests Received or Renewed

T. Public Comments

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

U. Credentialing Matters

1. **Full Board Oral Exam**
   a. C.M. – IA-452826 **(59-75)**

V. Deliberation on Division of Legal Services and Compliance Matters

1. Proposed Stipulations, Final Decisions, and Orders
   a. 23 NUR 829 – Murielle Agathe Bocco **(76-81)**
   b. 24 NUR 0350 – Kristina M. Schmidt **(82-87)**
   c. 24 NUR 0395 – Donnakay Meyer **(88-94)**
   d. 24 NUR 0708 – Graciela Villegas **(95-103)**
   e. 24 NUR 0708 – Jenni Marie Colson **(104-111)**
   f. 24 NUR 0777 – Falecia Y. Turner **(112-118)**
   g. 25 NUR 0054 – Lindsey A. Milz **(119-126)**
   h. 25 NUR 0188 – Talia R. Clate **(127-132)**
   i. 25 NUR 0394 – Barbara B. Peters **(133-138)**
   j. 25 NUR 0480 – Jennifer Hemstock **(139-144)**
   k. 25 NUR 0624 – Jodi R. Fitzsimons **(145-151)**
   l. 26 NUR 0049 – Damon L. Isajiw **(152-158)**
   m. 26 NUR 0113 – Crystal M. Peters **(159-164)**
   n. 26 NUR 0278 – Vanessa L. Meier **(165-170)**
   o. 26 NUR 0298 – Kelly Rene Buck **(171-177)**

2. Administrative Warnings
   a. 24 NUR 094 – F.W.E. **(178-186)**
   b. 24 NUR 0245 – K.E.G. **(187-194)**
   c. 25 NUR 0567 – R.J.C. **(195-199)**
   d. 25 NUR 0616 – R.R.A. **(200-206)**

3. Case Closings
   a. 23 NUR 287 – Y.R.S. **(207-215)**
   b. 24 NUR 0184 – K.J.S. **(216-220)**
   c. 24 NUR 0531 and 25 NUR 0357 – F.A.P. **(221-229)**
   d. 24 NUR 0571 – K.L.K. **(230-234)**
   e. 24 NUR 0808 – J.M.R. **(235-238)**
   f. 24 NUR 0811 – K.S.P. **(239-243)**
   g. 25 NUR 0201 – W.M.K. **(244-250)**
   h. 25 NUR 0327 – S.R.H., K.R.D. and A.R.H. **(251-264)**

i. 25 NUR 0338 – A.M.H. **(265-293)**
j. 25 NUR 0389 – H.L.S. **(294-304)**
k. 25 NUR 0433 – B.J.J. **(305-323)**
l. 25 NUR 0453 – H.T.H. **(234-329)**
m. 25 NUR 0648 – C.M.B. **(330-335)**
n. 25 NUR 0653 – N.C.P. **(336-340)**
o. 25 NUR 0799 – R.J.G. **(341-344)**
p. 25 NUR 0873 – T.J.S. **(345-352)**
q. 25 NUR 0885 – M.K.G. **(353-357)**
r. 26 NUR 0134 – D.J.L. **(358-361)**
s. 26 NUR 0158 – M.J.B. **(362-370)**
t. 26 NUR 0220 – J.E.D. **(371-375)**
u. 26 NUR 0252 – M.J.M. **(376-379)**
v. 26 NUR 0266 – K.L.M. **(380-385)**
w. 26 NUR 0281 – A.A.L. **(386-389)**

W. Deliberation on Proposed Final Decision and Orders

1. Joseph McClure, Respondent (DHA Case Number SPS-24-0031/DLSC Case Numbers 21 NUR 815 and 22 NUR 522) **(390-430)**
2. Jeremy J. Olson, Respondent (DHA Case Number SPS-26-0013/DLSC Case Number 24 NUR 0209) **(431-441)**

X. Deliberation of Items Added After Preparation of the Agenda

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

Y. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

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

ADJOURNMENT

NEXT MEETING: OCTOBER 8, 2026

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at https:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
JULY 9, 2026

PRESENT: John Anderson, Sarah Brzozowski, Tina DeGroot, Amanda Kane, Jennifer Malak, Patrick McNally, Christian Saldivar Frias

ABSENT: Craig Reinbold

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

CALL TO ORDER

Amanda Kane, Vice Chairperson, called the meeting to order at 9:38 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF THE AGENDA

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

APPROVAL OF MINUTES JUNE 11, 2026

MOTION: Jennifer Malak moved, seconded by Sara Brzozowski, to approve the Minutes of June 11, 2026 as published. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS – DISCUSSION AND CONSIDERATION

Herzing Madison – ADN Closed Program Assessment and Instructional Plan Presentation

MOTION: Patrick McNally moved, seconded by John Anderson, to acknowledge and thank Melissa Schaetzka from Herzing Madison for their appearance before the Board, and for submission of their plan. Motion carried unanimously.

MOTION: Amanda Kane moved, seconded by Sarah Brzozowski, to accept the ADN Closed Program Assessment and Instructional Plan of Herzing Madison. Motion carried unanimously.

Mount Mary University – NCLEX Score Assessment and Improvement Plan

MOTION: Jennifer Malak moved, seconded by John Anderson, to accept the NCLEX Score Assessment and Improvement Plan of Mount Mary University. Motion carried unanimously.

MOTION: John Anderson moved, seconded by Patrick McNally, to acknowledge and thank Kelly Cole, Dakota Hechimovich and Jennifer Nowicki from Mount Mary University for their appearance before the Board, and for submission of their plan. Motion carried unanimously.

Lawrence University – Approval to Plan Presentation

MOTION: Amanda Kane moved, seconded by Tina DeGroot, to delegate to the Education Liaison to review the application and presentation materials for the Approval to Plan a Nursing School from Lawrence University. Motion carried unanimously.

MOTION: John Anderson moved, seconded by Jennifer Malak, to acknowledge and thank Peter Blitstein, Nora Lewis and Alison Scott-Williams from Lawrence University for their appearance before the Board, and for submission of their plan. Motion carried unanimously.

Herzing Brookfield – Assessment and Institutional Plan

MOTION: Amanda Kane moved, seconded by Patrick McNally, to acknowledge and thank Megan Tinsley from Herzing Brookfield for their appearance before the Board, and for submission of their plan. Motion carried unanimously.

MOTION: Patrick McNally moved, seconded by Jennifer Malak, to accept the Assessment and Institutional Plan of Herzing Brookfield. Motion carried unanimously.

Christian Saldivar-Frias left at 10:16 a.m.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS, AND REPORTS – DISCUSSION AND CONSIDERATION

Travel Request: Leadership & Public Policy Conference, Oct. 7-9, 2026 – Philadelphia, PA

MOTION: John Anderson moved, seconded by Patrick McNally, to designate Jennifer Malak, Amanda Kane, Patrick McNally and Sarah Brzozowski to attend the Leadership & Public Policy Conference on October 7-9, 2026, in Philadelphia, PA. Motion carried unanimously.

INTERDISCIPLINARY ADVISORY COMMITTEE – DISCUSSION AND CONSIDERATION

Ketamine Guidance Document Review

MOTION: Jennifer Malak moved, seconded by Patrick McNally, to refer comments on the Ketamine Guidance Document to the IAC. Motion carried unanimously.

MOTION: John Anderson moved, seconded by Sarah Brzozowski, to delegate IAC Liaison the authority to approve the Ketamine guidance on behalf of the Board. Motion carried unanimously. Motion carried unanimously.

CLOSED SESSION

MOTION: Patrick McNally moved, seconded by Jennifer Malak, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1)(a)); to consider licensure or certification of individuals (Wis. Stat. § 19.85(1)(b)); to consider closing disciplinary investigation with administrative warnings (Wis. Stat. §§ 19.85(1)(b) and 440.205); to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1)(f)); and, to confer with legal counsel (Wis. Stat. § 19.85(1)(g)). Amanda Kane, Vice Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Sarah Brozozowski-yes; Tina DeGroot-yes; Amanda Kane -yes; Jennifer Malak-yes; and Patrick McNally-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:04 a.m.

CREDENTIALING MATTERS

C.M. – Initial Application (IA-452826)

MOTION: Amanda Kane moved, seconded by Patrick McNally, to authorize Board Counsel to request additional information from Applicant (IA-452826) and to appear for an oral interview at the next Board of Nursing meeting. Motion carried unanimously.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Proposed Stipulations and Final Decisions and Orders

24 NUR 0186 – Patricia Frisella

MOTION: Amanda Kane moved, seconded by Sarah Brzozowski, to reject Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Patricia Frisella, DLSC Case Number 24 NUR 0186. Motion carried unanimously.

MOTION: John Anderson moved, seconded by Jennifer Malak, to adopt the Findings of Fact, Conclusions of Law in the matter of disciplinary proceedings the following cases:
23 NUR 527 and 24 NUR 081 – Vanessa J. Gravedoni
23 NUR 831 – Jasmine A. Banks
24 NUR 0515, 25 NUR 0337 and 25 NUR 0871 – Stephenie J. Nerat
24 NUR 0813 – April N. Willett

25 NUR 0403 – Destiny L. Carter
Motion carried unanimously.

Case Closings

24 NUR 0472 – E.M. – Insufficient Evidence

MOTION: Patrick McNally moved, seconded by Amanda Kane, to refer back DLSC Case Number 24 NUR 0472, against E.M., for additional investigation. Motion carried unanimously.

25 NUR 0483 – S.M.K. – Prosecutorial Discretion (P7)

MOTION: Amanda Kane moved, seconded by John Anderson, to refer back DLSC Case Number 25 NUR 0483, against S.M.K., for additional action. Motion carried unanimously.

26 NUR 0283 – K.M.S. – Prosecutorial Discretion (P2)

MOTION: Amanda Kane moved, seconded by Patrick McNally, to close DLSC Case Number 26 NUR 0283, against K.M.S., for Prosecutorial Discretion (P2). Motion carried unanimously.

MOTION: John Anderson moved, seconded by Sarah Brzozowski, to close the following DLSC Cases for the reasons outlined below:
25 NUR 0262 – T.T.L. – Prosecutorial Discretion (P5)
25 NUR 0581 – A.E.C. – No Violation
25 NUR 0595 – E.J.M. – Insufficient Evidence
26 NUR 0210 – A.M.R. – No Violation
26 NUR 0247 – N.C.B. – No Violation
Motion carried unanimously.

MONITORING MATTERS

Erica Sarver – Board Review of Order Compliance

MOTION: Amanda Kane moved, seconded by Patrick McNally, to suspend Erica Sarver for non-compliance with Board Order for 30 days of continuous compliance and refer the violation of the Board Order to be added to DLSC Case Number 26 NUR 0099. Motion carried unanimously.

RECONVENE TO OPEN SESSION

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

The Board reconvened into Open Session at 12:42 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

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

ADJOURNMENT

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

The meeting adjourned at 12:43 p.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Sofia Anderson, Administrative Rules Coordinator	08/31/2026
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

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

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
September 10, 2026	☒ **Yes** ☐ **No**	**9:30 A.M. Public Hearing** for Emergency Rule EmR 2607 revising N 1 to 8, relating to advanced practice registered nurses and comprehensive review. 1. Review Public Hearing comments. **9:30 A.M. Public Hearing** for Emergency Rule EmR 2606 and permanent rule CR 26-036 revising N 1, relating to faculty accreditation standards. 1. Review Public Hearing comments and Clearinghouse Report.

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

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

The Board will hold a Public Hearing on this rule as required by the rulemaking process.

Attachments:

1. EmR 2607 final draft.
2. EmR 2606 final draft.
3. CR 26-036 Clearinghouse comment report.
4. CR 26-036 Public Hearing Draft.

11) Authorization

SAnderson

08/31/2026

Signature of person making this request **Date**

Supervisor (if required) **Date**

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

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

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	BOARD OF NURSING
BOARD OF NURSING	:	ADOPTING EMERGENCY RULES

The statement of scope for this rule, SS 082-25, was approved by the Governor on December 18, 2025, published in Register 841A1 on December 22, 2025, and approved by the Board of Nursing on January 12, 2026.

This emergency rule was approved by the Governor on July 2, 2026.

ORDER

An order of the Board of Nursing to **repeal** Chapter N 4, N 7.01 (2) (Note), 7.02 (1m), (5) (Note), 8.01 (2), 8.02 (1), 8.08, 8.10 (2), (5), and (6); to **renumber** N 6.02 (12); **amend** N 2 (title), 6.02 (10m), 7.01 (2), 7.02 (3) and (4), 7.03 (intro) and (1) (f), N 8 (title), 8.01 (1), 8.07 (1) (intro), (c), (e), (2), 8.09 (1) and (2), 8.10 (1), (4), and (7); to **repeal and recreate** N 6.02 (1), 8.02 (2), 8.03, 8.06, and 8.10 (3); and to **create** N 8.02 (8), 8.046, 8.047, and 8.10 (intro), relating to advanced practice registered nurses and comprehensive review.

Analysis prepared by the Department of Safety and Professional Services.

FINDING OF EMERGENCY

Per Section 172 (1) of the 2025 Wisconsin Act 17, the Board of Nursing may promulgate emergency rules to implement the changes in the act. The Board is not required to provide a finding of an emergency or provide evidence for the preservation of the public peace, health, safety, or welfare.

ANALYSIS

Statutes interpreted:

Subchapter I of ch. 441, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), 441.01 (3), (4), and (6) (a) and (am), Stats.

Explanation of agency authority:

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

Section 227.11 (2) (a), Stats., states that "[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute…"

Section 441.01 (3), Stats., as amended by 2025 WI Act 17, provides "[t]he board may promulgate rules to establish minimum standards for schools for professional nurses, 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. The board may also promulgate rules to prevent unauthorized persons from practicing professional nursing."

Section 441.09 (4), Stats., as created by 2025 WI Act 17, states that "[t]he board may promulgate rules regarding the continuing education requirements…"

Section 441.09 (6) (a), Stats., as created by 2025 WI Act 17, states that "[t]he 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."

Section 441.09 (6) (am), Stats., as created by 2025 WI Act 17, states that "[t]he board may promulgate rules to implement sub. (3m) (b)", which states that an advanced practice registered nurse who practice in collaboration with a physician or dentist may "practice advanced practice registered nursing in a recognized role without being supervised by or collaborating with, and independent of, a physician or dentist" after meeting certain requirements.

Related statute or rule:

Subchapter I of ch. 441, Stats.

Plain language analysis:

The Board of Nursing has made changes to its Administrative Code to implement 2025 Wisconsin Act 17, which makes substantial changes to ch. 441 related to the creation of a new system of licensure that allows registered nurses to be licensed as advanced practice registered nurses (APRN). This new system for APRN licensure replaces the previous advanced practice nurse prescriber certification and requires applicants to provide evidence of education and certification in one of the following recognized roles: certified nurse-midwife (CRM); certified registered nurse anesthetist (CRNA); clinical nurse specialist (CNS); and nurse practitioner (NP). The act establishes new requirements for the licensure, renewal, independent practice, and prescriptive authority of APRNs.

To implement these statutory changes, the Board of Nursing has updated its chapters to establish the specific criteria for initial APRN licensure, which include holding an active registered nurse license, passing a new APRN jurisprudence examination, maintaining appropriate malpractice insurance, and completing 45 contact hours of clinical pharmacology or therapeutics for those seeking prescriptive authority. The board's rules also establish a pathway for independent practice, permitting an APRN to practice without a collaborative relationship after verifying the completion of 3,840 hours of professional clinical nursing in a clinical setting and an additional 3,840 hours of supervised practice as an advanced practice registered nurse.

Additionally, the board has established criteria for certified nurse-midwives intending to deliver babies outside of a hospital setting to file a proactive plan. Finally, the updated rules redefine the definition of a provider to include APRNs, outline boundaries regarding drug dispensing and prescribing, and clean up the Administrative Code by repealing obsolete sections, including Chapter N 4.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Summary of public comments received on statement of scope:

The Board of Nursing held a preliminary hearing on the scope statement for this rule at its January 8, 2026, meeting. The following stakeholders testified in support of the rule project:

- Gina Dennik-Champion | Wisconsin Nurses Association (WNA) Position on BSN-Prepared Clinical Instructors
- Lisa Hanson | Professor at Marquette University, School of Nursing and representative of the American College of Nurse Midwives (ACNM)
- MaryAnn Moon | Certified Clinical Nurse Specialists representing the Wisconsin Association of Clinical Nurse Specialists (WIACNS)
- Kelly Kruse Nelles | Executive Director, Wisconsin Center for Nursing (WCN)
- Jessica Leiberg | Dean, Concordia University, School of Nursing.

Comparison with rules in adjacent states:

<u>Illinois</u>

To obtain licensure as an Advanced Practice Registered Nurse (APRN) in Illinois, an applicant must hold an active registered nurse license, possess an appropriate graduate degree or post-master's certificate, and verify any active practice from the past five years. They must also hold a valid, examination-based national certification from an approved certifying organization. If a practitioner wishes to be licensed in multiple specialties, they must provide proof of separate graduate education and national certification for each additional category. [IL Admin. Code Title 68 Section 1300.400]

An APRN operates under a written collaborative agreement with a physician or podiatrist who holds valid state and federal controlled substances registrations. This agreement can delegate the authority to prescribe legend drugs and Schedule III through V controlled substances. The physician may also optionally delegate Schedule II privileges, provided the drugs are specifically identified, routinely prescribed by the collaborator, restricted to a 30-day supply, and discussed monthly. Under these agreements, APRNs sign prescriptions using their own names, and their orders are reviewed periodically by the collaborating physician. [IL Admin. Code Title 68 Section 1300.430]

Certified nurse practitioners, nurse midwives, and clinical nurse specialists can achieve full practice authority by submitting proof of an unrestricted license, 250 hours of continuing education, and 4,000 hours of post-certification clinical experience. Once granted, these professionals can practice independently without a written collaborative agreement. They possess the authority to prescribe legend drugs and Schedule II through V controlled substances. However, prescribing benzodiazepines or Schedule II oral and topical narcotics still requires a formal consultation relationship with a physician that must be recorded in the Prescription Monitoring Program and discussed monthly. [IL Admin. Code Title 68 Section 1300.465]

The scope of practice for all APRNs includes advanced patient assessment, diagnosing conditions, ordering and interpreting diagnostic tests, implementing therapeutic treatments, providing palliative care, and delegating nursing interventions to other licensed personnel. The scope of practice explicitly excludes operative surgery, and anesthesia administration is strictly limited to local numbing agents. [IL Admin. Code Title 68 Section 1300.440]

Iowa

To obtain licensure as an Advanced Registered Nurse Practitioner (ARNP) in Iowa, an applicant must maintain an active, unrestricted license as a registered nurse and have graduated from an accredited graduate or postgraduate advanced practice educational program. The applicant must also hold current certification from an approved national professional certifying organization within their specific role and population focus, which includes categories such as certified nurse-midwives, certified registered nurse anesthetists, certified nurse practitioners, and clinical nurse specialists across various lifespans. The expiration and renewal dates of the ARNP license are directly tied to the timeline of the practitioner’s base registered nurse license.

Once licensed, Iowa ARNPs are authorized to practice to the full extent of their education, training, and experience within their designated population foci. Their scope of practice includes independently assessing patient health status, obtaining comprehensive health histories, performing physical examinations, ordering and interpreting preventive or diagnostic procedures, formulating differential diagnoses, and developing treatment and educational plans. ARNPs also retain the authority to maintain hospital privileges, receive third-party reimbursement, and provide direct supervision for the use of fluoroscopic equipment provided they complete specialized initial and annual radiological safety coursework.

Regarding prescriptive authority, Iowa ARNPs may independently prescribe, administer, and dispense prescription drugs, medical devices, and medical gases within their respective roles. To extend this authority to controlled substances under Schedules II through V, the ARNP must maintain active registrations with both the Federal Drug Enforcement Administration and the Iowa Board of Pharmacy. Prior to prescribing or dispensing any opioid, the ARNP or an authorized delegate must query and review the patient's information within the state's Prescription Monitoring Program database.

The standards of practice for treating patients with controlled substances require the ARNP to establish a proper practitioner-patient relationship and document a complete personal and family substance abuse risk assessment or provide a clear clinical rationale for omitting it. Furthermore, the medical record must explicitly justify the clinical indication for the controlled substance, and the ARNP must provide ongoing patient education regarding dependency, addiction, and tolerance risks.

[481 IAC Chapter 621]

Michigan

In Michigan, an Advanced Practice Registered Nurse (APRN) is a registered professional nurse who has achieved advanced training and demonstrated competency through examination or alternative evaluative processes to earn a specialty certification from the Michigan Board of Nursing. [MCL 333.17201]

Under Michigan law, the state board of nursing can issue specialty certifications to registered nurses who complete advanced training and pass a competency examination. This specialized status applies to four recognized fields: nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.

Certified nurse anesthetists may provide anesthesia and pain relief services without supervision if they fulfill specific qualifications. The practitioner must either hold a doctoral degree in nursing or nurse anesthesia, or document at least three years of specialty experience totaling 4,000 hours in a healthcare facility. Additionally, they must practice as part of a patient-centered care team alongside a qualified physician, dentist, or podiatrist.

The approved scope of practice for these nurse anesthetists includes developing care plans, performing patient assessments, monitoring procedures, and handling emergencies. They are authorized to select, order, prescribe, and administer necessary medications, including controlled substances, within the medical facility during a procedure. However, this authority applies only to direct patient administration inside the facility and does not allow them to prescribe medications for a patient to take home.

To utilize unsupervised nurse anesthetists, a healthcare facility must maintain an institutional policy permitting these services and ensure that a qualified physician, dentist, or podiatrist is immediately available in person or via telehealth for emergencies. If a nurse anesthetist is providing pain management services within a freestanding pain clinic, they must operate under the direct supervision of a physician. Furthermore, facilities using non-employee nurse anesthetists must verify that the practitioner carries malpractice insurance. This expansion of independent authority does not require insurance companies or worker's compensation to provide new or increased financial reimbursement. [MCL 333.17210]

Regarding prescriptive authority, Michigan APRNs may autonomously prescribe nonscheduled prescription drugs. However, prescribing controlled substances within Schedules 2 through 5 is restricted and can only be performed as a delegated act of a physician. When a controlled substance is prescribed under this delegation, both the APRN’s and the delegating physician's names, along with their respective Drug Enforcement Administration registration numbers, must be legally recorded and indicated in connection with the prescription. For nurse anesthetists, this prescriptive authority is limited strictly to clinical administration within a facility during procedural windows. It does not extend to prescribing medications that allow patients to self-administer or obtain controlled substances outside of the designated care environment. [MCL 333.17211a]

Michigan Administrative Code establishes that a registered professional nurse seeking a specialty certification must hold a current, valid state nursing license, submit the appropriate departmental application form, and remit the required processing fee.

To qualify for a nurse anesthetist specialty certification, the applicant must possess valid certification from the National Board of Certification and Recertification of Nurse Anesthetists. Applicants for the nurse midwife specialty certification must maintain active credentials from the American Midwifery Certification Board.

To obtain a nurse practitioner specialty certification, the applicant must hold an advanced practice certification from an approved national organization, which includes the American Nurses Credentialing Center, the Pediatric Nursing Certification Board, the National Certification Corporation, the American Academy of Nurse Practitioners, the Oncology Nursing Certification Corporation, or the American Association of Critical Care Nurses Certification Corporation.

Finally, to qualify for a clinical nurse specialist specialty certification, the applicant must hold a valid advanced practice credential from either the American Nurses Credentialing Center or the American Association of Critical Care Nurses Certification Corporation. All specified rules extend

to any legally recognized successor organizations of these certifying bodies. [MI Admin. Code R 338.10401 to 338.10404c]

Minnesota

Under Minnesota law, an individual must be formally licensed by the state board of nursing to practice as an Advanced Practice Registered Nurse (APRN). To be eligible for this license, an applicant must hold a current Minnesota registered nurse license or prove eligibility for one, and they cannot hold an encumbered license in any other jurisdiction. The applicant must have completed an accredited graduate-level APRN program in one of four recognized roles: clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner. For educational programs completed on or after January 1, 2016, the curriculum must explicitly include graduate courses in advanced physiology and pathophysiology, advanced health assessment, and pharmacokinetics and pharmacotherapeutics. Applicants must submit a formal application, pay the designated fee, report any past criminal history or plea arrangements, and clear any disciplinary issues from other jurisdictions. Additionally, applicants must hold a valid credential from an approved national nurse certification organization. To be recognized by the state board, the certifying body must be independent in its decision-making, use psychometrically sound and legally defensible testing methods, follow national accreditation standards, and require periodic recertification. [MN Statutes Sections 148.171 Subd. 3 and 148.211 Subd. 1a]

Newly licensed nurse practitioners and clinical nurse specialists are subject to a postgraduate practice requirement. They must complete at least 2,080 hours of clinical practice under a written collaborative agreement. This collaborative agreement is a mutually designed plan that outlines how the professionals will work together to manage patient care. [MN Statutes Section 148.211 Subd. 1c]

Minnesota APRNs possess independent authority to diagnose conditions, prescribe therapies, and refer patients to other healthcare providers. Their prescriptive authority allows them to procure, sign for, administer, and dispense over-the-counter medications, legend drugs, and controlled substances, including sample medications. They are also authorized to order durable medical equipment, nutritional therapies, diagnostic services, and supportive care such as home health, hospice, physical therapy, and occupational therapy. To prescribe controlled substances, APRNs must comply with federal Drug Enforcement Administration (DEA) rules and file all DEA registration numbers directly with the state board of nursing, which maintains these records. [MN Statutes Section 148.235 Subd. 7a]

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of chapter N 1 and current nursing practice standards. The Board provided input and feedback to determine any changes or updates needed in addition to reviewing comments from subject matter experts from the Department of Safety and Professional Services.

Fiscal estimate and economic impact analysis:

The fiscal estimate and economic impact analysis are attached.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rule will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708, or by email to DSPSAdminRules@wisconsin.gov. Comments must be submitted by the date and time at which the public hearing on these emergency rules is conducted. Information as to the place, date, and time of the public hearing will be published on the Legislature's website and in the Wisconsin Administrative Register.

TEXT OF RULE

SECTION 1. Chapter N 2 (title) is amended to read:

Chapter N 2

LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES

SECTION 2. Chapter N 4 is repealed.

SECTION 3. N 6.02 (1) is repealed and recreated to read:

N 6.02 (1) "Advanced practice registered nurse" means an individual licensed under s. 441.09, Stats., and practicing in one of the 4 recognized roles specified in s. 441.001 (5), Stats.

SECTION 4. N 6.02 (10m) is amended to read:

N 6.02 (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.

SECTION 5. N 6.02 (12) is renumbered N 6.02 (7m).

SECTION 6. N 7.01 (2) is amended to read:

N 7.01 (2) (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.

SECTION 6. N 7.01 (2) (Note) is repealed.

SECTION 7. N 7.02 (1m) is repealed.

SECTION 8. N 7.02 (3) and (4) are amended to read:

N 7.02 (3) "License" means a license of ~~a~~ an advanced practice registered nurse, registered nurse, or licensed practical nurse ~~or nurse-midwife~~.

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

SECTION 8. N 7.02 (5) (Note) is repealed.

SECTION 9. N 7.03 (intro) is amended to read:

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:

SECTION 10. N 7.03 (1) (f) is amended to read:

N 7.03 (1) (f) Failing to inform the board of the advanced practice ~~nurse prescriber's~~ registered nurse's change in certification status with a national certifying body as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

SECTION 11. Chapter N 8 (title) is amended to read:

Chapter N 8

~~CERTIFICATION~~ LICENSURE OF ADVANCED PRACTICE ~~NURSE PRESCRIBERS~~ REGISTERED NURSES

SECTION 12. N 8.01 (1) is amended to read:

N 8.01 (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2), and 441.09 ~~and 441.16, Stats., and interpret s. 441.16, Stats~~.

SECTION 13. N 8.01 (2) is repealed.

SECTION 14. N 8.02 (1) is repealed.

SECTION 15. N 8.02 (2) is repealed and recreated to read:

N 8.02 (2) "Advanced practice registered nurse" means an individual licensed under s. 441.09, Stats., and practices in one of the 4 recognized roles.

SECTION 16. N 8.02 (8) is created to read:

N 8.02 (8) "Recognized role" has the meaning given under s. 441.001 (5), Stats.

SECTION 17. N 8.03 is repealed and recreated to read:

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 nurse's 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, which 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.

(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 as specified in s. 441.09 (5), Stats.

(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) For individuals applying to have prescriptive authority, provide 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) For individuals applying to practice in the certified nurse-midwife recognized role, file with the board a proactive plan that satisfies the criteria under s. N 8.047 if applicant plans to assist deliveries outside a hospital setting.

Note 1: The board will grant an advanced practice registered nurse license to each individual who held a Wisconsin issued certificate as an advanced practice nurse prescriber before September 1, 2026, and grant one or more specialty designations corresponding to the recognized roles the board has determined the individual qualifies based on the individual's national board certification.

Note 2: The board will grant an advanced practice registered nurse license with a certified nurse-midwife specialty designation to each individual who held a license as a nurse-midwife before September 1, 2026.

(2) An applicant for licensure as an advanced practice registered nurse who held an active license as a Wisconsin registered nurse and was practicing in a recognized role on January 1, 2026, must meet the requirements in sub. (1) except for subs. (1) (d) and (h), and must provide evidence of the following:

(a) Completion of a master's or doctoral degree in nursing that is substantially equivalent to a master's or doctoral degree from a college or university accredited by an organization approved by the board and the board finds the program adequately prepared the applicant for the practice of advanced practice registered nursing in a recognized role.

(b) Current certification by a national certifying body approved by the board in the recognized role or specialized designation.

(c) Experience of clinical practice of 3,840 hours approved by the board as a registered nurse in designated recognized role.

Note: Applicants applying pursuant to sub. (2) are ineligible for prescriptive authority (see s. 441.09(1) (b) 5.a., Stats.) without satisfying N 8.03 (1) (d) and (h). Pursuant to s. 441.09(1) (b)4., Stats., the board may place specific limitations on a person licensed as an advanced practice registered nurse as a condition of licensure.

SECTION 18. N 8.046 and N 8.047 are created to read:

N 8.046 Requirements for Independent Practice. An advanced practice registered nurse may practice in a recognized role without being supervised by, or in a collaborative relationship with, a licensed physician or dentist if the board verifies that the advanced practice registered nurse satisfies all of the following:

(1) Subject to pars. (a) and (b), the advanced practice registered nurse has completed 3,840 hours of professional nursing in a clinical setting, provided that at least 24 months have elapsed since the nurse first began completing the clinical hours required by a qualifying nursing program.

(a) Clinical hours completed as a requirement of a nursing program offered by a qualifying school of nursing under s. 441.06 (1) (c), Stats., may be used to satisfy the requirement under this subsection.

(b) Hours completed in a graduate-level or postgraduate-level education program in advanced practice registered nursing as described in s. 441.09 (1) (a) 2. a., Stats., may not be used to satisfy the requirement under this subsection.

(2) Subject to pars. (a), (b), and (c), the advanced practice registered nurse has completed 3,840 clinical hours of advanced practice registered nursing practice in a recognized role while working with a licensed physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the advanced practice registered nurse, provided that at least 24 months have elapsed since the nurse first began practicing advanced practice registered nursing in that recognized role.

(a) The advanced practice registered nurse may substitute additional hours of advanced practice registered nursing working with a physician or dentist described under this subsection to count toward the requirement under sub. (1).

(b) Each such additional hour shall count toward one hour of the requirement under sub. (1).

(c) For purposes of this subsection, applicants may submit satisfactory evidence to the board of lawful advanced practice registered nursing practice hours outside Wisconsin to determine eligibility.

(3) The applicant shall submit evidence of satisfying the requirements under subs. (1) and (2) on a form provided by the board. The form shall be completed and signed by a medical director in charge of the applicant's employment, the dean in charge of clinical hours at a qualifying school of nursing, or an authorized individual in charge of the clinical setting who can verify the applicant's clinical hours.

(4) An advanced practice registered nurse may provide pain management services through invasive techniques without a collaborative relationship with a licensed 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 subs. (1) and (2).

(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 subs. (1) and (2).

N 8.047 Certified Nurse-Midwife Proactive Plan. (1) An advanced practice registered nurse with a certified nurse-midwife specialty designation must file with the board a proactive plan if planning to assist deliveries outside a hospital setting. This plan shall include:

(a) Fields for the name of the hospital or clinical facility where the patient and newborn will be transferred in the event of an emergency.

(b) The designated method and protocol for emergency medical transport.

(c) The protocol for the transfer of prenatal and intrapartum medical records and current medical conditions.

(2) The certified nurse-midwife shall utilize and execute the proactive plan based on their professional judgment, clinical experience, and training, ensuring the immediate safety of the patient and newborn.

SECTION 19. N 8.06 is repealed and recreated to read:

N 8.06 Prescribing limitations. (1) An individual who was granted an advanced practice registered nurse license may not issue prescription orders if a notation indicating that the individual may not issue prescription orders appear in the advanced practice registered nurse license.

(2) An advanced practice registered nurse may issue prescription orders appropriate to the advanced practice registered nurse's areas of competence as established by the advanced practice registered nurse's education, training, or experience.

(3) An advanced practice registered nurse may not prescribe, dispense, or administer the following:

(a) Any schedule I controlled substance.

(b) 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:

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

2. Treatment of narcolepsy.

3. Treatment of hyperkinesis, including attention deficit hyperactivity disorder.

4. Treatment of drug-induced brain dysfunction.

5. Treatment of epilepsy.

6. Treatment of depression shown to be refractory to other therapeutic modalities.

(c) Any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purposes.

SECTION 20. N 8.07 (1) (intro), (c), (e), and (2) are amended to read:

N 8.07 (1) Prescription orders issued by an advanced practice registered nurse ~~prescribers~~ shall:

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

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

(2) Prescription orders issued by advanced practice ~~nurse prescribers~~ registered nurses 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.

SECTION 21. N 8.08 is repealed.

SECTION 22. N 8.09 (1) and (2) are amended to read:

N 8.09 (1) Except as provided in sub. (2), advanced practice ~~nurse prescribers~~ registered 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.

SECTION 23. N 8.10 (title) is amended to read:

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

SECTION 24. N 8.10 (intro) is created to read:

N 8.10 (intro) If required to practice in collaboration under s. 441.09 (3m), Stats., an advanced practice registered nurse shall:

SECTION 25. N 8.10 (1) is amended to read:

N 8.10 (1) ~~Advanced practice nurse prescribers shall~~ communicate ~~with patients~~ through the use of ~~modern communication techniques~~ any clinically appropriate service modality that is consistent with the advanced practice registered nurse training, certification, written collaboration agreement, and applicable laws and regulations.

SECTION 26. N 8.10 (2) is repealed.

SECTION 27. N 8.10 (3) is repealed and recreated to read:

N 8.10 (3) Adhere to professional standards when encountering patients beyond the advanced practice registered nurse's expertise and consult, collaborate with, or refer the patient to a licensed physician or another qualified healthcare provider authorized to handle those needs.

SECTION 28. N 8.10 (4) is amended to read:

N 8.10 (4) ~~Advanced practice nurse prescribers shall~~ provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating care management and improved collaboration.

SECTION 29. N 8.10 (5) and (6) are repealed.

SECTION 30. N 8.10 (7) is amended to read:

N 8.10 (7) ~~Advanced practice nurse prescribers shall work in~~ document a collaborative relationship with a licensed physician or dentist. The collaborative relationship is a process in which an advanced practice registered nurse ~~prescriber~~ is working with a licensed physician or dentist, in each other's presence when necessary, to ~~deliver~~ order treatment, therapeutics, testing, and other relevant health care services within the scope of the practitioner's training, education, and experience and that is subject to any additional provisions as a condition of employment or relationship. ~~The advanced practice nurse prescriber shall document this relationship.~~

SECTION 31. EFFECTIVE DATE. This emergency rule shall take effect upon publication in the official state newspaper, pursuant to s. 227.22 (2) (c), Stats., and shall remain in effect for 2 years or until permanent rules take effect, whichever is sooner, as provided in 2025 Wisconsin Act 17, section 172 (1).

(END OF TEXT OF RULE)

Dated 6/30/2026

Agency Amanda Kane APNP

Vice Chairperson
Board of Nursing

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	BOARD OF NURSING
BOARD OF NURSING	:	ADOPTING EMERGENCY RULES

The statement of scope for this rule, SS 064-25, was approved by the Governor on September 18, 2025, published in Register 837A4 on September 22, 2025, and approved by the Board of Nursing on November 13, 2025.

This emergency rule was approved by the Governor on **July 16, 2026**.

ORDER

An order of the Board of Nursing to **amend** N 1.08 (3) (b) 1.; and to **create** N 1.08 (3) (d) 4., relating to faculty accreditation standards.

Analysis prepared by the Department of Safety and Professional Services.

FINDING OF EMERGENCY

This rule is essential for the public welfare by enabling nursing schools to broaden their clinical faculty. The expeditious promulgation of this proposed rule directly serves Wisconsin's economic interests and public well-being by alleviating nursing school staffing shortages and reducing barriers to nursing practice.

ANALYSIS

Statutes interpreted:

Subchapter I of ch. 441, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 441.01 (3), Stats.

Explanation of agency authority:

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

Section 227.11 (2) (a), Stats., states that "[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute…"

Section 441.01 (3), Stats., states "[t]he board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may

also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227."

Related statute or rule:

Subchapter I of ch. 441, Stats.

Plain language analysis:

Chapter N 1 broadly covers the approval process for nursing schools, which includes specific faculty accreditation standards that schools must adhere to for approval and continued operation. These standards generally outline the criteria for employing qualified educational administrators and faculty members. The Board has identified the need to expand these provisions to allow more flexibility in clinical faculty available to teach nursing students in clinical settings, which is why they created a faculty exception provision that sets the requirements for nurses with a bachelor's degree to teach in a clinical setting.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Summary of public comments received on statement of scope:

The Board of Nursing held a preliminary hearing on the scope statement for this rule at its November 13, 2025, meeting. The following is a summary of the comments that were received:

- In support:
    - **Gina Dennik-Champion | Wisconsin Nurses Association (WNA) Position on BSN-Prepared Clinical Instructors**
      The Wisconsin Nurses Association (WNA) advocates for allowing BSN-prepared registered nurses (RNs) to serve as clinical instructors in pre-licensure nursing programs to address the critical shortage of nurse faculty. Citing data from the 2024 RN Workforce Survey, the WNA notes that a significant number of current nurse faculty plan to leave education within ten years, hindering the ability of nursing programs to meet the demand for new nurses. The WNA asserts that BSN-prepared nurses are fully competent for clinical instruction, which focuses on essential skills and patient care, and often already serve in similar roles as preceptors. Utilizing these nurses, who bring current, relevant bedside experience, supports expanded clinical teaching capacity without compromising the quality of competency-based education.
      The WNA's position is supported by its research findings, which note that all major nursing education accrediting agencies permit the utilization of BSN-prepared RNs as clinical instructors, provided they meet specific criteria, such as relevant clinical experience, a BSN, and formal oversight by graduate-prepared faculty. Furthermore, the WNA observes that at least 12 other states already allow this practice. Therefore, the WNA formally supports amending Wisconsin's Nursing Administrative Code N1.108(3) to align with national accreditation standards, allowing BSN-prepared RNs to function solely as clinical instructors (and not teach didactic portions), thereby supporting strategies to grow a competent and safe nursing workforce.

- **Dr. Kerri Kliminski | Madison College, School of Nursing and ANEW Legislative Committee Chair**

  The Association of Nursing Education of Wisconsin (ANEW) submitted comments in support of the Board of Nursing's proposed rule project to amend Chapter N1, which would expand eligibility for clinical nursing faculty to include nurses with a BSN. This support is based on the need to address persistent faculty shortages that currently restrict student enrollment and worsen the state's nursing workforce gap. ANEW believes that, by facilitating this change, the Board would align Wisconsin's regulatory standards with national accreditation norms, which already permit BSN-prepared instructors. Furthermore, the change will provide educational institutions the flexibility to meet local workforce demands and reduce administrative burdens related to current regulatory exceptions.

  To ensure the continued maintenance of program quality and accountability, ANEW advocates for a structured oversight model within this new framework. Their support is contingent on requirements that BSN-prepared instructors possess at least two years of recent, direct patient care experience and that they operate under the formal supervision and mentorship of graduate-prepared faculty. ANEW asserts that by integrating experienced BSN nurses into the educational setting, the proposed rule will effectively increase instructional capacity and strengthen the education-to-workforce pipeline, ultimately supporting the long-term sustainability of Wisconsin's healthcare system.

- **Brian Krogh | Dean, College of Allied Health & College of Nursing Northeast Wisconsin Technical College**
  "I am in full support of amending N1 to allow BSN-prepared nurses to be clinical instructors. Finding Master-prepared clinical nurses is extremely difficult, and we have had to use the emergency exception to employ a BSN-prepared nurse for a semester to teach clinical. Our BSN nurses at the bedside are experts in their practice and would make exceptional clinical instructors under the guidance of MSN-prepared educators at our College of Nursing."

- **Ann Zenk | Wisconsin Hospital Association**
  "The Scope is consistent with school of nursing accreditation criteria and with the letter WHA sent the Board of Nursing earlier this year proposing this change to expand the faculty role of experienced BSNs. As employers we and the other associations joining us on the letter are committed to working with the Board and our partners in education to make this opportunity available for the BSNs we employ for the benefit of Wisconsin's nursing schools, the nursing workforce and health care in Wisconsin. We strongly support the Board of Nursing taking up this change as described in the Scope through the emergency rules process."

- **Melissa Anne Brown | UW MKE Strong Support for Utilizing BSN Nurses as Clinical Instructors**

The University of Wisconsin-Milwaukee strongly supports amending the requirements to allow BSN-prepared nurses to serve as clinical instructors, calling the change incredibly timely and important to address the severe nursing faculty crisis. The current requirement for a Master of Science in Nursing (MSN) exacerbates faculty shortages, which are characterized by high vacancy rates and an inability of graduate programs to produce faculty fast enough, leading to "burnout" among nursing administrators. Excluding BSNs limits the pool of qualified educators, threatens program accreditation due to inadequate clinical oversight ratios, and forces programs like UW-Milwaukee into constant, semesterly searches for replacement staff. Existing models in community colleges, accelerated BSN programs, and military systems already successfully employ BSNs under MSN supervision, demonstrating safe and effective educational outcomes.
UW MKE comments that requiring an MSN does not guarantee a high-quality clinical educator, pointing to the variable rigor of MSN programs, the proliferation of low-residency programs with minimal clinical hours, and the fact that many MSN-prepared faculty have not practiced clinically for 10-15 years. BSN-prepared nurses, by contrast, often have 3-10 plus years of recent, critical acute care experience, which is essential for teaching psychomotor skills and clinical judgment at the bedside. UW MKE advocates for a competency-based hiring model over a degree-based one, recommending criteria such as a BSN plus 3-5 years of clinical experience, required specialty certification, preceptor experience, mandatory faculty orientation, and mentorship by a graduate-prepared faculty member.

- **Jill Guttormson | Marquette University**
  "As Dean of Marquette College of Nursing, I am in full support of change to N1 to allow BSN prepared nurses to teach prelicensure clinicals.
  - *Availability of clinical faculty is a primary barrier or limiting factor for growing nursing programs. At a time of worsening nursing shortage, removing barriers to nursing program growth while ensuring continued quality education is vitally important for the state. This change supports both goals.*
  - *Supported by Accrediting Bodies: our nursing program accreditation standards allow BSN prepared faculty to teach clinically.*
  - *BSN prepared nurses have strong clinical expertise that makes them ideally suited to provide high quality, robust clinical experiences for our prelicensure students.*
    - *BSN prepared nurses already serve in these roles as preceptors for students in clinical and in precepting of new nurses at their HC organizations.*
  - *Colleges and Schools of Nursing have existing expertise in supporting individuals new to the nurse educator role.*
    - *Nursing programs have established training for clinical faculty already in place that ensures high quality educational experiences for our students.*
    - *BSN prepared faculty will be supported by experienced MSN faculty who are experts in clinical education.*

- *These existing support structures will ensure strong mentorship and development for new BSN prepared faculty."*

- In opposition:
  - **Timothy Bonson (No organization or license declared)**

"To the Members of the Board of Nursing, I am writing to express my strong opposition to the proposed emergency and permanent changes to Rule N 1 regarding faculty accreditation standards. While I understand the board's desire to address the nursing shortage, this proposal is a dangerous and misguided approach that prioritizes quantity over quality, ultimately putting Wisconsin patients at unacceptable risk.

<u>Lowering Standards is Not the Solution</u>

Calling this change an effort to allow "greater flexibility" is a misleading euphemism. This rule change is, at its core, about lowering the minimum qualifications required to teach the next generation of nurses. The standards currently in place were not created to be arbitrary barriers; they exist to ensure that student nurses receive clinical instruction from experienced, highly qualified professionals who can adequately prepare them for the immense responsibilities of patient care. Diluting these standards is a short-sighted 'fix' that will have long-term, devastating consequences. It will lead to:

** Poorly Prepared Graduates: Students taught by less-qualified instructors will enter the workforce lacking the critical thinking, skills, and clinical judgment necessary to provide safe care.*
** Increased Medical Errors: Inadequately trained nurses are more likely to make mistakes, leading to negative patient outcomes, injury, and even death.*
** Devaluation of the Nursing Profession: This rule sends a message that the rigorous training and expertise of nursing educators are disposable. It weakens the integrity of nursing education across the state.*

<u>A Threat to Public Welfare</u>

The 'Statement of Scope' claims this rule is 'essential for the public welfare,' but the opposite is true. The most essential component of public welfare is safe, competent healthcare. Rushing under-qualified graduates into the workforce is a direct threat to that safety. It solves a staffing spreadsheet problem by creating a real-world patient care crisis. Instead of dismantling quality standards, the Board should address the root causes of the faculty shortage: non-competitive salaries for educators compared to clinical roles, challenging working conditions, and a lack of support for nurses who wish to transition into academia. Lowering the bar is the easy way out, not the right way.
I urge you to reject this reckless proposal. Do not sacrifice the quality of nursing education and the safety of Wisconsin's patients for the sake of a quick and dangerous fix. Uphold the standards that protect us all."

Comparison with rules in adjacent states:

Illinois

The state of Illinois establishes requirements for faculty in both professional and practical nursing programs. For professional nursing programs, faculty must possess a minimum of two years of experience in clinical nursing practice. Academically, faculty must hold a master's degree or higher, with the major field of study specifically designated as nursing. In practical nursing programs, faculty is also required to have at least two years of experience in clinical nursing practice. However, academically the faculty is required to hold a baccalaureate degree or higher with a major in nursing. [IL Admin Code Title 68 Ch VII Subch. b Part 1300.340 and 1300.230]

Iowa

In Iowa, a faculty member teaching nursing must possess a current license as a registered nurse in the state or hold a current multistate license under the nursing licensure compact prior to instruction. Instructors must also have two years of experience in clinical nursing. Faculty employed on or before July 1, 1992, are considered adequately prepared while they remain in that position. A new faculty member in a prelicensure registered nurse program must hold at least a baccalaureate degree with a major in nursing or an applicable field at the time of hire and shall make annual progress toward a master's or doctoral degree in nursing or an applicable field, with at least one degree being in nursing. For practical nursing programs and the first level of associate degree programs, faculty hired after July 1, 1992, shall have a baccalaureate or higher degree in nursing or an applicable field at the time of hire.

Faculty teaching in a master's program must hold a master's or doctoral degree with a major in nursing at the time of hire. If teaching in a population focus, the registered nurse must hold a master's degree in nursing, advanced level certification approved by the board, and current advanced registered nurse practitioner licensure in the state of instruction.

Faculty hired only to teach in the clinical setting are exempt from being considered adequately prepared to teach if hired before July 1, 1992, and from the bachelor's degree requirements for prelicensure RN programs if they are also closely supervised. If hired after July 1, 1992, clinical-only faculty must hold a baccalaureate degree in nursing or an applicable field or demonstrate annual progress toward attainment of such a degree. Annual progress requires a minimum of one course per year under a written plan of study. [655 IAC 2.11 (2)]

Michigan

In Michigan, a member of the nursing faculty who provides didactic/theory instruction shall hold a minimum of a graduate degree, and the program shall ensure that the majority of the didactic/theory faculty hold a graduate degree with a major in nursing, unless an exception is granted. If the graduate degree is not in nursing, the faculty member shall hold a minimum of a baccalaureate degree in nursing or an equivalent standing in a nationally nursing accredited associate's degree in nursing (ADN) to master's of science in nursing (MSN) nursing education program with attestation of baccalaureate level competency from that educational program. Courses that are non-nursing in content but are health-related are exempt from the degree requirements and may be taught by non-nurse faculty. Also, a member of the nursing faculty who provides instruction in either the clinical, skills, laboratory, or simulation laboratory shall hold a minimum of a baccalaureate degree in nursing or an equivalent standing in a nationally nursing

accredited ADN to MSN nursing education program with attestation of baccalaureate level competency from that educational program. [MI Admin Rules R 338.10305a]

Michigan Statutes has an exception to the previous requirements for registered nurses and licensed practical nurses' education. This exception established that each member of the nursing faculty in a program of nursing education for registered nurses or licensed practice nurses who provide instruction in the clinical laboratory or cooperating agencies hold a baccalaureate degree in nursing science does not apply to a member of the nursing faculty who was employed by or under contract to a program of nursing education on or before September 1, 1989; and is still employed by or under contract to a program of nursing education on June 29, 1995. [MCL 333.16148]

Minnesota

In Minnesota, professional nursing program faculty are required to possess a graduate degree, which must be conferred by a regionally or nationally accredited college or university recognized by the United States Department of Education or the Council for Higher Education Accreditation. If the major of the graduate degree is not nursing, the faculty member must hold a baccalaureate degree with a major in nursing. Additionally, effective January 1, 2025, advanced practice nursing faculty must hold a baccalaureate or graduate degree with a major in nursing or a health-related field in a clinical specialty. These advanced degrees must be from a regionally or nationally accredited institution. These requirements ensure advanced practice educators possess both core nursing credentials and specialized clinical expertise. [MN Admin Rules 6301.2340]

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of chapter N 1 and current nursing practice standards. The Board provided input and feedback to determine any changes or updates needed in addition to reviewing comments from subject matter experts from the Department of Safety and Professional Services.

Fiscal estimate and economic impact analysis:

The fiscal estimate and economic impact analysis are attached.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rule will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708, or by email to DSPSAdminRules@wisconsin.gov. Comments must be submitted by the date and time at which the public hearing on these emergency rules is conducted. Information as to the place, date, and time of the public hearing will be published on the Legislature's website and in the Wisconsin Administrative Register.

TEXT OF RULE

SECTION 1. N 1.08 (3) (b) 1. is amended to read:

N 1.08 (3) (b) 1. Hold a current, active, and unencumbered registered nurse license or privilege to practice in Wisconsin ~~that is not encumbered~~.

SECTION 2. N 1.08 (3) (d) 4. is created to read:

N 1.08 (3) (d) 4. 'Bachelor's degree clinical faculty exception.' A bachelor's degree clinical faculty exception is for an individual who has relevant nursing education, experience, certification, and clinical skills that will best serve a professional school of nursing in a clinical capacity. This exception is ongoing and does not require annual renewal as long as all of the following required criteria remain met:

a. A baccalaureate degree with a major in nursing.

b. A current, active, and unencumbered registered nurse license or privilege to practice in Wisconsin.

c. Two years of clinical experience relevant to the assigned clinical area.

d. Be enrolled in a graduate program and maintain steady progress towards completion, have completed graduate-level courses or education in clinical best practices acceptable to the Board, or hold a national certification in a nursing field specialty relevant to the assigned clinical area.

d. Practice under the supervision of a registered nurse who meets the qualifications in par. (b).

SECTION 3. EFFECTIVE DATE. This emergency rule shall take effect upon publication in the official state newspaper.

(END OF TEXT OF RULE)

Dated 07/17/2026 Agency Amanda Kane APNP

Vice Chairperson
Board of Nursing

Wisconsin Legislative Council
RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Anne Sappenfield
Legislative Council Director

CLEARINGHOUSE RULE 26-036

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

2. Form, Style and Placement in Administrative Code

a. In the rule summary's listing of the deadline to submit comments, rather than stating "date to be determined", consider specifying how a person would determine that date. For example, it could be specified that the date will be published in the Administrative Register.

b. In SECTION 2 of the proposed rule, modify the material to ensure that each subunit following an introduction completes the idea and results in a complete sentence when read with the introduction. [s. 1.11 (2), Manual.]

c. In SECTION 2 of the proposed rule, two items are numbered "s. N 1.08 (3) (d) 4. d.". Renumber the second instance as s. N 1.08 (3) (d) 4. e.

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE BOARD OF NURSING	:	PROPOSED ORDER OF THE BOARD OF NURSING ADOPTING RULES (CLEARINGHOUSE RULE 26-036)

PROPOSED ORDER

An order of the Board of Nursing to **amend** N 1.08 (3) (b) 1.; and to **create** N 1.08 (3) (d) 4., relating to faculty accreditation standards.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Subchapter I of ch. 441, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 441.01 (3), Stats.

Explanation of agency authority:

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

Section 227.11 (2) (a), Stats., states that "[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute…"

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

Related statute or rule:

Subchapter I of ch. 441, Stats.

Plain language analysis:

Chapter N 1 broadly covers the approval process for nursing schools, which includes specific faculty accreditation standards that schools must adhere to for approval and continued operation. These standards generally outline the criteria for employing qualified educational administrators and faculty members. The Board has identified the need to expand these provisions to allow more flexibility in clinical faculty available to teach

nursing students in clinical settings, which is why they created a faculty exception provision that sets the requirements for nurses with a bachelor's degree to teach in a clinical setting.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Summary of public comments received on statement of scope:

The Board of Nursing held a preliminary hearing on the scope statement for this rule at its November 13, 2025, meeting. The following is a summary of the comments that were received:

- In support:
    - **Gina Dennik-Champion | Wisconsin Nurses Association (WNA) Position on BSN-Prepared Clinical Instructors**
      The Wisconsin Nurses Association (WNA) advocates for allowing BSN-prepared registered nurses (RNs) to serve as clinical instructors in pre-licensure nursing programs to address the critical shortage of nurse faculty. Citing data from the 2024 RN Workforce Survey, the WNA notes that a significant number of current nurse faculty plan to leave education within ten years, hindering the ability of nursing programs to meet the demand for new nurses. The WNA asserts that BSN-prepared nurses are fully competent for clinical instruction, which focuses on essential skills and patient care, and often already serve in similar roles as preceptors. Utilizing these nurses, who bring current, relevant bedside experience, supports expanded clinical teaching capacity without compromising the quality of competency-based education.
      The WNA's position is supported by its research findings, which note that all major nursing education accrediting agencies permit the utilization of BSN-prepared RNs as clinical instructors, provided they meet specific criteria, such as relevant clinical experience, a BSN, and formal oversight by graduate-prepared faculty. Furthermore, the WNA observes that at least 12 other states already allow this practice. Therefore, the WNA formally supports amending Wisconsin's Nursing Administrative Code N1.108(3) to align with national accreditation standards, allowing BSN-prepared RNs to function solely as clinical instructors (and not teach didactic portions), thereby supporting strategies to grow a competent and safe nursing workforce.

    - **Dr. Kerri Kliminski | Madison College, School of Nursing and ANEW Legislative Committee Chair**

      The Association of Nursing Education of Wisconsin (ANEW) submitted comments in support of the Board of Nursing's proposed rule project to amend Chapter N1, which would expand eligibility for

clinical nursing faculty to include nurses with a BSN. This support is based on the need to address persistent faculty shortages that currently restrict student enrollment and worsen the state's nursing workforce gap. ANEW believes that, by facilitating this change, the Board would align Wisconsin's regulatory standards with national accreditation norms, which already permit BSN-prepared instructors. Furthermore, the change will provide educational institutions the flexibility to meet local workforce demands and reduce administrative burdens related to current regulatory exceptions.

To ensure the continued maintenance of program quality and accountability, ANEW advocates for a structured oversight model within this new framework. Their support is contingent on requirements that BSN-prepared instructors possess at least two years of recent, direct patient care experience and that they operate under the formal supervision and mentorship of graduate-prepared faculty. ANEW asserts that by integrating experienced BSN nurses into the educational setting, the proposed rule will effectively increase instructional capacity and strengthen the education-to-workforce pipeline, ultimately supporting the long-term sustainability of Wisconsin's healthcare system.

- **Brian Krogh | Dean, College of Allied Health & College of Nursing Northeast Wisconsin Technical College**
  "I am in full support of amending N1 to allow BSN-prepared nurses to be clinical instructors. Finding Master-prepared clinical nurses is extremely difficult, and we have had to use the emergency exception to employ a BSN-prepared nurse for a semester to teach clinical. Our BSN nurses at the bedside are experts in their practice and would make exceptional clinical instructors under the guidance of MSN-prepared educators at our College of Nursing."

- **Ann Zenk | Wisconsin Hospital Association**
  "The Scope is consistent with school of nursing accreditation criteria and with the letter WHA sent the Board of Nursing earlier this year proposing this change to expand the faculty role of experienced BSNs. As employers we and the other associations joining us on the letter are committed to working with the Board and our partners in education to make this opportunity available for the BSNs we employ for the benefit of Wisconsin's nursing schools, the nursing workforce and health care in Wisconsin. We strongly support the Board of Nursing taking up this change as described in the Scope through the emergency rules process."

- **Melissa Anne Brown | UW MKE Strong Support for Utilizing BSN Nurses as Clinical Instructors**

The University of Wisconsin-Milwaukee strongly supports amending the requirements to allow BSN-prepared nurses to serve as clinical instructors, calling the change incredibly timely and important to address the severe nursing faculty crisis. The current requirement for a Master of Science in Nursing (MSN) exacerbates faculty shortages, which are characterized by high vacancy rates and an inability of graduate programs to produce faculty fast enough, leading to "burnout" among nursing administrators. Excluding BSNs limits the pool of qualified educators, threatens program accreditation due to inadequate clinical oversight ratios, and forces programs like UW-Milwaukee into constant, semesterly searches for replacement staff. Existing models in community colleges, accelerated BSN programs, and military systems already successfully employ BSNs under MSN supervision, demonstrating safe and effective educational outcomes. UW MKE comments that requiring an MSN does not guarantee a high-quality clinical educator, pointing to the variable rigor of MSN programs, the proliferation of low-residency programs with minimal clinical hours, and the fact that many MSN-prepared faculty have not practiced clinically for 10-15 years. BSN-prepared nurses, by contrast, often have 3-10 plus years of recent, critical acute care experience, which is essential for teaching psychomotor skills and clinical judgment at the bedside. UW MKE advocates for a competency-based hiring model over a degree-based one, recommending criteria such as a BSN plus 3-5 years of clinical experience, required specialty certification, preceptor experience, mandatory faculty orientation, and mentorship by a graduate-prepared faculty member.

- **Jill Guttormson | Marquette University**
  "As Dean of Marquette College of Nursing, I am in full support of change to N1 to allow BSN prepared nurses to teach prelicensure clinicals.
  - *Availability of clinical faculty is a primary barrier or limiting factor for growing nursing programs. At a time of worsening nursing shortage, removing barriers to nursing program growth while ensuring continued quality education is vitally important for the state. This change supports both goals.*
  - *Supported by Accrediting Bodies: our nursing program accreditation standards allow BSN prepared faculty to teach clinically.*
  - *BSN prepared nurses have strong clinical expertise that makes them ideally suited to provide high quality, robust clinical experiences for our prelicensure students.*
    - *BSN prepared nurses already serve in these roles as preceptors for students in clinical and in precepting of new nurses at their HC organizations.*
  - *Colleges and Schools of Nursing have existing expertise in supporting individuals new to the nurse educator role.*

- *Nursing programs have established training for clinical faculty already in place that ensures high quality educational experiences for our students.*
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Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of chapter N 1 and current nursing practice standards. The Board provided input and feedback to determine any

changes or updates needed in addition to reviewing comments from subject matter experts from the Department of Safety and Professional Services.

Fiscal estimate and economic impact analysis:

The fiscal estimate and economic impact analysis are attached.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rule will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.

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Agency contact person:

Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, 4822 Madison Yards Way, P.O. Box 14497, Madison, WI 53708, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing to be held on September 10, 2026, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. N 1.08 (3) (b) 1. is amended to read:

N 1.08 (3) (b) 1. Hold a current, active, and unencumbered registered nurse license or privilege to practice in Wisconsin ~~that is not encumbered~~.

SECTION 2. N 1.08 (3) (d) 4. is created to read:

N 1.08 (3) (d) 4. 'Bachelor's degree clinical faculty exception.' A bachelor's degree clinical faculty exception is for an individual who has relevant nursing education, experience, certification, and clinical skills that will best serve a professional school of nursing in a clinical capacity. This exception is ongoing and does not require annual renewal as long as all of the following required criteria remain met:

a. A baccalaureate degree with a major in nursing.

b. A current, active, and unencumbered registered nurse license or privilege to practice in Wisconsin.

c. Two years of clinical experience relevant to the assigned clinical area.

d. Be enrolled in a graduate program and maintain steady progress towards completion, have completed graduate-level courses or education in clinical best practices acceptable to the Board, or hold a national certification in a nursing field specialty relevant to the assigned clinical area.

e. Practice under the supervision of a registered nurse who meets the qualifications in par. (b).

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		**2) Date when request submitted:** 9/2/2026 **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 9/10/2026	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Public Agenda Request – Discussion and Consideration 1) Wisconsin Association of School Nurses: Compliance Requirements for School Based Services	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes <Appearance Name(s)> ☐ No	**9) Name of Case Advisor(s), if applicable:** <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed:			
11) Authorization  **9/02/2026** **Signature of person making this request** — **Date** **Supervisor (Only required for post agenda deadline items)** — **Date** **Executive Director signature (Indicates approval for post agenda deadline items)** — **Date**			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

WASN
Wisconsin Association of School Nurses

P.O. Box 340245
Milwaukee, WI 53234
wasnexecassisstant@gmail.com
www.wischoolnurses.org

ATTN: Wisconsin Board of Nursing

The Wisconsin Association of School Nurses is requesting clarification on a new regulatory change going into effect July 1st, 2026 that impacts Registered Nurses working in public schools.

Situation:

The Centers for Medicare & Medicaid Services (CMS) has implemented new compliance requirements for school districts seeking Medicaid reimbursement for School-Based Services (SBS). These changes directly affect school districts across Wisconsin beginning in the 2026–2027 school year.

Effective July 1, 2026, a Type 1 National Provider Identifier (NPI) number is mandatory for the individual professional who performs, recommends, refers, or orders a billable medical service within Wisconsin schools. Previously, school districts billed collectively under a Type 2 NPI. Moving forward, claims must include the individual NPI of the school medical provider who is ordering, prescribing, or referring for services or the external prescribing medical provider of the individual.

With this shift, registered nurses working in Wisconsin public schools are being instructed by their districts to obtain NPI numbers to bill for nursing services. In addition to nursing services, school nurses have been informed that their NPI number will be used for attendant care services and they will serve as the formal "referring" provider for attendant care services. The Department of Health Services has advised that because attendant care services consist of Activities of Daily Living (ADLs) rather than clinical tasks,attendant care services are not a "delegated nursing task" and therefore does not require nursing training, supervision, or oversight of the school aides delivering the care.

This directive creates an immediate conflict with the Wisconsin Nurse Practice Act (Wis. Admin. Code ch. N 6). We are requesting that the Board of Nursing review these SBS changes and issue clear guidance regarding the legality of school RNs utilizing their NPI numbers to authorize these attendant care services under these administrative parameters and the suggestion that RNs are not required to train or supervise staff assigned attendant care tasks when their NPI number is used. **This is a time-sensitive issue requiring urgent clarification before schools resume in August 2026.**

Background:

School-Based Services (SBS) is the Medicaid term for all medically necessary services provided to students during the school day. These services are provided by Registered Nurses and other school health providers. Attendant care is part of School-Based Services. Attendant care is care provided to students with a disability or chronic condition.

As defined in the Forward Health manual, Attendant care consists of:

- Preparing food, assisting with and monitoring eating, feeding, and swallowing.
- Performing routine personal hygiene (for example, hand washing, brushing teeth, combing hair, grooming, and showering).
- Dressing.
- Toileting and diapering.
- Transferring.
- Performing routine care of personal assistive devices (for example, eyeglasses, wheelchairs, communication boards).
- Supervision and cuing of activities.

Without this assistance, affected students would be physically unable to safely access their education or attend school. In practice, these daily tasks are physically performed by unlicensed school staff, typically teachers aides, while the school district bills Medicaid for the hours of care provided.

The conflict arises from the newly implemented CMS billing changes. Medicaid now requires a Type 1 NPI from a professional who "refers" the student to receive attendant care services to process a claim. School districts have been instructed by DHS that the school nurse's NPI number may be used for attendant care services as a referring provider.

This creates two concerns for school nurses:

1. **Scope of Practice:** Under Wis. Stat. ch. 441 and Wis. Admin. Code ch. N 8, a Registered Nurse (RN) can independently implement, manage, and coordinate care. It is unclear if attendant care services need to be referred using the same standards as nursing delegation. By omitting this guidance creates an unregulated "assignment" pathway. Wis. Admin Code ch. N 6 recognizes only two pathways for nursing care delivery: direct performance by the RN or formal delegation where the unlicensed assistive personnel has received the appropriate education and documented training required to perform the delegated acts.

2. **Delegation and Supervision**: DHS is stating that because Attendant Care tasks are "non-medical" tasks performed by aides, the RN is not required to supervise or train the staff assigned to perform these cares. However, Wis. Admin. Code ch. N 6 does not authorize a RN to assign tasks to unlicensed assistive personnel through any route other than delegation. If an RN certifies the medical necessity of attendant care services via their personal NPI, this creates the question of what are the ethical or legal requirements for the RN to provide training and supervision to unlicensed assistive personnel who are performing non-medical or non-nursing tasks.

This directive of using the School Nurse's NPI number does not align with any other clinical setting where nurses perform delegation of services from hospitals, to clinics, to longer term care, to private duty nursing. Delegation is required when the care, activities, and procedures

are not within the scope of practice of the delegatee, and the RN retains authority for the interventions. Assignment is when the task is within the scope and training of the individual based on their schooling or certificate. Teacher's aides are the staff traditionally assigned to perform attendant care tasks. Teacher's aides are unlicensed assistive personnel who hold no certification or formal training in how to perform activities of daily living.

Statutes and Administrative Rule:

DHS 107.36(1)(j) :

Personal care and attendant care. Services defined under s. DHS 107.112 (1) (b) 4., 6. to 9., and 11. to 13 are covered services when rendered by a provider qualified under 42 CFR 440.167.

DHS 107.112(1)(a):
(a) Personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community. These services shall be provided upon written orders of a prescribing provider, and provided by a personal care provider certified under s. DHS 105.17 or a personal care worker employed by the personal care provider or under contract with the personal care provider who is supervised by a registered nurse according to a written plan of care. The personal care worker shall be assigned by the supervising registered nurse to specific recipients to do specific tasks for those recipients for which the personal care worker has been trained. The personal care worker's training for these specific tasks shall be assured by the supervising registered nurse. The personal care worker is limited to performing only those tasks and services as assigned for each recipient and for which he or she has been specifically trained.

DHS 107.112(1)(b):
Covered personal care services are:
1. Assistance with bathing;
2. Assistance with getting in and out of bed;
3. Teeth, mouth, denture and hair care;
4. Assistance with mobility and ambulation including use of walker, cane or crutches;
5. Changing the recipient's bed and laundering the bed linens and the recipient's personal clothing;
6. Skin care excluding wound care;
7. Care of eyeglasses and hearing aids;
8. Assistance with dressing and undressing;
9. Toileting, including use and care of bedpan, urinal, commode or toilet;
10. Light cleaning in essential areas of the home used during personal care service activities;
11. Meal preparation, food purchasing and meal serving;
12. Simple transfers including bed to chair or wheelchair and reverse; and
13. Accompanying the recipient to obtain medical diagnosis and treatment.

Assessment:

A regulator change is being instituted without clear guidance on how it impacts the standard of practice for registered nurses. Without clear guidance from the Wisconsin Board of Nursing, School Nurses in Wisconsin will continue to have questions and concerns about their legal responsibilities and scope of practice when their NPI number is used to bill for attendant care services. Asking a School Nurse to refer a student to receive attendant care services without providing training and supervision to the unlicensed assistive personnel performing the tasks does not appear to align with the Wisconsin Nurse Practice Act. Without clear guidance, if the School Nurse permits their NPI number to be used, this could leave School Nurses open to liability in the event that a student is harmed during attendant care services.

Recommendation:

To protect the licenses of Registered Nurses working in Wisconsin public schools and ensure the physical safety of medically fragile students across the state, we request that the Wisconsin Board of Nursing take the following immediate actions prior to the start of the 2026–2027 school year:

1. **Clarify Scope of Practice:** Provide immediate, formal clarification on a Registered Nurse's legal ability to "refer" a student to receive attendant care or any other School-Based Services (SBS) under Wis. Stat. ch. 441 and Wis. Admin. Code ch. N 6, regardless of federal Medicaid billing terminology or employer directives.

2. **Clarify the RN's Legal Responsibility for Delegation and Supervision**: If through the nursing process, the RN establishes medical necessity for attendant care services, we ask that the Board determine if the performance of attendant care services by an UAP becomes a delegated nursing task. If the Board determines that attendant cares are not delegated tasks by the RN, please clarify the responsibility of the RN as a referring provider to ensure or provide appropriate training and supervision of the UAP performing the attendant care tasks.

3. **Interagency Collaboration:** Coordinate with the Wisconsin Department of Health Services (DHS) and the Department of Public Instruction (DPI) to align school Medicaid billing toolkits with the Wisconsin Nurse Practice Act.

Given that school administrations are actively preparing for the August 2026 rollout, an urgent and public response from the Board of Nursing is necessary to prevent widespread, systemic scope-of-practice violations.

The Wisconsin Association of School Nurses thanks the Board of Nursing for your time and consideration in this matter.

References:

Chapter N 6: https://docs.legis.wisconsin.gov/code/admin_code/n/6

DHS 107 Covered services: https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107.pdf

Forward Health Manual, School-Based Services section: https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=58&s=2&c=61

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Sofia Anderson, Administrative Rules Coordinator	08/31/2026
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

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

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
September 10, 2026	☒ **Yes** ☐ **No**	Administrative Rules Matters – Discussion and Consideration 1. Pending and Possible rulemaking projects.

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

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

Attachments:

1. Nursing rule projects chart.

11) Authorization

SAnderson

08/31/2026

Signature of person making this request **Date**

Supervisor (if required) **Date**

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

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

Revised 03/2021

Board of Nursing
Rule Projects (Updated 08/31/2026)

Emergency Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
EmR 2606	064-25	03/22/2028	N 1	Faculty Accreditation Standards	Expand criteria regarding who can teach in a clinical setting to include BSNs.	Effective as of July 24, 2026, until December 20, 2026.	
EmR 2607	082-25	06/22/2028	N 1 to 8	APRNs and comprehensive review	The Board will implement the changes of 2025 WI Act 17 and conduct a comprehensive review to ensure the code is up to current standards of practice.	Effective as of September 1, 2026, until September 1, 2028, or until the permanent rule takes effect.	

Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
26-036	064-25	03/22/2028	N 1	Faculty Accreditation Standards	Expand criteria regarding who can teach in a clinical setting to include BSNs.	Public Hearing at the September meeting.	Submission of Final Rule Draft and Legislative Report to the Governor's Office for review.

Board of Nursing

Clearinghouse Rule Number	Scope #	Scope Expiration	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	082-25	06/22/2028	N 1 to 8	APRNs and comprehensive review	The Board will implement the changes of 2025 WI Act 17 and conduct a comprehensive review to ensure the code is up to current standards of practice.	Drafting rule.	EIA comment period, Clearinghouse review, and public hearing.

Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Brad Wojciechowski, Executive Director	7/8/2026
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

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

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
9/10/2026	☒ Yes ☐ No	Board Opioid Abuse Goal Setting and Report Pursuant to Wis. Stat. § 440.035 (2m) (c) – Discussion and Consideration

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

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

11) Authorization

7/8/2026

Signature of person making this request — Date

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

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

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Robert Weinman
Chairperson

Jennifer Malak
Vice Chairperson

Patrick McNally
Secretary

WISCONSIN BOARD OF NURSING

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2025 Wisconsin Board of Nursing Wis. Stat. § 440.035(2m)(c) Report on Opioid Abuse

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

1. **Controlled Substances Prescribing Guidelines** – 2015 Wisconsin Act 269 granted authority to the BON to issue guidelines regarding best practices in prescribing controlled substances. The BON adopted updated guidelines based on the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain on November 9, 2023. The Guidelines were developed using the following:

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

   The BON published the Guidelines in its newsletter as well as provided a copy of the Guidelines to every advanced practice nurse prescriber with an active license and an email on file with the Department of Safety and Professional Services (DSPS). The Guidelines are available at:

   https://dsps.wi.gov/Documents/BoardCouncils/NUR/Board%20of%20Nursing%20Best%20Practices%20for%20Prescribing%20Controlled%20Substances%20Guidelines_Final%20Approved%202023.pdf

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

3. **Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP) Information in Newsletter –**The BON has highlighted information regarding the ePDMP in its newsletter.**ePDMP Prescribing Metrics for Prescribing Practice Complaints –** The BON Screening Panel reviews the ePDMP Prescribing Metrics Summary for any advanced practice nurse prescriber who has a complaint relating to the advanced practice nurse prescriber's prescribing practices.

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

2026 Goals for Addressing the Issue of Opioid Abuse as it Relates to the Practice of Nursing

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

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

3. **ePDMP Outreach –** The BON will continue to work with ePDMP staff to provide information concerning the ePDMP to its licensees.

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

5. **Controlled Substances Prescribing Guidelines –** Currently, the BON updated and adopted Best Practices for Prescribing Controlled Substances Guidelines on November 9, 2023.

6. **Legislative Actions and Administrative Rules** – 2025 Wisconsin Act 17 made changes to establish the prescriber certification for Nurse Practitioners and practice settings. BON will open a rule project to make the necessary updates and include a comprehensive review of its administrative rules. This process will consider safe prescribing and any required safeguards as directed by Act 17.

Actions Taken by the BON to Achieve the Goals Identified in Previous Reports

1. **Administrative Rules –** The BON adopted updated rules relating to delegated authorities and actions of registered nurses and licensed practical nurses in the administration of medications and controlled substances (Wis. Admin. Code ch. N 6) on July 1, 2025. The BON has also promulgated rules in Wis. Admin. Code ch. N 8 relating to educational and renewal requirements for advanced practice nurse prescriber certification.

2. **Compliance with Provider Review Requirement –** The BON's goal was to continue its effort to increase compliance by raising awareness of the ePDMP provider review requirement.

   As of March 31, 2025, the total number of active ePDMP registration users for advanced practice nurse prescribers is 7,958 out of 11,521 active licensees. Among the 3,396 active users with prescriptions requiring PDMP review, a total of 450,986 patient queries were conducted by ePDMP. The Board will continue to coordinate efforts with the ePDMP program to track and monitor users in nursing to curb abuse in opioid prescribing practices.

3. **Education –** The BON's goal was to explore opportunities to expand its educational outreach in the areas of safe opioid prescribing and opioid abuse. During the September 2025 BON meeting, the ePDMP staff presented prescribing trends and ePDMP participation of advanced practice nurse prescribers in the past year.

4. **ePDMP Outreach –** The BON's goal was to continue to work with ePDMP staff to provide information concerning the ePDMP to its licensees. As a member of the CSB, an appointed member of the BON, regularly meets with and receives updates from ePDMP staff. During the current reporting period, PDMP staff provided the following updates:

   - **WI ePDMP 3-Year Holistic Enhancement**: DSPS concluded the 3-year enhancement project in October 2023. The new WI ePDMP system has enabled time-responsive data-processing, upgraded the patient

matching capacities, and improved the user interface.

- **New pricing models of EHR integration:** DSPS continued the program that introduced the elimination of start-up and monthly fees associated with integrating the ePDMP into electronic health record systems, expanding access to the ePDMP while simultaneously combating prescription opioid misuse.
- **National Provider Identifier (NPI) to be required for ePDMP Access and Registration Starting December 1, 2025:** The CSB amended rules to require NPI for access and data reporting. The requirement will enable the ePDMP to accept dispensing of gabapentin or any non-scheduled drug to be monitored in the future particularly those prescribed by a provider who does not have an active DEA number. PDMP staff shared their plans to communicate with dispensers and prescribers about the changes to ensure there will be no interruption to their ePDMP access and new requirements are met.
- **CSB ePDMP quarterly reports:** The 2024 Q3 report was completed and made available on the CSB website.

5. ePDMP prescribing outliers – The BON's goal was to continue to review referrals of advanced practice nurse prescribers from the CSB to identify those advanced practice nurse prescribers whose prescribing practices are outliers. The CSB referred one (1) advanced practice nurse prescriber to the Division of Legal Services and Compliance (DLSC) Intake for further action during the current reviewing period (January 2024 – March 2024).

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		**2) Date when request submitted:** 8/31/2026 **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 9/10/2026	**5) Attachments:** ☐ Yes ☒ No	**6) How should the item be titled on the agenda page?** Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration 1) Travel Report: NCSBN Annual Meeting, Aug. 18-21, 2026, Chicago, IL – Anderson, Kane, Malak, McNally, Wojciechowski	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes <Appearance Name(s)> ☐ No	**9) Name of Case Advisor(s), if applicable:** <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed:			
11)	**Authorization**		
		8/31/2026	
Signature of person making this request		**Date**	
Supervisor (Only required for post agenda deadline items)		**Date**	
Executive Director signature (Indicates approval for post agenda deadline items)		**Date**	

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