

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULEMAKING : NOTICE OF TIME PERIOD
PROCEEDINGS BEFORE THE : FOR COMMENTS FOR THE
BOARD OF NURSING : ECONOMIC IMPACT ANALYSIS
:

NOTICE IS HEREBY GIVEN of the time period for public comment on the economic impact of this proposed rule of the Board of Nursing on N 1 relating to faculty accreditation standards, including how this proposed rule may affect businesses, local government units and individuals. The comments will be considered when the Department of Safety and Professional Services prepares the Economic Impact Analysis pursuant to § 227.137. Written comments may be submitted to:

Sofia Anderson, Administrative Rules Coordinator
Office of Chief Legal Counsel
Department of Safety and Professional Services
PO Box 14497
Madison, WI 53708
DSPSAdminRules@wisconsin.gov

The deadline for submitting economic impact comments is **May 21, 2026**.

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.*
 - *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.

Lowering Standards is Not the Solution

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.*

A Threat to Public Welfare

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, 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 a date to be determined, 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.
- d. 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)
