State of Wisconsin Department of Safety and Professional Services

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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
RULES COMMITTEE
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
October 8, 2026

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER

A. Approval of Agenda (1)

B. Approval of Minutes of September 10, 2026 (2)

C. Administrative Rule Matters – Discussion and Consideration (3-100)
1. Drafting: N 1 to 8 Relating to APRNs and Comprehensive Review
2. Pending or Possible Rulemaking Projects

D. Public Comments

ADJOURNMENT

NEXT MEETING: TBD

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. 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. Alternatively, reach the Meeting Staff by calling 608-267-7213.

DRAFT

VIRTUAL/TELECONFERENCE
BOARD OF NURSING
RULES COMMITTEE
MEETING MINUTES
SEPTEMBER 10, 2026

PRESENT: Tina DeGroot, Amanda Kane, Jennifer Malak, Patrick McNally

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

CALL TO ORDER

Brad Wojciechowski, Executive Director, called the meeting to order at 8:01 a.m. A quorum was confirmed with four (4) members present.

ADOPTION OF THE AGENDA

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

APPROVAL OF MINUTES JULY 9, 2026

MOTION: Amanda Kane moved, seconded by Patrick McNally, to approve the Minutes of July 9, 2026, as published. Motion carried unanimously.

ADJOURNMENT

MOTION: Jenny Malak moved, seconded by Amanda Kane, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:24 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator	**2) Date when request submitted:** 09/28/2026 **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**

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

Board of Nursing – Rules Committee

4) Meeting Date:	**5) Attachments:**	**6) How should the item be titled on the agenda page?**
October 8, 2026	☒ **Yes** ☐ **No**	Administrative Rules Matters – Discussion and Consideration 1. Drafting: N 1 to 8, relating APRNs and comprehensive review. 2. Pending and Possible rulemaking projects.

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

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

Attachments:

1. 2025 WI Act 17 with LC memo.
2. Chapter N 1 to 8 redline.
3. WNA PH comments.
4. WHA summary of comments.
5. WASN Comments.

11) Authorization

SAnderson

09/28/2026

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**

Revised 03/2021

State of Wisconsin
Department of Safety & Professional Services

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 Legislative Council
ACT MEMO

Prepared by: Margit Kelley, Principal Attorney September 11, 2025

2025 Wisconsin Act 17 [2025 Assembly Bill 257]	Advanced Practice Registered Nurses

LICENSURE OVERVIEW

2025 Wisconsin Act 17 creates a new system of licensure that allows a registered nurse (RN) to be licensed by the Board of Nursing as an advanced practice registered nurse (APRN). Among other things, the act generally authorizes an APRN to issue prescription orders, use the title "APRN," and delegate certain tasks to other clinically trained health care workers. The system of APRN licensure replaces certain authorities granted to a person who was certified under prior law as an advanced practice nurse prescriber.

The act recognizes four distinct APRN roles, and allows an APRN to use the specialty designations corresponding to the recognized role or roles for which the person qualifies:

- Certified nurse-midwife; CNM.
- Certified registered nurse anesthetist; CRNA.
- Clinical nurse specialist; CNS.
- Nurse practitioner; NP.

The act specifies that no person may use, assume, or append to their name any title that is not granted by the board unless the person holds another credential that entitles the person to use the title, or the person is otherwise permitted by law to use the title. A person who holds a doctorate degree and uses, assumes, or appends to their name the title "doctor," must also use, assume, or append to their name other words or abbreviations that represent the field in which the degree was received.[1]

PRACTICE

Independent Practice

Subject to two exceptions, the act specifies that an APRN is required to practice in collaboration with a physician or dentist.

Under the first exception, a CNM is fully exempt from the collaboration requirement, but must submit to the board and follow a plan for births outside of a hospital.

[1] If the board finds that a person has violated the title provisions, the board must issue a written warning for a first violation, suspend the person's license for a second violation, and revoke the person's license for a third violation. However, the statutory limitations on the board's authority to reinstate a person whose license was revoked do not apply to a revocation for a third violation of improper title usage.

Under the second exception, an APRN who meets certain requirements for independent practice is also largely exempt from the collaboration requirement. Specifically, an APRN who has completed all of the following may engage in independent practice:

- 3,840 hours of professional nursing in a clinical setting, during which at least 24 months have elapsed since the APRN first began the required hours.
- 3,840 hours of APRN practice in the person's recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the APRN, during which at least 24 months have elapsed since the APRN first began the required hours.

However, for pain management services, independent practice under the second exception is limited. Generally, an APRN may provide treatment of pain syndromes[2] through the use of invasive techniques only while working in a collaborative relationship with a physician who, through education, training, and experience, specializes in pain management. However, the collaborative relationship requirement does not apply to an APRN who has qualified for independent practice and either: (1) is providing treatment of pain syndromes through the use of invasive techniques in a hospital or hospital clinic; or (2) has privileges in a hospital to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.

Independent practice under either exception may be limited by any additional requirements established by an entity employing or having a relationship with an APRN, as a condition of the employment or relationship.

Practice Within Expertise; Delegation; Liability Insurance

The act requires an APRN to adhere to professional standards when managing situations that are beyond the APRN's expertise. If a particular patient's needs are beyond the expertise, the APRN must consult or collaborate with, or refer a patient to, a physician or other reasonable professional for the patient's needs.

An APRN may delegate a task or order to another clinically trained health care worker, if the task or order is within the APRN's practice and the APRN is competent to perform the task or issue the order, and the health care worker is minimally competent to perform the task or carry out the order.

An APRN must have malpractice liability insurance coverage in the amounts specified for participation in the Injured Patients and Families Compensation Fund (IPFCF). An APRN who practices independently outside of a collaborative relationship or other employment relationship must participate in the IPFCF.[3]

PATHWAYS TO LICENSURE

The act provides multiple pathways to APRN licensure.

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[2] A "pain syndrome" means pain that has persisted, or is reasonably anticipated to persist, for more than three months or beyond the time frame for normal healing.

[3] The IPFCF participation requirement applies only to an APRN who has qualified to practice independently under the second exception to the collaboration requirement. Accordingly, the IPFCF participation requirement does not apply to an APRN with a CNM specialty designation, who may practice independently under the first exception to the collaboration requirement.

First, a person who holds a valid license or multistate license as an RN, or concurrently applies for that license, may apply for an APRN license with a specialty designation in a recognized role if the applicant provides evidence of either of the following:

- That the applicant has completed a graduate-level or post-graduate-level education program approved by the board in one of the recognized roles and holds a current certification by a national certifying body approved by the board.
- That on January 1, 2026, the applicant was licensed in Wisconsin as an RN, was practicing in a recognized role, and satisfies additional criteria relating to practice, education, or certification established by the board.

Second, the board is required to grant an APRN license with a specialty designation in a recognized role for which the person is qualified to an RN who, on August 31, 2026, is certified as an advanced practice nurse prescriber in Wisconsin. This licensure replaces the provisions for certification as an advanced practice nurse prescriber that are repealed by the act.[4]

Third, the board is required to grant an APRN license with a CNM specialty designation to a person who, on August 31, 2026, is licensed as a nurse-midwife in Wisconsin. This licensure replaces the provisions for licensure as a nurse-midwife that are repealed by the act.

The board may place specific limitations on an APRN as a condition of licensure.[5]

RENEWAL

An APRN must renew the license every two years. To obtain a renewal, an APRN must complete at least 16 contact hours of continuing education during the renewal period in clinical pharmacology or therapeutics relevant to the APRN's area of practice. Additionally, an APRN must complete the biennial nursing workforce survey that also applies to RN and licensed practical nurse renewals.

RULEMAKING AUTHORITY

The board may promulgate rules necessary to administer APRN licensure, including determining acceptable national certifications, establishing appropriate education, training, or experience requirements to obtain a specialty designation in a recognized role, addressing continuing education requirements, and implementing the independent practice exception.

Additionally, the board may specify classes of drugs, individual drugs, or devices that may not be prescribed by an APRN, and may specify any conditions to be met for an RN to administer a drug at the direction of an APRN or as prescribed by an APRN.

The board may also further define the scope of practice of an APRN generally and in the recognized roles, but may not promulgate rules that expand the scope of practice of an APRN beyond the practices within advanced practice registered nursing.

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[4] Throughout the statutes, the act replaces each reference to actions by a "certified advanced practice nurse prescriber" with references to a "licensed advanced practice registered nurse." See, for example, s. 118.15 (3) (a), Stats.

[5] In addition, the board must place a notation on an APRN license prohibiting an APRN from issuing prescription orders if the applicant did not hold a certificate as an advanced practice nurse prescriber on January 1, 2026, and either of the following apply: (1) the APRN license is issued on the basis of practice in a recognized role on January 1, 2026, without the person also having completed education and certification in a recognized role; or (2) the APRN license is issued on the basis of practice as a nurse-midwife on August 31, 2026.

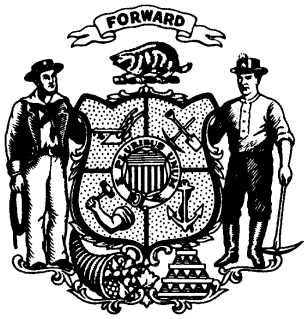
The act provides special emergency rulemaking authority prior to the act's effective date, for up to two years after promulgation of the emergency rule, to implement the act.

Effective date: September 1, 2026

For a full history of the bill, visit the Legislature's bill history page.

MSK:jal

State of Wisconsin



Date of enactment: August 8, 2025

2025 Assembly Bill 257 Date of publication*: August 9, 2025

2025 WISCONSIN ACT 17

AN ACT ***to repeal*** 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 118.294 (1) (a), 146.89 (1) (r) 8., 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2) (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 441.19, 448.035 (1) (a), 450.01 (1m) and 655.001 (9); ***to renumber*** 655.001 (1); ***to renumber and amend*** 146.89 (1) (r) 3., 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); ***to amend*** 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2915 (2) (a), 118.2915 (3) (a), 118.2915 (4) (c), 118.2915 (6) (a) (intro.), 118.2915 (6) (a) 2., 118.2915 (6) (a) 3., 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 118.294 (1) (am), 118.294 (2), 118.294 (4) (a), 146.615 (1) (a), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (6), 154.01 (1g), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), 252.11 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d), 257.01 (5) (a), 257.01 (5) (b), 341.14 (1a), 341.14 (1e) (a), 341.14 (1m), 341.14 (1q), 343.16 (5) (a), 343.51 (1), 343.62 (4) (a) 4., 440.077 (1) (a), 440.077 (2) (c), 440.094 (1) (c) 1., 440.094 (2) (a) (intro.), 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01 (7) (a) (intro.), 441.01 (7) (b), 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c) and (e), 441.07 (2), 441.10 (7), 441.18 (2) (a) (intro.), 441.18 (2) (b), 441.18 (3), 448.03 (2) (a), 448.035 (2) to (4), 448.56 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16) (hr) 2., 450.03 (1) (e), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 450.135 (7) (b), 462.04, 655.001 (7t), 655.002 (1) (a), 655.002 (1) (b), 655.002 (1) (c), 655.002 (1) (d), 655.002 (1) (e), 655.002 (1) (em), 655.002 (2) (a), 655.002 (2) (b), 655.003 (1), 655.003 (3), 655.005 (2) (a), 655.005 (2) (b), 655.23 (5m), 655.27 (3) (a) 4., 655.27 (3) (b) 2m., 655.275 (2), 655.275 (5) (b) 2., 895.478 (3m), 961.01 (19) (a) and 961.395; ***to repeal and recreate*** 118.2915 (1) (a), 155.01 (1g) (b), 251.01 (1c) and 441.06 (title); ***to create*** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47r., 441.001 (1c), 441.001 (3c), 441.001 (3g), 441.001 (3n), 441.001 (3r), 441.001 (3w), 441.001 (5), 441.01 (7) (c), 441.065, 441.07 (1r), 441.09, 441.092 and 655.001 (1g) of the statutes; **relating to:** advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 22. 106.30 (1) of the statutes is amended to read:

106.30 **(1)** DEFINITION. In this section, "nurse" means a registered nurse licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse licensed or permitted under s. 441.10, or an advanced practice registered nurse ~~prescriber certified under s. 441.16 (2), or a nurse-midwife~~ licensed under s. ~~441.15~~ 441.09.

SECTION 23. 118.15 (3) (a) of the statutes is amended to read:

118.15 **(3)** (a) Any child who is excused by the school board because the child is temporarily not in proper physical or mental condition to attend a school program but who can be expected to return to a school program upon termination or abatement of the illness or condition. The school attendance officer may request the parent or guardian of the child to obtain a written statement from a licensed physician, naturopathic doctor, dentist, chiropractor, optometrist, psychologist, physician assistant, ~~or nurse practitioner, as defined in s. 255.06 (1) (d), or certified~~ advanced practice registered nurse ~~prescriber~~, or registered nurse described under s. 255.06 (1) (f) 1. or Christian Science practitioner living and residing in this state, who is listed in the Christian Science Journal, as sufficient proof of the physical or mental condition of the child. An excuse under this paragraph shall be in writing and shall state the time period for which it is valid, not to exceed 30 days.

SECTION 24. 118.25 (1) (a) of the statutes is amended to read:

118.25 **(1)** (a) "Practitioner" means a person licensed as a physician, naturopathic doctor, or physician assistant in any state or licensed as an advanced practice registered nurse or certified as an advanced practice registered nurse prescriber in any state. In this paragraph, "physician" has the meaning given in s. 448.01 (5).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

118.2925 **(4)** (c) Administer an epinephrine delivery system to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice registered nurse ~~prescriber~~ who may issue prescription orders under s. 441.09 (2), or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine delivery system. If the pupil or other person does not have a prescription for an epinephrine delivery system, or the person who administers the epinephrine delivery system does not know whether the pupil or other person has a prescription for an epinephrine delivery system, the person who administers the epinephrine delivery system shall, as soon as practicable, report the administration by dialing the telephone number "911" or, in an area in which the telephone number "911" is not available, the telephone number for an emergency medical service provider.

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

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

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

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

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

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

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

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

118.294 **(4)** (a) A school and its school personnel, and a physician, an advanced practice registered nurse ~~prescriber~~, or a physician assistant who provides a prescription or standing order for undesignated glucagon are not liable for any injury that results from the administration of undesignated glucagon under this section, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's diabetes provider, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this paragraph is in addition to and not in lieu of that provided under s. 895.48.

SECTION 41. 146.615 (1) (a) of the statutes is amended to read:

146.615 **(1)** (a) "Advanced practice clinician" means a physician assistant or an advanced practice registered nurse~~, including a nurse practitioner, certified nurse-midwife, clinical nurse specialist, or certified registered nurse anesthetist~~ licensed under s. 441.09.

SECTION 42. 146.82 (3) (a) of the statutes is amended to read:

146.82 **(3)** (a) Notwithstanding sub. (1), a physician, a naturopathic doctor, a limited-scope naturopathic doctor, a physician assistant, or an advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~ licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, naturopathic doctor's, limited-scope naturopathic doctor's, physician assistant's, or advanced practice ~~nurse prescriber's~~ registered nurse's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 43. 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 **(1)** (r) 1. Licensed as a physician under ch. 448, naturopathic doctor under ch. 466, a dentist, dental therapist, or dental hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse-midwife~~ advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under subch. IX of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

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

146.89 **(1)** (r) 5e. A registered nurse ~~practitioner, as defined in s. 255.06 (1) (d)~~ who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a party state, as defined in s. 441.51 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, dentist, podiatrist, or advanced practice registered nurse.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5m) (d) 2. A physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, based on information provided to the physician, physician assistant, or advanced practice registered nurse ~~prescriber~~, determines and certifies in writing that the contact under subd. 1. constitutes a significant exposure. A health care provider who has a contact under subd. 1. c. may not make the certification under this subdivision for himself or herself.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

255.06 **(1)** (f) (intro.) ~~"Nurse practitioner"~~ "Women's health nurse clinician" means ~~a~~ any of the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

440.077 **(2)** (c) Under the program under par. (a), a participating military medical personnel shall be supervised by a physician, physician assistant, podiatrist, registered professional nurse, or advanced practice registered nurse ~~prescriber~~. The supervising physician, physician assistant, podiatrist, registered professional nurse, or advanced practice registered nurse ~~prescriber~~ shall retain responsibility for the care of the patient.

SECTION 88. 440.08 (2) (a) 4m. of the statutes is repealed.

SECTION 89. 440.08 (2) (a) 47r. of the statutes is created to read:

440.08 **(2)** (a) 47r. Nurse, advanced practice registered: March 1 of each even-numbered year.

SECTION 90. 440.08 (2) (a) 50. of the statutes is repealed.

SECTION 91. 440.094 (1) (c) 1. of the statutes is amended to read:

440.094 **(1)** (c) 1. A registered nurse, licensed practical nurse, or ~~nurse midwife licensed under ch. 441, or an~~ advanced practice registered nurse ~~prescriber certified~~ licensed under ch. 441.

SECTION 92. 440.094 (2) (a) (intro.) of the statutes is amended to read:

440.094 **(2)** (a) (intro.) Notwithstanding ss. 441.06 (4), ~~441.15 (2), 441.16,~~ 441.09 (3) (b), 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider may provide services within the scope of the credential that the health care provider holds and the department shall grant the health care provider a temporary credential to practice under this section if all of the following apply:

SECTION 93. 440.981 (1) of the statutes is amended to read:

440.981 **(1)** No person may use the title "licensed midwife," describe or imply that he or she is a licensed midwife, or represent himself or herself as a licensed midwife unless the person is granted a license under this subchapter or is licensed as ~~a nurse-midwife under s. 441.15~~ an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

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

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

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

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

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

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

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

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

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

SECTION 98. 441.001 (3g) of the statutes is created to read:

441.001 **(3g)** PRACTICE OF A CERTIFIED REGISTERED NURSE ANESTHETIST. "Practice of a certified registered nurse anesthetist" means providing anesthesia care, pain management care, and care related to anesthesia and pain management for persons across their lifespan, whose health status may range from healthy through all levels of acuity, including persons with immediate, severe, or life-threatening illness or injury, in diverse settings, including hospitals, ambulatory surgery centers, outpatient clinics, medical offices, and home health care settings.

SECTION 99. 441.001 (3n) of the statutes is created to read:

441.001 **(3n)** PRACTICE OF A CLINICAL NURSE SPECIALIST. "Practice of a clinical nurse specialist" means providing advanced nursing care, primarily in health care facilities, including the diagnosis and treatment of illness for identified specific populations based on a specialty.

SECTION 100. 441.001 (3r) of the statutes is created to read:

441.001 **(3r)** PRACTICE OF A NURSE PRACTITIONER. "Practice of a nurse practitioner" means practice in ambulatory, acute, long-term, or other health care settings as a primary or specialty care provider who provides health services, including assessing, diagnosing, treating, or managing acute, episodic, and chronic illnesses.

SECTION 101. 441.001 (3w) of the statutes is created to read:

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

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

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

(a) Certified nurse-midwife.

(b) Certified registered nurse anesthetist.

(c) Clinical nurse specialist.

(d) Nurse practitioner.

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

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

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

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

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

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

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

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

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

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

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

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

441.06 (title) **Registered nurses; civil liability exemption.**

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

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

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

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

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

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

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

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

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

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

(2) (a) Subsection (1) does not prohibit a person who holds a doctorate degree from using, assuming, or appending to his or her name the title "doctor" or any other words, letters, or abbreviations that represent that the person holds that doctorate degree or the field in which the degree was received. If a person to whom this paragraph applies uses, assumes, or appends to his or her name the title "doctor," the person shall also use, assume, or append to his or her name words, letters, or abbreviations that represent the field in which the person received the doctorate degree.

(b) Subsection (1) does not prohibit a person who holds a bachelor's degree or master's degree from using, assuming, or appending to his or her name any words, letters, or abbreviations that represent that the person holds that degree or the field in which the degree was received.

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

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

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

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

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

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

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

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

(a) For a 1st violation, issue a written warning.

(b) For a 2nd violation, suspend the license of the person.

(c) For a 3rd violation, revoke the license of the person.

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

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

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

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

1. The applicant satisfies one of the following criteria:

a. The applicant holds a valid license to practice as a registered nurse issued under s. 441.06 (1), (1c), or (1m).

b. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or (1m) with the application for a license under this paragraph.

c. The applicant is a registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact.

2. The applicant provides evidence satisfactory to the board that he or she satisfies one of the following criteria:

a. The applicant has completed a graduate-level or postgraduate-level education program that is approved by the board and that prepares the applicant for the practice of advanced practice registered nursing in one of the 4 recognized roles, and the applicant holds a current certification by a national certifying body approved by the board.

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

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

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

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

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

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

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

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

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

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

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

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

3. The board may not grant an advanced practice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3m) PRACTICE REQUIREMENTS AND LIMITATIONS. (a) 1. An advanced practice registered nurse licensed under this section may, except as provided in subd. 2. and par. (b), practice advanced practice registered nursing only in collaboration with a physician or dentist.

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

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

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

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

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

3. The advanced practice registered nurse has completed 3,840 clinical hours of advanced practice registered nursing practice in that recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the advanced practice registered nurse during those 3,840 hours of practice. The advanced practice registered nurse may substitute additional hours of advanced practice registered nursing working with a physician or dentist described under this subdivision to count toward the requirement under subd. 1. Each such additional hour shall count toward one hour of the requirement under subd. 1.

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

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

(bg) 1. An advanced practice registered nurse may provide treatment of pain syndromes, as defined in s. 50.60 (5), through the use of invasive techniques only while working in a collaborative relationship with a physician who, through education, training, and experience, specializes in pain management. Except as provided in subd. 2., this subdivision applies regardless of whether the advanced practice registered nurse has qualified for independent practice under par. (b).

2. Except as provided in par. (c), subd. 1. does not apply to an advanced practice registered nurse who is providing treatment of pain syndromes, as defined in s. 50.60 (5), through the use of invasive techniques in a hospital, as defined in s. 50.33 (2), or in a clinic associated with a hospital, and who has qualified for independent practice under par. (b).

3. Except as provided in par. (c), subd. 1. does not apply to an advanced practice registered nurse who has qualified for independent practice under par. (b) and has privileges in a hospital, as defined in s. 50.33 (2), to provide treatment of pain syndromes, as defined in s. 50.60 (5), through the use of invasive techniques without a collaborative relationship with a physician.

(bm) For purposes of pars. (a) 1. and (bg) 1., a collaborative relationship is a process in which an advanced practice registered nurse is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the advanced practice registered nurse's training, education, and experience. The advanced practice registered nurse shall document such a collaborative relationship.

(c) Nothing in this section prohibits an entity employing or with a relationship with an advanced practice registered nurse from establishing additional requirements for an advanced practice registered nurse as a condition of employment or relationship.

(d) An advanced practice registered nurse shall adhere to professional standards when managing situations that are beyond the advanced practice registered nurse's expertise. If a particular patient's needs are beyond the advanced practice registered nurse's expertise, the advanced practice registered nurse shall, as warranted by the patient's needs, consult or collaborate with or refer the patient to at least one of the following:

1. A physician licensed under ch. 448.

2. Another health care provider for whom the advanced practice registered nurse has reasonable evidence of having a scope of practice that includes the authorization to address the patient's needs.

(e) An advanced practice registered nurse licensed under this section may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the advanced practice registered nurse's practice, the advanced practice registered nurse is competent to perform the task or issue the order, and the advanced practice registered nurse has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances.

(f) An advanced practice registered nurse with a certified nurse-midwife specialty designation may not offer to deliver babies outside of a hospital setting unless the advanced practice registered nurse files with the board, and the board approves, a proactive plan for ensuring appropriate care or care transitions conforming with professional standards for patients with higher acuity or emergency care needs that exceed the advanced practice registered nurse's scope of practice. An advanced practice registered nurse who offers to deliver babies outside of a hospital setting shall file a plan under this paragraph when applying for an initial license under this section or a renewal of a license under this section, shall keep the plan current with the board, and shall follow the plan.

(4) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per bien-

nium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse's area of practice. The board may promulgate rules regarding the continuing education requirements under this subsection.

(5) MALPRACTICE LIABILITY INSURANCE. No person may practice advanced practice registered nursing unless he or she at all times has in effect malpractice liability insurance coverage evidenced by personal liability coverage in the amounts specified for health care providers under s. 655.23 (4) or coverage under a group liability policy providing individual coverage for the person in the amounts specified under s. 655.23 (4). An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.

(6) RULES. (a) The board shall promulgate rules necessary to administer this section, including rules for all of the following:

1. Further defining the scope of practice of an advanced practice registered nurse, practice of a certified nurse-midwife, practice of a certified registered nurse anesthetist, practice of a nurse practitioner, and practice of a clinical nurse specialist and defining the scope of practice within which an advanced practice registered nurse may issue prescription orders under sub. (2).

2. Determining acceptable national certification for purposes of sub. (1) (a) 2. a.

3. Establishing the appropriate education, training, or experience requirements that a registered nurse must satisfy in order to be an advanced practice registered nurse and to obtain each specialty designation corresponding to the recognized roles.

4. Specifying the classes of drugs, individual drugs, or devices that may not be prescribed by an advanced practice registered nurse under sub. (2).

5. Specifying the conditions to be met for registered nurses to do the following:

a. Administer a drug prescribed by an advanced practice registered nurse.

b. Administer a drug at the direction of an advanced practice registered nurse.

6. Establishing standards of professional conduct for advanced practice registered nurses generally and for practicing in each recognized role.

(am) The board may promulgate rules to implement sub. (3m) (b).

(b) The board may not promulgate rules that expand the scope of practice of an advanced practice registered nurse beyond the practices within advanced practice registered nursing.

SECTION 117. 441.092 of the statutes is created to read:

441.092 Expedited partner therapy. (1) In this section:

(b) "Antimicrobial drug" has the meaning given in s. 448.035 (1) (b).

(c) "Expedited partner therapy" has the meaning given in s. 448.035 (1) (c).

(2) Notwithstanding the requirements of s. 448.9785, an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2) may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The advanced practice registered nurse shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the advanced practice registered nurse is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary, bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

(3) The advanced practice registered nurse shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), an advanced practice registered nurse is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by an advanced practice registered nurse whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 118. 441.10 (7) of the statutes is amended to read:

441.10 **(7)** No license is required for practical nursing, but, except as provided in s. 257.03, no person without a license may hold himself or herself out as a licensed practical nurse or licensed attendant, use the title or letters "Trained Practical Nurse" or "T.P.N.", "Licensed Practical Nurse" or "L.P.N.", "Licensed Attendant" or "L.A.", "Trained Attendant" or "T.A.", or oth-

erwise seek to indicate that he or she is a licensed practical nurse or licensed attendant. No licensed practical nurse or licensed attendant may use the title, or otherwise seek to act as a registered, licensed, graduate or professional nurse. Anyone violating this subsection shall be subject to the penalties prescribed by s. 441.13. ~~The board shall grant without examination a license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant.~~ This subsection does not apply to any licensed practical nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact ~~under s. 441.51~~.

SECTION 119. 441.11 (title) of the statutes is repealed.

SECTION 120. 441.11 (1) of the statutes is repealed.

SECTION 121. 441.11 (2) of the statutes is renumbered 441.09 (5m) and amended to read:

441.09 **(5m)** LICENSURE EXEMPTION. The provisions of s. ~~448.04 (1) (g)~~ 448.03 (1) (d) do not apply to ~~a~~ an advanced practice registered nurse licensed under this section who possesses a certified registered nurse anesthetist specialty designation under sub. (1) (b) 1. or to a person who engages in the practice of a nurse anesthetist while performing official duties for the armed services or federal health services of the United States.

SECTION 122. 441.11 (3) of the statutes is repealed.

SECTION 123. 441.15 of the statutes is repealed.

SECTION 124. 441.16 of the statutes is repealed.

SECTION 125. 441.18 (2) (a) (intro.) of the statutes is amended to read:

441.18 **(2)** (a) (intro.) An advanced practice registered nurse ~~certified to~~ who may issue prescription orders under s. ~~441.16~~ 441.09 (2) may do any of the following:

SECTION 126. 441.18 (2) (b) of the statutes is amended to read:

441.18 **(2)** (b) An advanced practice registered nurse who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

SECTION 127. 441.18 (3) of the statutes is amended to read:

441.18 **(3)** An advanced practice registered nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

SECTION 128. 441.19 of the statutes is repealed.

SECTION 129. 448.03 (2) (a) of the statutes is amended to read:

448.03 **(2)** (a) Any person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice midwifery under subch. XIII of ch. 440, to practice professional ~~or~~, practical, or advanced practice registered nursing ~~or nurse midwifery~~ under ch. 441, to practice chiropractic under ch. 446, to practice dentistry, dental therapy, or dental hygiene or as an expanded function dental auxiliary under ch. 447, to practice optometry under ch. 449, to practice as a physician assistant under subch. IX, to practice acupuncture under ch. 451 or under any other statutory provision, to practice naturopathic medicine under ch. 466, or as otherwise provided by statute.

SECTION 130. 448.035 (1) (a) of the statutes is repealed.

SECTION 131. 448.035 (2) to (4) of the statutes are amended to read:

448.035 **(2)** Notwithstanding the requirements of s. 448.30, a physician ~~or certified advanced practice nurse prescriber~~ may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician ~~or certified advanced practice nurse prescriber~~ shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician ~~or certified advanced practice nurse prescriber~~ is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

(3) The physician ~~or certified advanced practice nurse prescriber~~ shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), a physician ~~or certified advanced practice nurse prescriber~~ is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial

drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician ~~or certified advanced practice nurse prescriber~~ whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 132. 448.56 (1) and (1m) (b) of the statutes are amended to read:

448.56 **(1)** WRITTEN REFERRAL. Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~. Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient's plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual's physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~ who made the diagnosis. The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.

(1m) (b) The examining board shall promulgate rules establishing the requirements that a physical therapist must satisfy if a physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse ~~prescriber~~ makes a written referral under sub. (1). The purpose of the rules shall be to ensure continuity of care between the physical therapist and the health care practitioner.

SECTION 133. 448.62 (2m) of the statutes is amended to read:

448.62 **(2m)** An advanced practice registered nurse ~~who is certified to issue prescription orders under s. 441.16 and~~ who is providing nonsurgical patient services as directed, supervised, and inspected by a podiatrist who has the power to direct, decide, and oversee the implementation of the patient services rendered.

SECTION 134. 448.67 (2) of the statutes is amended to read:

448.67 **(2)** SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee who renders any podiatric service or assistance, or gives any podiatric advice or any similar advice or assistance, to any patient, podiatrist, physician, physician assistant, advanced practice registered nurse ~~prescriber certified under s. 441.16 (2)~~, partnership, or corporation, or to any other institution or organization, including a hospital, for which a charge is made to a patient, shall, except as authorized by Title 18 or Title 19 of the federal Social Security Act, render an individual statement or account of the charge directly to the patient, distinct and separate from any statement or account by any other podiatrist, physician, physician assistant, advanced practice registered nurse ~~prescriber~~, or other person.

SECTION 135. 448.956 (1m) of the statutes is amended to read:

448.956 **(1m)** Subject to sub. (1) (a), a licensee may provide athletic training to an individual without a referral, except that a licensee may not provide athletic training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation setting unless the licensee has obtained a written referral for the individual from a practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter; under ch. 446; or under s. ~~441.16 (2)~~ 441.09 or from a practitioner who holds a compact privilege under subch. XI or XII of ch. 448.

SECTION 136. 450.01 (1m) of the statutes is repealed.

SECTION 137. 450.01 (16) (h) 2. of the statutes is amended to read:

450.01 **(16)** (h) 2. The patient's advanced practice registered nurse ~~prescriber~~, if the advanced practice registered nurse ~~prescriber has entered into a written agreement to collaborate with a physician~~ may issue prescription orders under s. 441.09 (2).

SECTION 138. 450.01 (16) (hr) 2. of the statutes is amended to read:

450.01 **(16)** (hr) 2. An advanced practice registered nurse ~~prescriber~~ who may issue prescription orders under s. 441.09 (2).

SECTION 139. 450.03 (1) (e) of the statutes is amended to read:

450.03 **(1)** (e) Any person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice as a pharmacy technician under s. 450.068, to provide home medical oxygen under s. 450.076, to practice professional ~~or~~, practical, or advanced practice registered nursing ~~or nurse-midwifery~~ under ch. 441, to practice dentistry, dental therapy, or dental hygiene or as an expanded function dental auxiliary under ch. 447, to practice medicine and surgery under ch. 448, to practice optometry under ch. 449, to practice naturopathic medicine under ch. 466, or to practice veterinary

medicine under ch. 89, or as otherwise provided by statute.

SECTION 140. 450.11 (1g) (b) of the statutes is amended to read:

450.11 **(1g)** (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 441.092, 448.035, or 448.9725, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

SECTION 141. 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 **(1i)** (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice registered nurse ~~prescriber~~ under s. 441.18 (2) (a) 1., of a physician under s. 448.037 (2) (a) 1., or of a physician assistant under s. 448.9727 (2) (a) 1. that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice registered nurse ~~prescriber~~ under s. 441.18 (2) (a) 2., of a physician under s. 448.037 (2) (a) 2., or of a physician assistant under s. 448.9727 (2) (a) 2. that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered.

SECTION 142. 450.11 (1i) (b) 2. b. of the statutes is amended to read:

450.11 **(1i)** (b) 2. b. An advanced practice registered nurse ~~prescriber~~ may only deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

SECTION 143. 450.11 (7) (b) of the statutes is amended to read:

450.11 **(7)** (b) Information communicated to a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~ in an effort to procure unlawfully a prescription drug or the administration of a prescription drug is not a privileged communication.

SECTION 144. 450.11 (8) (e) of the statutes is amended to read:

450.11 **(8)** (e) The board of nursing, insofar as this section applies to advanced practice ~~nurse prescribers~~ registered nurses.

SECTION 145. 450.13 (5) (b) of the statutes is amended to read:

450.13 **(5)** (b) The patient's advanced practice registered nurse ~~prescriber~~, if the advanced practice registered nurse ~~prescriber has entered into a written agreement to collaborate with a physician~~ may issue prescription orders under s. 441.09 (2).

SECTION 146. 450.135 (7) (b) of the statutes is amended to read:

450.135 **(7)** (b) The patient's advanced practice registered nurse ~~prescriber~~, if the advanced practice registered nurse ~~prescriber has entered into a written agreement to collaborate with a physician~~ may issue prescription orders under s. 441.09 (2).

SECTION 147. 462.04 of the statutes is amended to read:

462.04 Prescription or order required. A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a naturopathic doctor licensed under s. 466.04 (1), a dentist who is licensed under s. 447.04 (1) or who holds a compact privilege under subch. II of ch. 447, a dental therapist licensed under s. 447.04 (1m), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse ~~certified~~ licensed under s. ~~441.16 (2)~~ 441.09, a physician assistant who is licensed under s. 448.974 or who holds a compact privilege under subch. XIII of ch. 448, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. XI of ch. 448.

SECTION 148. 655.001 (1) of the statutes is renumbered 655.001 (1r).

SECTION 149. 655.001 (1g) of the statutes is created to read:

655.001 **(1g)** "Advanced practice registered nurse" means an individual who is licensed under s. 441.09, who has qualified to practice independently in his or her recognized role under s. 441.09 (3m) (b), and who practices advanced practice registered nursing, as defined under s. 441.001 (1c), outside of a collaborative rela-

tionship with a physician or dentist, as described under s. 441.09 (3m) (a) 1., or other employment relationship.

SECTION 150. 655.001 (7t) of the statutes is amended to read:

655.001 **(7t)** "Health care practitioner" means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care services that are not ~~in collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and supervision of a physician or ~~nurse anesthetist~~ advanced practice registered nurse.

SECTION 151. 655.001 (9) of the statutes is repealed.

SECTION 152. 655.002 (1) (a) of the statutes is amended to read:

655.002 **(1)** (a) A physician or ~~a nurse anesthetist~~ an advanced practice registered nurse for whom this state is a principal place of practice and who practices his or her profession in this state more than 240 hours in a fiscal year.

SECTION 153. 655.002 (1) (b) of the statutes is amended to read:

655.002 **(1)** (b) A physician or ~~a nurse anesthetist~~ an advanced practice registered nurse for whom Michigan is a principal place of practice, if all of the following apply:

1. The physician or ~~nurse anesthetist~~ advanced practice registered nurse is a resident of this state.

2. The physician or ~~nurse anesthetist~~ advanced practice registered nurse practices his or her profession in this state or in Michigan or a combination of both more than 240 hours in a fiscal year.

3. The physician or ~~nurse anesthetist~~ advanced practice registered nurse performs more procedures in a Michigan hospital than in any other hospital. In this subdivision, "Michigan hospital" means a hospital located in Michigan that is an affiliate of a corporation organized under the laws of this state that maintains its principal office and a hospital in this state.

SECTION 154. 655.002 (1) (c) of the statutes is amended to read:

655.002 **(1)** (c) A physician or ~~nurse anesthetist~~ an advanced practice registered nurse who is exempt under s. 655.003 (1) or (3), but who practices his or her profession outside the scope of the exemption and who fulfills the requirements under par. (a) in relation to that practice outside the scope of the exemption. For a physician or ~~a nurse anesthetist~~ an advanced practice registered nurse who is subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is outside the scope of the exemption under s. 655.003 (1) or (3).

SECTION 155. 655.002 (1) (d) of the statutes is amended to read:

655.002 **(1)** (d) A partnership comprised of physicians or ~~nurse anesthetists~~ advanced practice registered nurses and organized and operated in this state for the primary purpose of providing the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses.

SECTION 156. 655.002 (1) (e) of the statutes is amended to read:

655.002 **(1)** (e) A corporation organized and operated in this state for the primary purpose of providing the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses.

SECTION 157. 655.002 (1) (em) of the statutes is amended to read:

655.002 **(1)** (em) Any organization or enterprise not specified under par. (d) or (e) that is organized and operated in this state for the primary purpose of providing the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses.

SECTION 158. 655.002 (2) (a) of the statutes is amended to read:

655.002 **(2)** (a) A physician or ~~nurse anesthetist~~ advanced practice registered nurse for whom this state is a principal place of practice but who practices his or her profession fewer than 241 hours in a fiscal year, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession.

SECTION 159. 655.002 (2) (b) of the statutes is amended to read:

655.002 **(2)** (b) Except as provided in sub. (1) (b), a physician or ~~nurse anesthetist~~ advanced practice registered nurse for whom this state is not a principal place of practice, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession in this state. For a health care provider who elects to be subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is in this state and that is outside the scope of an exemption under s. 655.003 (1) or (3).

SECTION 160. 655.003 (1) of the statutes is amended to read:

655.003 **(1)** A physician or ~~a nurse anesthetist~~ an advanced practice registered nurse who is a state, county or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties.

SECTION 161. 655.003 (3) of the statutes is amended to read:

655.003 **(3)** Except for a physician or ~~nurse anesthetist~~ advanced practice registered nurse who meets the

criteria under s. 146.89 (5) (a), a physician or ~~a nurse anesthetist~~ an advanced practice registered nurse who provides professional services under the conditions described in s. 146.89, with respect to those professional services provided by the physician or ~~nurse anesthetist~~ advanced practice registered nurse for which he or she is covered by s. 165.25 and considered an agent of the department, as provided in s. 165.25 (6) (b).

SECTION 162. 655.005 (2) (a) of the statutes is amended to read:

655.005 **(2)** (a) An employee of a health care provider if the employee is a physician or ~~a nurse anesthetist~~ an advanced practice registered nurse or is a health care practitioner who is providing health care services that are not ~~in collaboration with a physician under s. 441.15 (2) (b) or~~ under the direction and supervision of a physician or ~~nurse anesthetist~~ advanced practice registered nurse.

SECTION 163. 655.005 (2) (b) of the statutes is amended to read:

655.005 **(2)** (b) A service corporation organized under s. 180.1903 by health care professionals, as defined under s. 180.1901 (1m), if the board of governors determines that it is not the primary purpose of the service corporation to provide the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses. The board of governors may not determine under this paragraph that it is not the primary purpose of a service corporation to provide the medical services of physicians or ~~nurse anesthetists~~ advanced practice registered nurses unless more than 50 percent of the shareholders of the service corporation are neither physicians nor ~~nurse anesthetists~~ advanced practice registered nurses.

SECTION 164. 655.23 (5m) of the statutes is amended to read:

655.23 **(5m)** The limits set forth in sub. (4) shall apply to any joint liability of a physician or ~~nurse anesthetist~~ advanced practice registered nurse and his or her corporation, partnership, or other organization or enterprise under s. 655.002 (1) (d), (e), or (em).

SECTION 165. 655.27 (3) (a) 4. of the statutes is amended to read:

655.27 **(3)** (a) 4. For a health care provider described in s. 655.002 (1) (d), (e), (em), or (f), risk factors and past and prospective loss and expense experience attributable to employees of that health care provider other than employees licensed as a physician or ~~nurse anesthetist~~ advanced practice registered nurse.

SECTION 166. 655.27 (3) (b) 2m. of the statutes is amended to read:

655.27 **(3)** (b) 2m. In addition to the fees and payment classifications described under subds. 1. and 2., the commissioner, after approval by the board of governors, may establish a separate payment classification for physicians satisfying s. 655.002 (1) (b) and a separate fee for ~~nurse anesthetists~~ advanced practice registered nurses satisfying s. 655.002 (1) (b) which take into account the loss experience of health care providers for whom Michigan is a principal place of practice.

SECTION 167. 655.275 (2) of the statutes is amended to read:

655.275 **(2)** APPOINTMENT. The board of governors shall appoint the members of the council. Section 15.09, except s. 15.09 (4) and (8), does not apply to the council. The board of governors shall designate the chairperson, who shall be a physician, the vice chairperson, and the secretary of the council and the terms to be served by council members. The council shall consist of 5 or 7 persons, not more than 3 of whom are physicians who are licensed and in good standing to practice medicine in this state and one of whom is ~~a nurse anesthetist~~ an advanced practice registered nurse who is licensed and in good standing to practice nursing in this state. The chairperson or another peer review council member designated by the chairperson shall serve as an ex officio nonvoting member of the medical examining board and may attend meetings of the medical examining board, as appropriate.

SECTION 168. 655.275 (5) (b) 2. of the statutes is amended to read:

655.275 **(5)** (b) 2. If a claim was paid for damages arising out of the rendering of care by ~~a nurse anesthetist~~ an advanced practice registered nurse, with at least one ~~nurse anesthetist~~ advanced practice registered nurse.

SECTION 169. 895.478 (3m) of the statutes is amended to read:

895.478 **(3m)** ELEMENTARY AND SECONDARY SCHOOLS. An elementary or secondary school and its designated school personnel, and a physician, advanced practice registered nurse ~~prescriber~~, or physician assistant who provides or administers an opioid antagonist, are not liable for any injury that results from the opioid antagonist, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, advanced practice registered nurse ~~prescriber~~, or physician assistant, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

SECTION 170. 961.01 (19) (a) of the statutes is amended to read:

961.01 **(19)** (a) A physician, advanced practice registered nurse, dentist, veterinarian, podiatrist, op-

tometrist, scientific investigator or, subject to s. 448.975 (1) (b), a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

SECTION 171. 961.395 of the statutes is amended to read:

961.395 Limitation on advanced practice registered nurses. (1) An advanced practice registered nurse who ~~is certified~~ may issue prescription orders under s. ~~441.16~~ 441.09 (2) may prescribe controlled substances only as permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (a) 4.

(2) An advanced practice registered nurse ~~certified under s. 441.16~~ who may issue prescription orders under s. 441.09 (2) shall include with each prescription order the ~~advanced practice nurse prescriber certification~~ license number issued to him or her by the board of nursing.

(3) An advanced practice registered nurse ~~certified under s. 441.16~~ who may issue prescription orders under s. 441.09 (2) may dispense a controlled substance only by prescribing or administering the controlled substance or as otherwise permitted by the rules promulgated under s. ~~441.16 (3)~~ 441.09 (6) (a) 4.

SECTION 172. Nonstatutory provisions.

(1) Using the procedure under s. 227.24, the board of nursing may promulgate rules under ch. 441 that are necessary to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. A rule under this subsection may take effect no later than the date specified in SECTION 173 (intro.) of this act. Notwithstanding s. 227.24 (1) (c) and (2), a rule promulgated under this subsection is effective for 2 years after its promulgation, or until permanent rules take effect, whichever is sooner, and the effective period of a rule promulgated under this subsection may not be further extended under s. 227.24 (2).

(2) (a) In this subsection, the definitions under s. 441.001 apply.

(b) Notwithstanding s. 441.09 (3), an individual who, on January 1, 2026, is licensed as a registered nurse in this state and is practicing in a recognized role may continue to practice advanced practice registered nursing and the corresponding recognized role in which he or she is practicing and may continue to use the titles corresponding to the recognized roles in which he or she is practicing during the period before which the board takes final action on the person's application under s. 441.09. This paragraph does not apply after the first day of the 13th month beginning after the effective date of this paragraph.

SECTION 173. Effective dates. This act takes effect on the first day of the 13th month beginning after publication, except as follows:

(1) SECTION 172 (1) of this act takes effect on the day after publication.

Chapter N 1

APPROVAL FOR SCHOOLS OF NURSING

N 1.01 Authority and intent.

(1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 441.01 (3), Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to clarify requirements and develop efficient timelines for the nursing school approval process and to reduce duplication that exists between the board and nursing accreditation processes for nursing schools.

N 1.02 Definitions. In this chapter:

(1) "Annual NCLEX pass rate" means the pass rates for those who took the NCLEX or advanced practice certification examination between January 1 and December 31.

(2) "Board" means board of nursing.

(3) "Certificate of completion" means a student has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.

(4) "Class" means a graduating class for each 12-month period.

(5) "Institution" means the college, university or governing body which has the authority to conduct a school of nursing.

(5g) "Institutional accreditation" means that the institution conforms to the standards of education prescribed by a regional accrediting commission recognized by the U.S. department of education.

(5r) "NCLEX" means national council licensure examination.

(6) "Nursing accreditation" means the school of nursing conforms to the standards of a board recognized nursing accreditation agency.

(8) "Out-of-state school" means a school operating in Wisconsin with a physical location outside of Wisconsin.

(10) "School of nursing" means a school for professional nurses or practical nurses.

(11) "School of practical nursing" means a school preparing students for practical nurse licensure.

(12) "School of professional nursing" means a school preparing nursing students at the associate, bachelor's, or graduate degree level. This includes schools granting any of the following:

(a) Certificate of completion for practical nurse licensure or professional nurse licensure.

(b) Postlicensure bachelor's degree.

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

N 1.03 Authorization to plan a school of nursing.

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

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

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

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

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

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

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

N 1.04 Authorization to admit students.

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

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

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

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

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

1. Content.

2. Course sequence.

3. Course descriptions.

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

(dm) Documentation of a school evaluation plan.

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

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

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

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

2. Documentation of simulation equipment and experiences.

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

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

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

(2g) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting s. N 1.08 (3) standards to teach the courses offered four months from the date the report is due.

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

(a) A site survey.

(b) A self-assessment.

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

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

N 1.05 Approval of school of nursing.

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

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

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

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

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

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

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

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

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

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

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

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

N 1.06 Approval of out of state school of nursing.

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

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

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

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

N 1.07 Accreditation.

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

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

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

N 1.08 Standards.

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

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

(b) Maintain institutional accreditation.

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

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

(2) EDUCATIONAL ADMINISTRATOR.

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

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

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

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

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

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

4. Current knowledge of nursing practice.

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

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

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

(3) FACULTY.

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

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

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

2. A graduate degree with a major in nursing.

3. Notwithstanding subd. 2., interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

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

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

2. A baccalaureate degree with a major in nursing.

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

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

a. A master's program with a major in nursing.

b. A bachelor's in nursing to doctorate program in nursing.

c. A doctorate program in nursing.

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

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

a. A bachelor's degree in nursing.

b. A graduate degree related to the topic of the course the person is teaching.

c. Nursing experience in the area of teaching assignment.

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

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

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

(c) Coursework shall include all of the following:

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

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

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

(5) CLINICAL LEARNING EXPERIENCES.

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

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

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

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

c. Coordinating and managing patient care across settings.

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

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

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

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

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

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

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

1. Development of skills in the provision of direct patient care.

4. Delegation to and supervision of other health care providers.

5. Effective application of the nursing process.

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

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

(5m) SIMULATION.

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

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.

2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.

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

(6) PRECEPTORS.

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

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

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

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

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

N 1.09 Annual pass rates.

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

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

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

N 1.10 Continuation of board approval.

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

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

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

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

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

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

(a) Change in school nursing accreditation status.

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

(c) Complaints regarding the conduct of the school are received and it is necessary to evaluate the complaints.

(d) Failure to meet annual pass rate standard in s. N 1.09.

(e) Violation of any of the rules under this chapter.

(4) The review of the school may include any of the following:

(a) A site survey.

(b) A self-assessment.

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

(5) If the board makes a determination that s. N 1.08 standards are not being met, all of the following procedures shall be followed:

(a) The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.

(b) The board shall review the proposed plan and may make modifications to the plan.

(c) The school of nursing shall make progress reports to the board as requested.

(d) The board may withdraw board approval if the school of nursing continues to not meet standards.

N 1.11 Closure of a school of nursing.

(1) VOLUNTARY. When a school of nursing intends to close, the institution shall do all of the following:

(a) Submit a plan of intent to close a school of nursing to the board, including all of the following:

1. The date of intended closure.

2. Reason for the closure.

3. Place for students who have not completed their nursing education.

(b) Ensure that the school of nursing is maintained, including retention of adequate number of faculty and approved curriculum, until the last student is transferred or graduates from the school of nursing.

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

(2) WITHDRAWAL OF NURSING APPROVAL.

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

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

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

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

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

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

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

N 1.12 Nursing refresher course approval.

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

(2) FACULTY.

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

1. Masters degree in nursing.

2. Recent clinical experience or clinical teaching experience.

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

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

(a) Theory portion including all of the following:

1. Nursing process review.

2. Infection control.

3. Medication and pharmacology update.

4. Recent trends in nursing techniques and responsibilities.

5. Communication.

6. Documentation and reporting.

7. Supervision and delegation.

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

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

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

(a) Theory portion including all of the following:

1. Nursing process review.

2. Infection control.

3. Medication and pharmacology update.

4. Recent trends in nursing techniques and responsibilities.

5. Communication.

6. Documentation and reporting.

7. Supervision and delegation.

8. Aging population.

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

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

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

Chapter N 2

LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES

Subchapter I — Authority; Definitions

N 2.01 Authority.

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

N 2.02 Definitions. As used in this chapter:

(1) "Board" means board of nursing.

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

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

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

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

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

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

(5) "Comparable school" means any of the following:

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

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

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

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

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

(8) "LPN" means licensed practical nurse.

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

(9) "NCLEX" means national council licensure examination.

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

(10) "RN" means registered nurse.

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

Subchapter II — Licensure By Examination

N 2.10 Qualifications for licensure.

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

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

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

(c) Graduates from any of the following:

1. A board-approved school of professional nursing.

2. A comparable school of professional nursing.

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

(e) Passes the NCLEX.

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

(a) Graduated from one of the following:

1. A board-approved prelicensure education program.

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

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

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

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

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

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

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

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

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

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

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

(b) Is 18 years or older.

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

(d) Graduates from any of the following:

1. A board-approved school of practical nursing.

2. A comparable school of practical nursing.

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

(f) Passes the NCLEX.

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

(a) Graduated from one of the following:

1. A board-approved prelicensure education program.

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

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

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

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

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

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

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

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

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

N 2.105 Application procedure for a multistate license.

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

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

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

(b) A certification of graduation.

(c) An official transcript indicating graduation.

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

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

(5)

> **(a)** The board shall make the applicant eligible for admission to the NCLEX as of the date of the applicant's graduation or upon the board receiving a certificate of approval from the school of nursing that allows the applicant to take the NCLEX before graduation. As part of the application process, the applicant shall report the name of the nursing school they are attending along with the anticipated date of graduation or, if applicant is seeking to take the NCLEX before graduation, the school of nursing shall provide a certificate of approval. The applicant shall notify the board if their anticipated date of graduation changes.
>
> **(am)** The applicant may not take or attempt to take the NCLEX before graduation or prior to a school of nursing providing a certificate of approval to the board.
>
> **(b)** The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the applicant is eligible to take the examination.
>
> **(c)** The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.
>
> **(d)** Failure to comply with the terms of this subsection may result in a denial of application for licensure.

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

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

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

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

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

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

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

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

(3)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3)

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

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

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

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

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

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

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

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

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

Subchapter III — Licensure by Endorsement

N 2.19 Endorsement of an applicant for a multistate license.

(1) Each applicant for a multistate license by endorsement shall complete and submit an application on forms provided by the department and shall pay the fee.

(2) The applicant shall provide all of the following:

(a) Evidence of holding an active, unencumbered license.

(b) Declaration or evidence that Wisconsin is the primary state of residence.

(c) Evidence of graduation from one of the following:

1. A board-approved nurse prelicensure education program.

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

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

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

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

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

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

(1)

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

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

2. Passage of the NCLEX.

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

1. Evidence of educational qualifications.

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

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

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

(b) Documentation of employment history.

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

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

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

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

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

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

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

Subchapter IV — Temporary Permits

N 2.30 Definitions. In this subchapter:

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

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

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

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

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

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

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

N 2.32 Title.

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

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

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

N 2.33 Supervision.

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

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

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

N 2.35 Renewal.

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

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

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

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

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

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

Subchapter V — Renewal

N 2.40 Renewal.

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

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

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

(b) Pay a nursing workforce survey fee.

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

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

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

(b) Pay a nursing workforce survey fee.

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

(d) Meet one of the following requirements:

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

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

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

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

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

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

(3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

(4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

~~Chapter N 4~~

~~LICENSURE OF NURSE-MIDWIVES~~

~~N 4.01 Authority and intent.~~

~~**(1)** The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 441.15 (3) (c), Stats., and interpret s. 441.15, Stats.~~

~~**(2)** The intent of the board of nursing in adopting rules in this chapter is to specify all of the following:~~

~~**(a)** Requirements for licensure as a nurse-midwife and renewal of a license to practice nurse-midwifery.~~

~~**(b)** The scope of practice of nurse-midwifery.~~

~~**(c)** Requirements for health care facilities where the practice of nurse-midwifery may occur.~~

~~**(d)** Malpractice insurance requirements for nurse-midwives.~~

~~N 4.02 Definitions.~~ ~~As used in this chapter:~~

~~**(1)** "Board" means board of nursing.~~

~~**(2m)** "Collaboration" has the meaning given in s. 441.15 (1) (a), Stats.~~

~~**(4)** "Complications" means conditions specified in a written agreement under s. N 4.06 (2) that jeopardize the health or life of a patient and deviate from normal.~~

~~**(5)** "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.~~

~~**(5e)** "Hardship" includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident, or natural disaster.~~

~~**(5m)** "Nurse-midwife" means a nurse-midwife licensed by the board.~~

~~N 4.025 Licensure and exceptions.~~

~~**(1)** Except as provided under subs. (2) and (3), unless licensed under this chapter, no person may practice or attempt to practice nurse-midwifery or use the title or letters "Certified Nurse-~~

~~Midwife", "C.N.M.", "Nurse-Midwife", "N.M.", or any other title or letters to indicate that person is a nurse-midwife.~~

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

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

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

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

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

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

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

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

~~**(1m)** The signature of the applicant.~~

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

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

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

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

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

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

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

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

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

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

~~**N 4.05 Temporary permits.**~~

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

> ~~**(a)** Verification the applicant has completed an educational program in nurse-midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.~~
>
> ~~**(b)** Verification the applicant is currently licensed in good standing to practice as a professional nurse in this state, or of having been issued a multistate license under the nurse licensure compact to practice professional nursing, that is current and in good standing, by another state that has adopted the nurse licensure compact.~~
>
> ~~**(c)** The fee specified in s. 440.05 (1), Stats.~~

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

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

~~**(5)** DURATION.~~

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

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

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

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

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

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

~~**(b)** Failure to pay a fee required under s. 440.05 (1), Stats.~~

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

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

~~**N 4.06 Scope of practice.**~~

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

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

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

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

~~**N 4.07 Limitations on the scope of practice.**~~

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

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

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

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

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

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

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

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

~~**N 4.10 Malpractice insurance coverage.**~~

~~**(1)** A nurse-midwife shall have in effect malpractice insurance evidenced by one of the following:~~

~~**(a)** Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.~~

~~**(b)** Coverage under a group liability policy providing individual coverage for the nurse-midwife in the amounts set forth in s. 655.23 (4), Stats.~~

~~**(2)** Notwithstanding sub. (1), malpractice insurance is not required for any of the following:~~

~~**(a)** A nurse-midwife who practices nurse-midwifery within the scope of employment as a federal, state, county, city, village, or town employee.~~

~~**(b)** A nurse-midwife who practices nurse-midwifery as an employee of the federal public health service under 42 USC 233 (g).~~

~~**(c)** A nurse-midwife who does not provide care for patients.~~

~~**(d)** A nurse-midwife whose employer has in effect malpractice liability insurance that provides coverage for the nurse-midwife in an amount equal to or greater than the amounts specified in sub. (1) (a) or (b).~~

~~**(e)** A nurse-midwife providing nurse-midwifery services under s. 257.03, Stats.~~

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.

(1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

N 6.02 Definitions. As used in this chapter,

(1) ~~"Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. 441.16, Stats.~~

"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.

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

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

(a) The patient's clinical condition is predictable;

(b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

(c) The patient's clinical condition requires only basic nursing care.

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

(a) The patient's clinical condition is not predictable;

(b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

(c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

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

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

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

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

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

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

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

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

(~~1~~2) "L.P.N." means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

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

N 6.03 Standards of practice for registered nurses.

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

> **(a)** *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.
>
> **(b)** *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.
>
> **(c)** *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.s or UAPs.

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

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

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

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

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

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

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

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

(b) Provide direction and assistance to those supervised.

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

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

N 6.04 Standards of practice for licensed practical nurses.

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

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

(b) Provide basic nursing care.

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

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

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

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

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

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

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

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

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

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

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

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

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

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

Chapter N 7

RULES OF CONDUCT

N 7.01 Authority and intent.

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

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

~~**Note:** The bracketed language was unintentionally omitted in the agency's order promulgating this rule, CR 13-097.~~

N 7.02 Definitions. As used in this chapter:

(1) "Board" means board of nursing.

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

(2) "Drug" has the meaning contained in s. 450.01 (10), Stats.

(3) "License" means a license of ~~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.~~

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

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

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

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

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

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

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

(d) Practicing without an active license.

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

(f) Failing to inform the board of the advanced practice ~~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.

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

(h) Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction, including the date, place, and nature of the conviction or finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.

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

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

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

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

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

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

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

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

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

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

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

(e)

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

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

b. Engaging in relationships with patients that could impair the nurse's professional judgment.

c. Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit.

d. Engaging in dual relationships if the nurse's ability to provide appropriate care would be compromised due to the nature of the additional relationship with the patient.

e. Engaging in any dual relationship in mental health nursing.

f. Engaging in self-disclosure to a patient which creates a risk or adversely impacts the patient's care and well-being.

g. Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.

h. Accepting gifts which are more than minimal value or any cash from a patient or patient's family.

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

(f)

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

a. Sexually explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient.

b. Conduct that may reasonably be interpreted by a patient as sexual or any verbal behavior that is sexually harassing to a patient.

c. Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.

d. Transmitting information about a patient via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.

e. Engaging or attempting to engage in sexual or seductive conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

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

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

(a) Falsifying or inappropriately altering reports, patient documentation, agency records, or other health documents.

(b) Intentionally making incorrect entries in a patient's medical record or other related documents.

(c) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.

(d) Submitting false claims.

(e) Fraud, deceit, or material omission in obtaining a license or certification or in the renewal of the license or certification.

(f) Impersonating another licensee or allowing another person to use the licensee's credential for any purpose.

(g) Submitting false information in the course of an investigation.

(h) Misrepresentation of credentials.

(i) Misleading, false, or deceptive advertising or marketing.

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

(a) Failing to perform nursing with reasonable skill and safety.

(b) Lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.

(c) Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety. Actual injury to a patient need not be established.

(d) Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.

(e) Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.

(f) Unable to practice safely by reason of alcohol or other substance use.

(g) Unable to practice safely by reason of psychological impairment or mental disorder.

(h) Unable to practice safely by reason of physical illness or impairment.

(i) Failure to consult or delay in consultation for clinical care beyond scope of practice

(j) Failure to treat.

(k) Inadequate or improper infection control practices.

(L) Failure to provide medically necessary items or services.

(m) Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status, or disability while providing nursing services.

(n) Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient.

(o) Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person.

(p) Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person.

(7) Improper supervision or allowing unlicensed practice, including any of the following:

(a) Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.

(b) Knowingly aiding, assisting, advising, or allowing a person to engage in the unlawful practice of nursing.

(c) Inappropriate or inadequate supervision or delegation.

(d) Failing to supervise assigned student experiences

(8) Improper prescribing, dispensing, or administrating medication or drug related offenses, including any of the following:

(a) Prescribing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(b) Dispensing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(c) Administering any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(d) Error in prescribing, dispensing, or administering medication.

(e) Obtaining, possessing or attempting to obtain or possess a drug without lawful authority.

Chapter N 8

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

N 8.01 Authority and intent.

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

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

N 8.02 Definitions. As used in this chapter:

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

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

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

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

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

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

(3) "Board" means the board of nursing.

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

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

(6) "Health care professional" has the meaning given under s. 180.1901 (1m), Stats.

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

(7) "Patient health care record" has the meaning given under s. 146.81 (4), Stats.

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

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

~~**(1)** Submits an application form and the fee under s. 440.05 (1), Stats.~~

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

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

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

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

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

N 8.03 Licensure as an advanced practice registered nurse.

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

(a) Submits a complete application form.

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

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

(c) Submits one of the following:

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

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

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

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

(1) Pay all applicable fees.

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

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

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

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

(6) Provide evidence of holding malpractice insurance coverage as specified in s. 441.09 (5), Stats.

OR

N 8.045 Renewal. (1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

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

(a) Pay all applicable fees.

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

(c) Certify completion of the continuing education required under s. N 8.05.

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

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

(f) Provide evidence of holding malpractice insurance coverage as specified in s. 441.09 (5), Stats.

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

(a) Pay all applicable fees.

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

(c) Certify completion of the continuing education required under s. N 8.05.

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

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

(f) Provide evidence of holding malpractice insurance coverage as specified in s. 441.09 (5), Stats.

(g) Meet one of the following requirements:

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

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

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

(h) Pass the jurisprudence examination for advance practice registered nurses.

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

(a) Evidence of completion of the requirements in s. N 8.045 (3) if the license has not been active within 5 years.

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

(c) Evidence of rehabilitation or change in circumstances warranting reinstatement.

(d) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

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 sub. (1).

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

N 8.047 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.

N 8.05 Continuing education.

(1) Every advanced practice registered nurse ~~prescriber~~ shall complete 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered ~~nurse prescriber's~~ nurse's area of practice, including at least 2 contact hours in responsible prescribing of controlled substances. The requirement for contact hours in responsible prescribing of controlled substances does not apply to an advanced practice registered nurse who does not hold prescriptive authority.

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

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

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

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

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

> ~~**(a)** Use as an adjunct to opioid analgesic compounds for the treatment of cancer related pain.~~
>
> ~~**(b)** Treatment of narcolepsy.~~
>
> ~~**(c)** Treatment of hyperkinesis, including attention deficit hyperactivity disorder.~~
>
> ~~**(d)** Treatment of drug-induced brain dysfunction.~~
>
> ~~**(e)** Treatment of epilepsy.~~
>
> ~~**(f)** Treatment of depression shown to be refractory to other therapeutic modalities.~~

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

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

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

N 8.07 Prescription orders.

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

(a) Specify the date of issue.

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

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

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

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

(2) Prescription orders issued by advanced practice ~~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.

~~**N 8.08 Malpractice insurance coverage.**~~

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

~~**(a)** Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.~~

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

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

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

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

~~of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.~~

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

N 8.09 Dispensing.

(1) Except as provided in sub. (2), advanced practice ~~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.

N 8.10 ~~Care management and~~ collaboration with other health care professionals. If required to practice in collaboration under s. 441.09 (3m), Stats., an advanced practice registered nurse shall:

(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, education, certification, and applicable laws and regulations.

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

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

(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.

(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.

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

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

(7) ~~Advanced practice 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 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.~~

Wisconsin Nurses Association

3162 County Hwy B
Stoughton, WI 53589
Visible, Valued, Vital

September 9, 2026

Jennifer Malak, Chair
State of Wisconsin Board of Nursing
4822 Madison Yards Way
Madison, WI 53705

RE: WNA comment Emergency Rule 2607 and Permanent Rulemaking Under Scope Statement 082-25

Dear Chairperson Malak and members of Wisconsin's State Board of Nursing,

On behalf of the Wisconsin Nurses Association (WNA), thank you for allowing me the opportunity to provide comments on EmR 2607 and permanent rulemaking identified in SS 082-25 which governs Advanced Practice Registered Nurse (APRN) licensure and practice in Wisconsin.

WNA recognizes the significant work undertaken by the Board to implement Wisconsin's new APRN licensure framework. The permanent rules represent an important opportunity to establish clear, consistent, and appropriate standards that support APRN practice while protecting the health and safety of Wisconsin residents.

We appreciate the Board's attention to the key areas addressed through this rulemaking process, including:

- Defining APRN scope of practice and the four recognized APRN roles;
- Establishing requirements related to prescription orders and prescribing;
- Determining acceptable national board certification;
- Establishing appropriate education, training, and experience requirements for APRN licensure and specialty designation;
- Defining the requirements for obtaining independent APRN practice.

WNA also appreciates the Board's diligence in meeting the September 1, 2026 implementation deadline. This work enabled the transition of the majority of APNPs to APRN licensure and provided eligible APRNs with the opportunity to apply for independent practice.

We also look forward to continued engagement with the Board as it considers additional areas authorized for administrative rulemaking. Of particular importance are as follows:

1) Establishing appropriate minimum standards for APRN education programs;

2) Addressing provisions related to classes of drugs, individual drugs, or devices that may not be prescribed by an APRN; and
3) Reflecting the language established in Wisconsin Act 17 by requiring a documented collaborative relationship, rather than the "written collaboration agreement" currently specified in N 8.10(1).

These three areas have important implications for APRN preparation, professional practice, patient access, and public protection.

As the Board implements this new APRN regulatory framework, it will be important that administrative rules provide clarity for APRNs, employers, educators, other health professionals, and—most importantly—the patients and communities they serve. WNA supports a regulatory framework that protects the public while recognizing the education, expertise, and essential contributions of APRNs to Wisconsin's healthcare system.

Thank you for the opportunity for me to provide WNA's comments.

Sincerely,

Gina Dennik-Champion, MSN, RN, MSHA
Executive Director
Wisconsin Nurses Association

Wisconsin Hospital Association	
Context	**Suggestions**
Collaboration Recommendation Since 1999, the Board of Nursing through N8.10(7) has maintained a collaboration standard that has allowed advanced practice nurse prescribers (APNPs) to use their clinical judgement to order treatment, therapeutics, and testing, if the APNP works in a documented collaborative relationship with a physician or dentist. That standard established by the Board of Nursing in N8.10(7) reads: *"N8.10(7). Advanced practice nurse prescribers shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's training, education, and experience. The advanced practice nurse prescriber shall document this relationship."* That standard in effect for over 25 years has allowed for APNPs to utilize their clinical judgment with minimal proscription regarding the details of the APNP's collaborative relationship with a physician or the documentation of that collaborative relationship. For many APNPs, the collaboration standard in N8.10(7) has enabled flexibility and minimal documentation.	Do not add new complexity to collaboration in N8.10. Instead, for non-independent practice APRNs: • **Adopt in new N8.10 the collaboration standard in Act 17 verbatim** (s.441.09(3m)(bm)) that itself intentionally adopted the collaboration standard in current N8.10(7). • **Delete the definition of "collaboration" in new N8.02 (5).** • **Move from new N8.10** provisions that are professional conduct standards that should apply to all APRNs, whether in independent practice or in a collaborative relationship practice. • We recommend that the Board of Nursing simply revise N8.10(6) and (7) to verbatim repeat the collaboration standard in s. 441.09(3m)(bm). • **N8.10 (1) – (5)** should either be deleted in their entirety or moved to a separate section defining professional practice standards for all APRNs, whether in independent practice or in a collaborative relationship practice. • If the Board of Nursing believes that an APRN should be required to *"communicate through the use of any clinical service modality that is consistent with the advanced practice registered nurse training, certification...and*

Knowing that not all APRNs will seek the independent practice designation under Act 17, the statutory language in Act 17 at s.441.09(3m)(bm) regarding collaboration was intentionally written to mirror the existing N8.10(7) collaboration standard so as not to create new changes – intentionally or unintentionally – for APNPs that continue to practice in a documented collaborative relationship Act 17 took effect after September 1, 2026. The language in s.441.09(3m)(bm) reads:

"441.09(3m)(bm). For purposes of pars. (a) 1. and (bg) 1., a collaborative relationship is a process in which an advanced practice registered nurse is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the advanced practice registered nurse's training, education, and experience. The advanced practice registered nurse shall document such a collaborative relationship."

While likely not intended to change the collaboration standard, the draft proposed changes to N8.10 in the proposed rule deviate from the language in both Act 17 and existing N8.10.

For example, the draft proposed N8.10(7) changes from "*deliver health care services" to "order treatment, therapeutics, testing, and other relevant health care services."* As another example, the draft proposed N8.10(1) adds language regarding a "written collaborative agreement," for collaborative practice APRNs. While certified nurse midwives under pre-Act 17 s. 441.15(2)(b) explicitly required a collaborative "agreement", neither current N8.10 nor Act 17 required an "agreement." These changes could be interpreted to *applicable laws and regulations,"* as it proposes to amend N8.10(1), that should apply to all APRNs, whether practicing independently or in collaboration. However, the standard that would be created in new N8.10(1) is somewhat confusing and has an unclear policy purpose. **We would recommend deleting N8.10(1) in its entirety and instead relying on the collaboration standard in s. 441.09(3m)(bm) and N8.10(7) as suggested above.**

- Similarly, if the Board of Nursing believes that an APRN should meet the referral standards and patient care records summaries in revised N8.10(3) and (4), those **standards should be included elsewhere in the rule and apply to all APRNs, whether practicing under the collaboration standard or the independent practice standard.**

- Consistent with Act 17 which creates both an independent practice standard and a collaborative practice standard, **we recommend that new N8.10(1) be deleted and new N8.10(3) and (4) either be deleted or moved to a new professional conduct section appliable to all APRNs.**

Collaboration-related recommended rule language:

Repeal N8.10(1)-(7) and recreate as N 8.10 and N 8.11 as follows:

N 8.10 COLLABORATION WITH OTHER HEALTH CARE PROFESSIONALS. If required to practice in collaboration under s. 441.09 (3m), Stats., an advanced practice registered nurse shall maintain a collaborative relationship with a physician or dentist. A

change the meaning of N8.10(7), unnecessarily creating confusion for existing APNPs that continue to practice under the existing documented collaborative relationship standard.	collaborative relationship is a process in which an advanced practice registered nurse is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the advanced practice registered nurse's training, education, and experience. The advanced practice registered nurse shall document such a collaborative relationship. **N 8.11** PROFESSIONAL CONDUCT. As provided by s. 441.09(3m)(d), an advanced practice registered nurse shall adhere to professional standards when managing situations that are beyond the advanced practice registered nurse's expertise. If a particular patient's needs are beyond the advanced practice registered nurse's expertise, the advanced practice registered nurse shall, as warranted by the patient's needs, consult or collaborate with or refer the patient to at least one of the following: (1) A physician licensed under ch. 448. (2) Another health care provider for whom the advanced practice registered nurse has reasonable evidence of having a scope of practice that includes the authorization to address the patient's needs.
Independent Practice Verification Process Many APRNs are surprised that Act 17 created a pathway for independent practice that requires direct supervision-like practice hours rather than hours that met the N8 collaboration standard set by the Board of Nursing.	To minimize additional confusion among APRNs and employers, we encourage the Board of Nursing to: • Remove attestation requirements in N8.046(3) that specify "verifiers" of hours that are different from the physicians/dentists specified in Act 17's s. 441.09(3m)(b)3.

The Board of Nursing through N8 for the past 25 years has allowed APNPs to exercise clinical judgement, including prescriptive authority, under a collaboration standard. That collaboration standard has NOT required a physician to be *"immediately available for consultation"* or *"accept responsibility for the actions of the [APNP]."* In contrast, under s. 441.09(3m)(b)3. of Act 17, the Board of Nursing may only grant licensed independent practice authority if the Board verifies that the applying APRN *"has completed 3,840 clinical hours of advanced practice registered nursing practice in that recognized role while working with a physician or dentist who is* ***immediately available for consultation and accepted responsibility for the actions of the advanced practiced registered nurse*** *during those 3,840 hours of practice."* ***[emphasis added by WHA]*** Although the emergency rule correctly states in new N8.046(2) (intro) the standard in s.441.09(3m)(b)3., many existing APNPs have not understood the significant difference between the existing N8.10 collaboration standard and the direct-supervision like standard in s.441.09(3m)(b)3. As a result, many existing APNPs have been asking their employers to attest to the Board of Nursing in the APNP's independent practice application the number of the APNP's hours worked as an APNP at the employer, incorrectly assuming that working under the N8 collaboration standard would satisfy the hours requirement in s. 441.09(3m)(b)3.	• Amend its verification forms to explicitly mirror the hours requirements specified in N8.046(2) and Act 17's 441.09(3m)(b)3. and explicitly note that hours working in collaboration under N8.10 do not necessarily meet that requirement. To help provide additional clarity, the Board of Nursing could amend the hours field in **Form 2158** to: • Include the language from s. 441.09(3m)(b)3. of Act 17 and/or N8.046(2). • Include a note that such hours do not necessarily include hours working under an N8 collaborative relationship. While the Board of Nursing cannot change the independent practice requirements in s. 441.09(3m)(b)3., it can ensure that both the emergency rule and the independent practice application forms explicitly refer to and use the exact same language in s. 441.09(3m)(b)3. **Recommended Independent Practice Verification Process rule language:** *Amend N8.046(3) as follows:* **(3)** The applicant shall submit evidence of satisfying the requirements under subs. (1) and (2) on a form provided by the

Adding to confusion is that the current Form 2158 APRN Independent Practice Requirements Verification form simply asks for "Reported Hours" but does not specify on the fillable form or the "Attestation of the Applicant" that the "Reported Hours" refers to the clinical hours under the direct-supervision like s. 441.09(3m)(b)3. standard and not clinical hours under the N8.10 collaboration standard that the APNP had been practicing under pursuant to the Board of Nursing's N8 rule. As a result, it is not clear to the applying APRN or the "verifier" in the form that the clinical hours they are attesting to are NOT collaboration hours but instead are direct supervision like hours. Further, both the emergency rule at N8.046(3) and the APRN Independent Practice Requirements Verification Form specify that the "verifier" must be one of three individuals, none of which include the actual physician who "accepted responsibility for the actions of the APRN" under s. 441.09(3m)(b)3. Thus the "verifier" is being asked to verify and attest to the Board of Nursing that a person other than the verifier – the physician or dentist – accepted responsibility for the APRN's clinical actions. Attesting to such responsibility – particularly when such responsibility did not exist - creates liability risks for both the verifier and the physician/dentist. As a result of the disconnect between the Board of Nursing's long-time APNP collaboration standard in N8 that did not require a physician to be immediately availability for consultation for the physician to accept responsibility for the APNP's actions and Act 17's new pathway to licensed independent practice that does require those elements, as well as the disconnect between 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.~~

verification process in the emergency rule's N8.046(3), the Form 2158 verification form, and s. 441.09(3m)(b)3., there is significant confusion and frustration among many APNPs and their employers. While the Board of Nursing cannot change the independent practice requirements in s. 441.09(3m)(b)3., it can ensure that both the emergency rule and the independent practice application forms explicitly refer to and use the exact same language in s. 441.09(3m)(b)3. Doing so should minimize confusion and variation among APRNs and their employers regarding the independent practice criteria set in Act 17 at s.441.09(3m)(b)3.	
Medical Malpractice Coverage Recommendation As a condition of APRN licensure, maintain the same medical malpractice coverage requirements that were required for APNPs in N8.08. As specified in N8.08, all APNPs have been required by the Board of Nursing as a condition of certification to have medical liability coverage of $1m/$3m. That coverage did not have to be a personal policy but could be coverage provided by an employer's group policy that provided $1m/$3m coverage for the APNP's negligent acts. Act 17 codified N8.08 for all APRNs, making such coverage a condition of licensure as an APRN. However, with the enactment of Act 17, some have advised that collaborative practice APNPs (now collaborative practice APRNs) must purchase additional coverage	**Recommended Medical Malpractice Coverage Requirement rule language:** *Retain existing N8.08 and amend that section as follows:* **N 8.08 Malpractice insurance coverage.** (1) Advanced practice registered nurses ~~nurse prescribers who prescribe independently~~ shall maintain in effect malpractice insurance evidenced by one of the following: (a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats. (b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), Stats. An advanced practice registered nurse ~~prescriber~~ covered under one or more such group policies shall certify on forms provided by

at additional cost to the APRN or employer, despite no substantive change to the requirement in N8.08. To help highlight to insurers, APRNs, and employers that no new coverages are necessary under Act 17's licensure requirement in s.441.09 (5) compared to N8.08, we would encourage the Board of Nursing to not delete N8.08, but to retain it and update it with the new APRN appropriate language.	the board that the nurse will practice ~~independently prescribe~~ only within the limits of the policy's coverage, or shall obtain personal liability coverage for ~~independent prescribing~~ practice outside the scope of the group liability policy or policies. (2) Notwithstanding sub. (1), an advanced practice registered nurse ~~prescriber~~ who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will ~~prescribe~~ practice within employment policies. ~~(3) An advanced practice registered nurse prescriber who prescribes under the supervision and delegation of a physician or CRNA shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.~~ (4) An advanced practice registered nurse ~~prescriber~~ who ~~prescribes~~ practices in more than one setting or capacity shall comply with the provisions of subs. (1),and (2) and (3) applicable to each setting or capacity. An advanced practice registered nurse ~~prescriber~~ who is not an employee of this state or a governmental subdivision, and who ~~prescribes~~ practices as an APRN ~~independently~~ in some situations and ~~prescribes~~ practices as an RN under the supervision and delegation of a physician or CRNA in other situations, shall meet the requirements of sub. (1) with respect to APRN practice ~~independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.~~

	(5) Every advanced practice registered nurse ~~who is certified to issue prescription orders~~ shall annually submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1).
Delegation Recommendation To align with physicians and physician assistants, update the Board of Nursing's delegation rules to utilize the same delegation language and standard specified in Act 17. The ability for an APNP to delegate tasks or orders to other clinicians under N6.03 (3) and N7.03(7) has been read by some clinicians to be more narrow compared to physicians and physician assistants. To bring the ability for APRNs to delegate tasks or orders into alignment with physicians and physician assistants, Act 17 created s. 441.09(3m)(e) which reads: *"441.09(3m)(e). An advanced practice registered nurse licensed under this section may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the advanced practice registered nurse's practice, the advanced practice registered nurse is competent to perform the task or issue the order, and the advanced practice registered nurse has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances."*	**Recommended Delegation rule language:** *Repeal N6.03(3) and recreate N6.03(3) as follows:* **N6.03(3**) DELEGATION. A registered nurse may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the registered nurse's practice, the registered nurse is competent to perform the task or issue the order, and the registered nurse has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances. *Amend N7.03(7) as follows:* **N7.03(7)** Improper supervision or allowing unlicensed practice, including any of the following: **(a)** Delegating a task or order inconsistent with N6.03(3) ~~nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.~~ **(b)** Knowingly aiding, assisting, advising, or allowing a person to engage in the unlawful practice of nursing.

By enacting s. 441.09(3m)(e), APRNs, physician assistants, and physicians now all have the same standards and language regarding authority to delegate. However, the emergency rule currently does not modify N6.03 (3) and N7.03(7) to bring them in alignment with s. 441.09(3m)(e) for APRNs. To remove administrative complexity and variation in interpretations of the rule and statute, we recommend amending those sections incorporate the explicit delegation language in s. 441.09(3m)(e). Additionally, we recommend that the Board of Nursing as part of its comprehensive revision of its nursing rules overall, apply the same language created in s. 441.09(3m)(e) to all registered nurses. This would remove administrative complexity and simplify processes for all providers by having RNs, APRNs, physician assistants, and physicians all utilizing the same standard for delegation.	**(c)** Inappropriate or inadequate supervision ~~or delegation~~. **(d)** Failing to supervise assigned student experiences.
Home Birth Plan Recommendation Act 17 gave all licensed certified nurse midwives independent practice authority without any collaboration with a physician that can perform birthing services outside of the scope of practice of a certified nurse midwife. However, Act 17 also created enhanced professional conduct standards to be established and enforced by the Board of Nursing regarding the provision of home births. In particular, if a certified nurse midwife chooses to perform births outside of a hospital setting, Act 17 charged the Board of Nursing	**Amend N8.047 to align with the birth plan requirements specified in s.441.09(6)(a)6., including approval by the Board, and to establish in rule the Board's minimum professional standards for ensuring appropriate care and care transitions regarding home births.** At this time, we do not have a specific recommendation for how the Board of Nursing should amend N8.047 in the permanent rulemaking to address the absence of the above core requirements and roles of the Board of Nursing to ensure appropriate care that are specified in Act 17. However, we encourage the Board of Nursing to have further discussion and make changes to N8.047 to further

with the responsibility for ensuring each certified nurse midwife provides appropriate care and care transitions. In addition to the responsibility placed on the Board of Nursing in 441.09(6)(a)6. to promulgate rules *"establishing standards of professional conduct for advanced practice registered nurses generally and for practicing in each recognized role"*, s.441.09(3m)(f) additionally directs: *"441.09(3m)(f). An advanced practice registered nurse with a certified nurse-midwife specialty designation may not offer to deliver babies outside of a hospital setting unless the advanced practice registered nurse files with the board,* ***and the board approves****, a proactive plan for ensuring appropriate care or care transitions* ***conforming with professional standards*** *for patients with higher acuity or emergency care needs that exceed the advanced practice registered nurse's scope of practice. An advanced practice registered nurse who offers to deliver babies outside of a hospital setting shall file a plan under this paragraph when applying for an initial license under this section or a renewal of a license under this section,* ***shall keep the plan current with the board****, and shall follow the plan."* ***[emphasis added by WHA]*** The initial standards established in the emergency rule in N8.047 regarding the above referenced plan for deliveries outside of a hospital setting need additional detail and specifically need to explicitly address the process for the board approving a certified	specify the Board of Nursing 's standards for ensuring appropriate care and care transitions in the plan required by s. 441.09(3m)(f).

nurse midwife's plan as required by s.441.09(3m)(f). The current emergency rule lacks: • A requirement that the Board of Nursing approve the plan, as is required by s. 441.09(3m)(f). • A requirement that the certified nurse midwife keep the plan current with the board and follow the plan as is required by s.441.09(3m)(f). • Standards for ensuring appropriate care and care transitions that conform with certified nurse midwife professional standards. For example, simply calling 911 in an emergency or simply directing a patient to go to an emergency department that the certified nurse midwife has no transfer arrangement does not ensure appropriate care and care transitions and should not be conduct permitted by the Board of Nursing.	

WASN
Wisconsin Association of School Nurses

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ATTN: Wisconsin Board of Nursing

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

Situation:

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

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

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

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

Background:

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

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

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

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

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

This creates two concerns for school nurses:

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

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

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

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

Statutes and Administrative Rule:

DHS 107.36(1)(j) :

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

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

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

Assessment:

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

Recommendation:

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

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

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

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

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

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