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Tony Evers, Governor
Dan Hereth, Secretary

HYBRID (IN-PERSON/VIRTUAL)
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
N208, 4822 Madison Yards Way, 2nd floor, Madison
Contact: Tom Ryan (608) 266-2112
August 27, 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 (1-4)

B. Approval of Minutes of June 25, 2026 (5-6)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

E. Administrative Matters – Discussion and Consideration

1. Department, Staff and Board Updates
2. Board Members – Term Expiration Dates
   a. Collins, Clark A. – 7/1/2027
   b. Fischer, Jean M. – 7/1/2027
   c. Holmes-Drammeh, Emelle S. – 7/1/2028
   d. Horness, Keenan M. – 7/1/2029
   e. Jarrett, Jennifer L. – 7/1/2028
   f. Lange, Amanda C. – 7/1/2028
   g. Martin, Cynthia S. – 7/1/2027
   h. Sanders, Robert W. – 7/1/2028
   i. Streit, Tara E. – 7/1/2027
3. **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update**

F. Credentialing Matters – Discussion and Consideration

G. Administrative Rule Matters – Discussion and Consideration (7-29)

1. Pending or Possible Rulemaking Projects
2. General update on other rules **(8-29)**
    a. POD 1 and 9 relating to Supervision of Physician Assistants
    b. Med 21 relating to Patient Health Care Records
    c. N 1 to 8 relating to APRNs

H. Legislative and Policy Matters – Discussion and Consideration

I. Prescription Drug Monitoring Program (PDMP) Updates (30-34)

1. Annual PDMP Updates
    a. Recent and Incoming Enhancements
    b. General Prescribing Trends and PA participations
2. PA ePDMP Usage Compliance Soft Audit Jan-Jun and Considerations

J. 2027 Board Goals to Address Opioid Abuse – Review for Adoption (35)

K. Speaking Engagements, Travel, or Public Relation Requests, and Reports

L. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration

M. Controlled Substances Board Update – Discussion and Consideration

N. Physician Assistant Interstate Compact Update – Discussion and Consideration

O. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration

P. Wisconsin Academy of Physician Assistants – Update

Q. 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. Administrative Rule Matters
10. Public Health Emergencies
11. Legislative and Policy Matters
12. Liaison Reports
13. Board Liaison Training and Appointment of Mentors
14. Informational Items
15. Division of Legal Services and Compliance (DLSC) Matters
16. Presentations of Petitions for Summary Suspension
17. Petitions for Designation of Hearing Examiner
18. Presentation of Stipulations, Final Decisions and Orders
19. Presentation of Proposed Final Decisions and Orders
20. Presentation of Interim Orders
21. Petitions for Re-Hearing
22. Petitions for Assessments
23. Petitions to Vacate Orders

24. Requests for Disciplinary Proceeding Presentations
25. Motions
26. Petitions
27. Appearances from Requests Received or Renewed
28. Speaking Engagements, Travel, or Public Relation Requests, and Reports

R. 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.).

S. Deliberation on DLSC Matters

1. **Case Closings**
   a. 23 PAB 003 – J.A.S. **(36-47)**

T. 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

U. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

X. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

VIRTUAL/TELECONFERENCE

ORAL INTERVIEW OF CANDIDATES FOR LICENSURE

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interview of **Zero** (**0**) (at time of agenda publication) Candidates for Licensure – **Jean Fischer** and **Clark Collins**

NEXT MEETING: OCTOBER 29, 2026

****

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

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

VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
JUNE 25, 2026

PRESENT: Clark Collins, Jean Fischer, Keenan Horness, Jennifer Jarrett, Amanda Lange, Cynthia Martin, Robert Sanders, Tara Streit *(arrived at 9:51 a.m.)*

ABSENT: Emelle Holmes-Drammeh

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administrative Specialist; and other Department Staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:30 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Robert Sanders moved, seconded by Jean Fischer, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 30, 2026

MOTION: Robert Sanders moved, seconded by Cynthia Martin to approve the Minutes of April 30, 2026, as published. Motion carried unanimously.

Tara Streit arrived at 9:51 a.m.

CONTROLLED SUBSTANCES BOARD UPDATE

NOTE: Jennifer Jarrett designated Tara Streit to attend the Controlled Substances Board to act as the PAACB representative on the Controlled Substances Board for the July 10, 2026, meeting.

CLOSED SESSION

MOTION: Robert Sanders moved, seconded by Cynthia Martin, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary 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.). Jennifer Jarrett, Chairperson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Clark Collins-yes; Jean Fischer-yes; Keenan Horness-yes; Jennifer Jarrett-yes; Amanda Lange-yes; Cynthia Martin-yes; Robert Sanders-yes; and Tara Streit-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:13 a.m.

DLSC MATTERS

Proposed Stipulations, Final Decisions and Orders

24 PAB 0013 – Javier E. Font

MOTION: Cynthia Martin moved, seconded by Amanda Lange, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Javier E. Font, DLSC Case Number 24 PAB 0013. Motion carried unanimously.

(Tara Streit recused and left the room for deliberation and voting in the matter concerning Javier E. Font, DLSC Case Number 24 PAB 0013.)

RECONVENE TO OPEN SESSION

MOTION: Jennifer Jarrett moved, seconded by Cynthia Martin, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:40 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Cynthia Martin moved, seconded by Jean Fischer, 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.)

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Jean Fischer moved, seconded by Tara Streit, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Tara Streit moved, seconded by Robert Sanders, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:43 a.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:
Jake Pelegrin **Administrative Rules Coordinator**	**8/17/26** **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:

Physician Assistant Affiliated Credentialing Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
8/27/26	☒ **Yes** ☐ **No**	**Administrative Rule Matters – Discussion and Consideration** 1. Pending or possible rulemaking items 2. General update on other rules a. POD 1 and 9 relating to Supervision of Physician Assistants b. Med 21 relating to Patient Health Care Records c. N 1 to 8 relating to APRNs

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:
a. POD 1 and 9 scope statement
b. Adoption Order for Med 21
c. Final emergency rule for N 1 to 8

11) Authorization

Jake Pelegrin 8/17/26

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.

POD 1 and 9 – Supervision of Physician Assistants: The rule is still in the preliminary rule draft stage. Rule drafting was discussed at the June 10, 2026 Podiatry Board meeting, with Chair Jarrett and Vice Chair Streit in attendance. The plan is for rule drafting to continue at the next Podiatry Board meeting. Let us know with any further questions or comments.

Med 21 – Patient Health Care Records: Rule effective July 1, 2026.

N 1 to 8 - APRNs and comprehensive review: The emergency rule will be published and effective on September 1, 2026. The EmR public hearing will be on September 10. Let us know with any questions or comments.

STATEMENT OF SCOPE

PODIATRY AFFILIATED CREDENTIALING BOARD

Rule No.: Pod 1 and 9

Relating to: Supervision of Physician Assistants

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only): N/A

2. Detailed description of the objective of the proposed rule:
The objective of the proposed rule is to implement the statutory changes from 2021 Wisconsin Act 23 by re-adding and modifying requirements for Podiatrist supervision of Physician Assistants that previously existed in Wisconsin Administrative Code chapter Med 8, as well as updating the references to Physician Assistants in Pod 9 to reflect the new sections of the Wisconsin Administrative Code-chapters PA 1 to 4. Given the above changes, the definitions in chapter Pod 1 may also need to be updated.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:
Wisconsin Administrative Code chapter Pod 9 currently includes references and requirements for Podiatrist Supervision of Physician Assistants, specifically regarding chapter Med 8, which has been repealed by 2021 Wisconsin Act 23. The alternative to making these changes is that chapter Pod 9 will continue to contain references to a part of the Wisconsin Administrative Code that no longer exists and there will be no requirements for Podiatrist supervision of Physician Assistants in the Administrative Code.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):
Section 15.085 (5) (b), Stats., provides that an affiliated credentialing board "[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 448.695 (2), Stats., provides that "the affiliated credentialing board may promulgate rules to carry out the purposes of this subchapter."

Section 448.695 (4), Stats., provides that "the affiliated credentialing board shall promulgate rules establishing all of the following:

(a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.975 (2) (a) 2m.

(b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.975 (2) (a) 2m."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:
120 hours

6. List with description of all entities that may be affected by the proposed rule:
Licensed podiatrists and physician assistants.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule: None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):
The proposed rule is likely to have minimal or no economic impact on small businesses and the state's economy as a whole.

Contact Person: Nilajah Hardin, (608) 267-7139, DSPSAdminRules@wisconsin.gov

Approved for publication:

Authorized Signature

2/3/2025

Date Submitted

Approved for implementation:

Authorized Signature

6/27/2025

Date Submitted

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE MEDICAL EXAMINING BOARD	:	ORDER OF THE MEDICAL EXAMINING BOARD ADOPTING RULES (CLEARINGHOUSE RULE 25-070)

ORDER

An order of the Medical Examining Board to amend Med 21.01, 21.02 (2), 21.03 (1) and (2), relating to Patient Health Care Records.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s 448.40 (1), Stats.

Statutory authority: ss. 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:
Section 15.08 (5) (b), Stats. states that "The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 448.40 (1), Stats., provides that "[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

Related statute or rule: None.

Plain language analysis: The objective of the proposed rule is to revise chapter Med 21 to remove references to "physician assistant," as the Physician Assistant Affiliated Credentialing Board has their own chapters in the Wisconsin Administrative Code that govern their profession. This was achieved by removing the references to "physician assistant" from sections Med 21.01, 21.02 (2), 21.03 (1) and (2).

Summary of, and comparison with, existing or proposed federal regulation: None.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: The Medical Examining Board held a Preliminary Hearing on Statement of Scope for this project on May 21, 2025. No comments were received.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians [225 Illinois Compiled Statutes ch. 60]. The rules of the Illinois Department include that it is unprofessional conduct if a physician fails to generate records for patients care as specified by accepted medical standards [Illinois Administrative Code Title 68 Part 1285 Section 1285.240].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice, including the transfer and retention of medical records. In Iowa, a physician must provide medical records to a patient, or another physician specified by the patient when requested. Physicians also need to maintain medical records for at least seven years from the last date of service for each patient [481 Iowa Administrative Code ch. 655 ss. 655.5 (7) and (8)].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. [Michigan Compiled Laws ss. 333.17001-333.17097]. The requirements for patient health care records are listed under health facilities and agencies in Part 201 of the same act. A health facility or agency must maintain a record for each patient for at least seven years unless a longer period is required by other state or federal laws [Michigan Compiled Laws s. 333.20175].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147]. The requirements for patient health care records in Minnesota are outlined in Chapter 144 of the Minnesota Statutes, under the Department of Health in the Minnesota Health Records Act. This Act includes requirements for patient rights, release or disclosure of health

records, and health records for specific areas such as mental health, reproductive health care, and research. The health care provider, such as a physician, may be disciplined by their licensing board or agency for violations of this Act [Minnesota Statutes ch. 144 ss. 144.291 to 144.298].

Summary of factual data and analytical methodologies:
The Board reviewed Wisconsin Administrative Code Chapter Med 21 and made updates where needed.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The rule was posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens. No comments were received.

Fiscal Estimate and Economic Impact Analysis:
The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:
These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator, Jennifer Garrett, may be contacted by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Office of Chief Legal Counsel, P.O. Box 14497, Madison, Wisconsin 53708-0497; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. Med 21.01 is amended to read:

Med 21.01 Authority and purpose. The rules in this chapter are adopted under the authority of ss. 15.08 (5) (b), 227.11 (2), and 448.40 (1), Stats., to govern the practice of physicians ~~and physician assistants~~ in the preparation and retention of patient health care records.

SECTION 2. Med 21.02 (2) is amended to read:

Med 21.02 (2) "Patient" means a person who receives health care services from a physician ~~or physician assistant~~.

SECTION 3. Med 21.03 (1) and (2) are amended to read:

Med 21.03 (1) A physician ~~or physician assistant~~ shall maintain patient health care records on every patient administered to for a period of not less than 5 years after the date of the last entry, or for such longer period as may be otherwise required by law.

(2) A patient health care record prepared by a physician ~~or physician assistant~~ shall contain the following clinical health care information which applies to the patient's medical condition:

SECTION 4. 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)

Dated 3/25/26 Agency _____

Chairperson
Medical Examining Board

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
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Marjorie Liu Program Lead, PDMP	08/17/2026 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:

Physician Assistant Affiliated Credentialing Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
08/27/2026	☐ Yes ☒ No	Prescription Drug Monitoring Program (PDMP) Updates

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	

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

1. Annual PDMP Updates:
    a. Recent and Incoming Enhancements
    b. General Prescribing Trends and PA participations
2. PA ePDMP Usage Compliance Soft Audit Jan-Jun and Considerations

11) Authorization

Marjorie Liu — 8/17/2026

Signature of person making this request — Date

Supervisor (if required) — Date

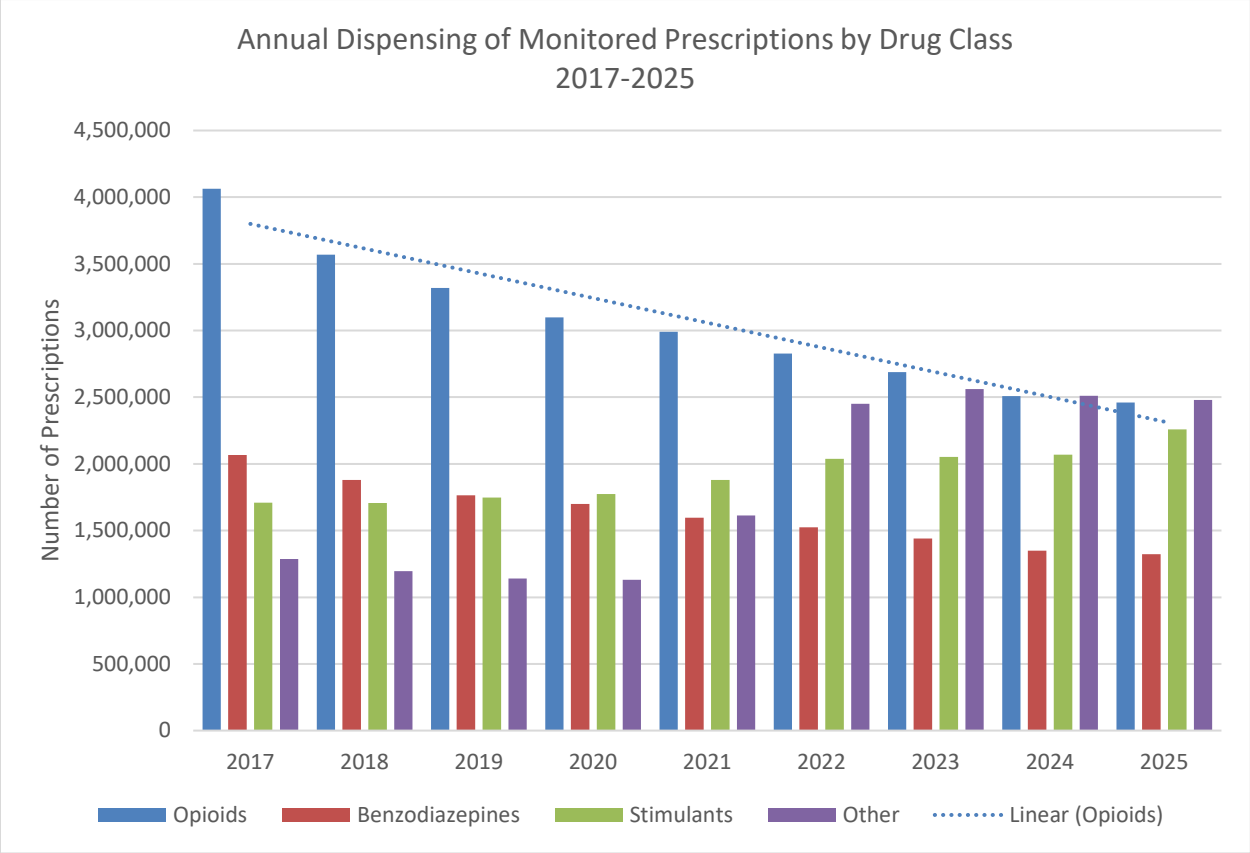
Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

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.

WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

- 977,000 Dispensing Records Submitted per Month in 2025
- 69,300 Data-Driven Patient History Alerts per Month in 2025
- 57,200 Active Healthcare Professional Users
- 606,900 Patient Queries per Month by Prescribers and Delegates in 2025



Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Physician Assistants

ePDMP Registration (As of 3/31/2026)

Total Number of Licensed PA	5,033
Total Number of Licensed PA Registered with the WI ePDMP	4,450

ePDMP Usage (Q1 2026)

Number of PA with Rx Required of PDMP Review	2,273	
Total Queries by PA (Including Delegates)	181,659	
ePDMP Usage/Prescribing Compliance Rate	**ePDMP Usage**	**Number of Prescribers**
	100%	1,252
	99-75%	230
	74-51%	227
	50-26%	181
	25-1%	173
	0%	210

Prescribing of Monitored Prescription Drugs Q1 2026

	Total Unique Prescribers	Total Prescriptions
PA with Opioid Prescriptions	1,614	75,791
PA with Stimulant Prescriptions	571	40,562
PA with Benzodiazepine Prescriptions	1,181	17,794

Annual Opioid Prescribing Trend 2022-2025 (PA)

	2022	2023	2024	2025
Opioid Prescriptions	398,016	393,625	393,831	405,125
Change from Prev. Year		-1.1%	0.1%	2.9%

Summary: Physician Assistant ePDMP Usage Soft Audit Jan-Jun 2026

Threshold: ePDMP usage ≤ 25%

Reviewing Period	1ST Notification	2nd Notification	3rd Notification	Total
JAN - FEB	281			281
MAR - APR	160	172		332
MAY - JUN	109	74	110	293

Usage Improvements

- Between round 1 and 2, 109 recipients improved usage and did not get a 2nd notification
- Between round 2 and 3, 86recipients improved usage and did not get a 2nd notification, and 62 recipients improved usage and did not get a 3rd notification

PAs received 3 Consecutive Notifications

Breakdown by Specialty

Specialty	Total# of PAs	Specialty	Total# of PAs
Family Practice	18	Surgery- General	2
Orthopedics	13	Surgery- Cardiac	2
Emergency Medicine	10	Addiction Medicine	2
Surgery- Orthopedic	10	Endocrinology	2
Internal Medicine	7	Pain Management	2
Psychiatry	6	Pulmonology	1
Oncology (including radiation oncology)	5	Physical Medicine/Rehabilitation	1
OBGYN	5	Surgery- Thoracic	1
Urology	4	Allergy/Immunology	1
Surgery- Neurological	4	Dermatology	1
Gastroenterology	4	Otolaryngology	1
Preventive Medicine	3	(blank)	2
Neurology	3		
			TOTAL:110

Monthly Average of Dispensed Prescription Under Mandatory Review of PDMP Data

ID	Monthly Rx
Psychiatry01	351
InternalMed01	205
FamilyPractice01	193
FamilyPractice02	147
Psychiatry02	144
FamilyPractice03	109
Psychiatry03	99
Psychiatry04	98
FamilyPractice04	93
FamilyPractice05	91
FamilyPractice06	73
FamilyPractice07	73
FamilyPractice08	66
FamilyPractice09	65
Orthopedics01	61
Orthopedics02	58
Blank01	57
InternalMed02	55
AdditionMed01	53
Orthopedics03	50
InternalMed03	49
Psychiatry05	48
Oncology01	47
InternalMed04	43
Orthopedics04	43
AlergyImmunology01	41
SurgeryNeuro01	33
Urology01	32
EmergencyMed01	29
Blank02	28
FamilyPractice10	28
SurgeryNeuro02	27
SurgeryOrthopedic01	26
FamilyPractice11	25
EmergencyMed02	24
FamilyPractice12	23
Oncology02	23
Orthopedics05	21
Orthopedics06	21
OBGYN01	20
Urology02	20
SurgeryOrthopedic02	18
SurgeryOrthopedic03	18
EmergencyMed03	17
AdditionMed02	16
EmergencyMed04	15
Neurology01	15
PhysicalMedRehab01	15
SurgeryThoracic01	15
FamilyPractice13	15
Orthopedics07	14
OBGYN02	14
Orthopedics08	14
Orthopedics09	12
Orthopedics10	12
Urology03	12
Orthopedics11	11
PainManagement01	11
SurgeryOrthopedic04	11
SurgeryOrthopedic05	10
FamilyPractice14	10
FamilyPractice15	10
SurgeryOrthopedic06	9
Endocrinology01	9
Oncology03	9
Oncology04	8
Orthopedics12	8
InternalMed05	8
Psychiatry06	7
PreventiveMed01	7
EmergencyMed05	7
EmergencyMed06	6
PreventiveMed02	6
Urology04	6
SurgeryCardiac01	5
Orthopedics13	4
PainManagement02	4
EmergencyMed07	4
SurgeryGeneral01	4
Neurology02	4
InternalMed06	4
SurgeryNeuro03	3
Gastroenterology01	3
Endocrinology02	3
SurgeryNeuro04	3
FamilyPractice16	3
EmergencyMed08	3
FamilyPractice17	2
SurgeryCardiac02	2
Pulmonology01	2
EmergencyMed09	2
Gastroenterology02	2
SurgeryOrthopedic07	2
EmergencyMed10	2
OBGYN03	2
PreventiveMed03	2
OBGYN04	1
InternalMed07	1
SurgeryOrthopedic08	1
Oncology05	1
OBGYN05	1
FamilyPractice18	1
Gastroenterology03	1
Gastroenterology04	1
SurgeryOrthopedic09	1
SurgeryGeneral02	1
SurgeryOrthopedic10	1
Neurology03	1
Otolaryngology01	1

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Tom Ryan		**2) Date when request submitted:** 7/23/2026 **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: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 8/27/2026	**5) Attachments:** ☐ Yes ☒ No	**6) How should the item be titled on the agenda page?** Review for Adoption, 2027 Board Goals to Address Opioid Abuse	
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 ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	

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

The Board will review the following proposed goals to address opioid abuse and consider a motion to adopt them.

Goal 1: Continuing Education Related to Prescribing Controlled Substances

The Board will continue to promote safe prescribing practices for controlled substances by monitoring current data and evaluating the effectiveness of its two-hour continuing education requirement on controlled substances to ensure it remains relevant and effective.

Goal 2: Education, Outreach and Leadership

The Board will continue to identify and pursue opportunities—both independently and in collaboration with partners such as the Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP), the Federation of State Medical Boards, and other stakeholders—to provide education, share best practices, and strengthen its leadership role in statewide and national efforts to prevent opioid misuse, promote safe and effective prescribing practices, and support strategies that reduce the harms associated with opioid use disorder.

Goal 3: Opioid Prescribing Guideline

The Board will continue to review and monitor its Opioid prescribing Guideline and update it as needed to ensure it reflects current best practices and remains a useful resource for physicians and their patients.

Goal 4: Collaboration with the Wisconsin Prescription Drug Monitoring Program

The Board will continue to explore ways to leverage the expertise and resources of the ePDMP to support the monitoring of controlled substance prescribing and identify trends related to opioid misuse. This may include presentations by ePDMP staff at Board meetings, review of Controlled Substances Board (CSB) referrals and analysis of ePDMP and CSB data reports.

Goal 5: Legislative Actions and Administrative Rules

The Board will monitor legislative developments and adopt or recommend administrative rule changes, as appropriate, to support efforts to prevent opioid misuse and improve patient safety.