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:

Illinois

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 ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Date
06/26/2026

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
N 1 to 8

4. Subject
Advanced Practice Registered Nurses and comprehensive review

5. Fund Sources Affected
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S

6. Chapter 20, Stats. Appropriations Affected
s.20.165(1)(g)

7. Fiscal Effect of Implementing the Rule
☐ No Fiscal Effect ☐ Increase Existing Revenues ☐ Increase Costs ☐ Decrease Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☐ Could Absorb Within Agency's Budget

8. The Rule Will Impact the Following (Check All That Apply)
☒ State's Economy ☒ Specific Businesses/Sectors
☐ Local Government Units ☐ Public Utility Rate Payers
☐ Small Businesses **(if checked, complete Attachment A)**

9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).
$0

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be $10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?
☐ Yes ☒ No

11. Policy Problem Addressed by the Rule
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.

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
N/A

13. Identify the Local Governmental Units that Participated in the Development of this EIA.
None.

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit of implementing this rule is to implement statutory changes from 2025 Wisconsin Act 17 and to conduct a comprehensive review of chapters N 1 to 8 to ensure that the rules are current with standards of practice and consistent with statute. The alternative would be to not revise the code, which would create confusion among stakeholders, and it will make the current code in conflict with the new statutes.

16. Long Range Implications of Implementing the Rule

The long range implications of implementing this rule are the implementation of a new system of licensure that allows registered nurses to be licensed as advanced practice registered nurses.

17. Compare With Approaches Being Used by Federal Government

None.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois

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

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

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]

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

Sofia Anderson, Administrative Rules Coordinator | 608-261-4463

This document can be made available in alternate formats to individuals with disabilities upon request.

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No