



Wisconsin Nurses Association

6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
FAX (608) 221-2788

TO: Senator Rodney Moen, Chair, and members of the Health, Utilities, Veterans, and
Military Affairs Committee
FROM: Mary Schwanebeck, RN, APNP
DATE: March 15, 2000
RE: **Support for CR 99-126 - Prescribing Limitations for the Advanced Practice
Nurse Prescriber**

Good afternoon Chairman Moen and members of the committee. My name is Mary Schwanebeck. I am a Registered Nurse and an Advanced Practice Nurse Prescriber (APNP). I am the President of the Nurse Practitioner Forum, a special interest group of the Wisconsin Nurses Association (WNA). I am here representing WNA.

The Wisconsin Nurses Association, and its Advanced Practice Nurse Prescribers, is in support of **CR 99-126** the APNP Rule Clarification developed by the Wisconsin Board of Nursing.

Clarifying the APNP's Scope of Practice to include the ordering of laboratory tests, radiographs and electrocardiograms as part of the prescriptive process is good for patient safety and continuity of care.

In order for an APNP to make the best prescriptive decisions, collection and analysis of data is necessary. Some of that data may include lab tests, x-rays, and EKGs. This improves patient safety.

Continuity of care is enhanced with this rule clarification as well. The patient's primary provider (in this case, an APNP) is able to use all of the data available to make prescriptive decisions in an efficient manner. Not having the ability to order lab tests, x-rays, or EKG's could cause delays, and perhaps even errors, in treatment.

Patient safety and continuity of care is also enhanced because APNPs work in a collaborative relationship with one or more physicians.

I appreciate your time to share our position. Thank you.



February 17, 2000

State Senator Rodney C. Moen, Chair
Senate Committee on Health, Utilities,
Veterans and Military Affairs
PO Box 7882
Madison, WI 53707-7882

Dear Senator Moen:

It has come to our attention that Clearinghouse Rule 99-126, promulgated by the Wisconsin Board of Nursing, has been referred to the Senate Committee on Health, Utilities, Veterans and Military Affairs. The members of the State Medical Society have serious concerns about the rule as proposed by the Board of Nursing – specifically that allowing advanced practice nurse prescribers to independently order diagnostic tests is likely to widen the gap between them, physicians and other health care professionals and decrease the quality of care to patients.

Physicians would greatly appreciate the opportunity to address their concerns about the rule and share a solution with you and the members of the Senate Health Committee in a public hearing. We greatly appreciate your consideration of this request for a public hearing on CR 99-126.

Sincerely yours,

M. Colleen Wilson
Legislative Counsel
Government Relations

cc: Members, Senate Committee on Health,
Utilities, Veterans and Military Affairs

**STATE OF WISCONSIN
BOARD OF NURSING**

**IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 99-126)**

TO: Fred Risser
President of the Senate
Room 220 South, State Capitol
Madison, Wisconsin 53702

PLEASE TAKE NOTICE that the BOARD OF NURSING is submitting in final draft form rules relating to prescribing limitations for advanced practice nurse prescribers.

If you have any questions concerning the final draft form or desire additional information, please contact Pamela Haack at 266-0495.



Wisconsin Nurses Association

6117 Monona Drive

Madison, Wisconsin 53716

608-221-0383

Fax: 608-221-2788

fax transmittal

to:

Sen. Rodney Maen

fax:

267-2871

from:

Jana Stank-Champson

date:

3-13-00

re:

CR-99126 - APNP Rule

pages:

3

NOTES:



Wisconsin Nurses Association
6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
FAX (608) 221-2788

March 13, 2000

Senator Rodney Moen, Chairperson
Senate Health, Utilities, Veterans and Military Affairs Committee
P.O. Box 7882
Madison, WI 53707

RE: Scheduled Hearing on Clearing House Rule 99-126

Dear Senator Moen: *Roda*

Thank you scheduling a hearing on March 15, 2000 regarding CR 99-126 Prescribing Limitations for Advanced Practice Nurse Prescribers.

WNA is in support of this language clarification as submitted by the Board of Nursing. This language does not require modifications or additions.

I am enclosing a copy of WNA's Fact Sheet describing the purpose and intent of the rule modification. I hope you will find this helpful.

WNA along with many other nurse organizations look forward to participating in the upcoming hearing. I will be in the State Capitol on Tuesday and Wednesday morning and I will be in quick touch base with you to see if you have any questions or concerns.

I thank you in advance Senator Moen for your consideration in supporting this rule clarification as submitted by the Board of Nursing. Your support of professional nursing practice and increasing patient access to quality health care is greatly appreciated.

Sincerely,

Gina
Gina Dennis-Champion RN
WNA Executive Director



Wisconsin Nurses Association
 6117 Monona Drive
 Madison, Wisconsin 53716-3995
 (608) 221-0383
 FAX (608) 221-2788

FACT SHEET

CLEARING HOUSE RULE 99-126 RELATING TO PRESCRIBING LIMITATIONS FOR ADVANCED PRACTICE NURSE PRESCRIBERS

Status: A hearing is scheduled in the Senate Health Committee on Wednesday March 15.

Background:

1. This rule clarifies the scope of practice for the Advanced Practice Nurse Prescriber (APNP) by authorizing the APNP to order laboratory, radiographic, EKG's and other tests to justify/support the prescribing of medication.
2. APNP's have been performing these test ordering functions as part of the prescribing process. The Wisconsin Department of Regulation and Licensure in conjunction with the Board of Nursing is clarifying the APNP's authority to order such tests.
3. APNP's work within their scope of practice and have a collaborative relationship with one or more physicians. This collaborative relationship is very beneficial to patients because it assures access to care, responsiveness to health conditions and a provides a team of providers.

Position:

1. WNA supports this rule clarification because it continues to provide access to those rural and underserved populations. Not having the ability to order laboratory, X-rays etc. would compromise patient care by causing delays in treatment.
2. This rule allows the APNP to provide services that he/she have been educated to provide. When patients present with health conditions that fall outside the scope of practice for the APNP the collaborating physician is utilized.
3. WNA requests your support for this rule clarification.

For further information: Contact the WNA Office. 1-800-362-3959 or wna@execpc.com

Email: wna@execpc.com

Website: www.execpc.com/~wna/

(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 case management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.

EXHIBIT 7

WAFP SUGGESTION FOR AMENDING N.8.10 WOULD ADD:

(6) To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs, or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the practitioner's professional expertise. This relationship must be evidenced by a written agreement between the advanced practice nurse prescriber and a physician.

*In each
of his presence
as necessary*

State Medical Society of Wisconsin

Working together, advancing the health of the people of Wisconsin



TO: State Senator Rodney Moen, Chair
Members, Senate Committee on Health, Utilities,
Veterans and Military Affairs

FROM: Bruce Kraus, MD

RE: Support for Modifications to Clearinghouse Rule 99-126

DATE: March 15, 2000

Good Afternoon. I am Doctor Bruce Kraus and I am here today on behalf of the members of the State Medical Society of Wisconsin. Senator Moen, thank you very much for scheduling a public hearing on this important issue. We appreciate your willingness, and the willingness of committee members, to listen to suggestions by the State Medical Society to improve Clearinghouse Rule 99-126.

Clearinghouse Rule 99-126 proposes to give advanced practice nurse prescribers the authority to independently order laboratory tests, radiographs and electrocardiograms. The State Medical Society of Wisconsin believes the rule can be written in such a way as to allow advanced practice nurse prescribers to order and interpret these diagnostic tools while more accurately reflecting the practice environment in which physicians and advanced practice nurse prescribers work. The rule should be modified to reflect what happens in day-to-day practice, where the advanced practice nurse prescriber and the physician collaborate to provide high quality patient care.

Rather than providing that advanced practice nurse prescribers **independently** order lab tests, X-rays and EKGs, the State Medical Society proposes that the advanced practice nurse prescriber be able to autonomously order and interpret those same tests when they collaborate with a physician. For purposes of ordering and interpreting these tests, collaboration would be a process in which the advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the advanced practice nurse prescriber's professional expertise, as provided for in jointly developed practice parameters.

Please note – the definition of collaboration does not require physician supervision of the advanced practice nurse prescriber, nor does it require on-site oversight of the advanced practice nurse prescriber's activities. What it does require, however, is that the advanced practice nurse prescriber and the physician determine in advance **and together**, how their relationship will function. This helps to ensure that the individual advanced practice nurse prescriber's training and experience and the physician's specialized knowledge combine to maximize patient safety and the quality of patient care. The collaborative agreement can be tailored to address a range of practice situations, and would be developed jointly by the advanced practice nurse prescriber and the collaborating physician to reflect their particular relationship. **I stress – this is a relationship that both health care professionals have a role in defining.**

In most practice settings involving physicians and advanced practice nurse prescribers, collaboration takes place according to collaborative agreements between the physician and the advanced practice nurse prescriber. An example of such an agreement is attached for your information. The collaborative agreement serves as a safety net for patients, so they don't suffer any harm because the physician and the advanced practice nurse prescriber failed to take appropriate action because neither was aware that such an action was necessary.

Mr. Chairman and members, I appreciate the opportunity to share these thoughts with you. We respectfully request that you ask the Wisconsin Board of Nursing to modify the rules to reflect the suggestions that I have made in my comments to you today. In the event the Board of Nursing refuses to make those modifications, we would ask that the committee formally object to the rule as proposed by the Board of Nursing.

I would be happy to answer any questions you have.

***Collaborative Agreement for Nurse Practitioners
Appendix A***

Prescription Authorization for Non-APNP's Only

[This will be developed by the Nurse Practitioner and Primary Collaborating Physician.]

***Collaborative Agreement for Nurse Practitioners -
Appendix B***

Approved Procedures

The undersigned Nurse Practitioner and Collaborating Physician(s) agree that the Nurse Practitioner is qualified through training and experience to perform the following procedures:
[To be completed by the Nurse Practitioner and Collaborating Physician(s).]

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Collaborating Physician

Date

Nurse Practitioner

Date



TO: State Senator Rodney Moen, Chair
Members, Senate Committee on Health, Utilities,
Veterans and Military Affairs

FROM: M. Colleen Wilson, Legislative Counsel
Public Affairs

RE: Suggested Modification to Clearinghouse Rule 99-126

DATE: March 15, 2000

Following is the language that the State Medical Society of Wisconsin suggests as a modification to Clearinghouse Rule 99-126 related to test ordering by advanced practice nurse prescribers.

The advanced practice nurse prescriber may not independently order or interpret laboratory testing, radiographs or electrocardiograms to assist with the issuing of a prescription order unless the advanced practice nurse prescriber collaborates with a physician.

For purposes of this section, collaborate means a process in which an advanced practice nurse prescriber works with a physician to deliver health care services within the scope of the advanced practice nurse prescriber's professional expertise, as provided for in jointly developed practice parameters.

19055 Benington Drive
Brookfield, Wi 53045
March 12, 2000

Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

Dear Senator Moen,

I am writing to you regarding rule clarification for CR 99-126. I strongly urge you to support CR 99-126 without any changes or additions, allowing Advanced Practice Nurse Prescribers to order diagnostics related to the medications they prescribe.

Advanced Practice Nurse Prescribers do not need stronger collaboration with physicians. In Wisconsin, the APNPs have been working very effectively since 1995. Requiring increased requirements or supervision for APNPs would decrease access to care, increase cost, and decrease the effectiveness of a needed health care provider, especially in the community. The voting public would lose an effective clinician they have learned to depend upon. Health care is no longer only provided in hospitals, or clinics, and certainly the physician does not hold the monopoly on quality patient care.

Advanced Practice Nurse Prescribers do not need, nor should they be obligated to have direct supervision. Unless physicians can be available in every location, 24 hours a day, we need to have clinicians available who can work in the community meeting the public's needs. Oversight is not the exclusive domain of physicians. Several research studies have shown nurse prescribers provide safe care, and are very knowledgeable.

Advanced Practice Nurse Prescribers need to be able to monitor the medications they prescribe by being able to order related diagnostics. That only makes common sense. I urge you to vote to let them do what they know how to do well. Collaboration is working as a team, and communicating, and is not hierarchical.

I hope you will support rule CR99-126 just as it is.

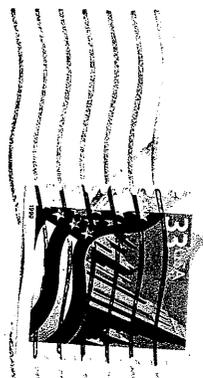
Thank you,

Evie Lant

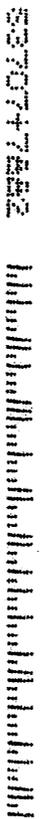
Evie Lant

T M W
no response
all from outside district

19855 Brewington Dr
Brookfield Ct 53045



SEN RODNEY MOEL CHAIR
SENATE HEALT COMM,
P.O. BOX 7882
MADISON WI 53707



53707+7882

828 Redwood Drive
Green Bay, Wis 54304

Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

Dear Senator Moen,

I am writing to you regarding rule clarification for CR 99-126. I am a senior citizen. I have had home health care in the past, including that provided by a nurse prescriber. Although the nurse prescriber was not employed by the physician, she did collaborate closely with my doctor. This nurse prescriber provided safe, effective care to me. I strongly urge you to support CR 99-126 without any changes or additions.

Advanced Practice Nurse Prescribers do not need stronger collaboration with physicians. Doing so would decrease access to care, increase cost, and decrease the effectiveness of a needed health care provider, especially in the community. Health care is no longer only provided in hospitals, or clinics, and certainly the physician does not hold the monopoly on quality patient care.

Collaboration can occur without formal agreements, or direct supervision. Unless physicians can be available in every location, 24 hours a day, we need to have clinicians available who can work in the community meeting the public's needs.

Advanced Practice Nurse Prescribers need to be able to monitor the medications they prescribe by being able to order related diagnostics. That only makes common sense. I urge you to vote to let them do what they know how to do well. Collaboration is working as a team, communicating, not just working under direct supervision.

I hope you will support rule CR99-126 just as it is.

Thank you,



Gertrude M. Sigl

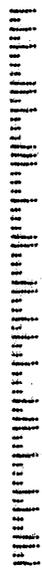
L. Hugh
528 Richmond Dr.
New Bay, W.V.
54304

Senator Rodney Mason, chair
Senate Health Committee

P.O. Box 7882

Madison, W.V. 53707

53707442



2132 N. 118th Street
Milwaukee, Wi 53226
March 12, 2000

Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

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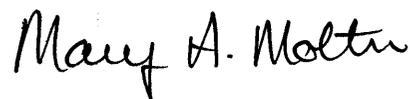
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Advanced Practice Nurse Prescribers need to be able to monitor the medications they prescribe by being able to order related diagnostics. That only makes common sense. I urge you to vote to let them do what they know how to do well. Collaboration is working as a team, communicating, not just working under direct supervision. I believe the physicians are being territorial.

I hope you will support rule CR99-126 just as it is.

Thank you,



Mary Molter

15135 North Ave
Brookfield, Wi 53005
March 12, 2000

Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

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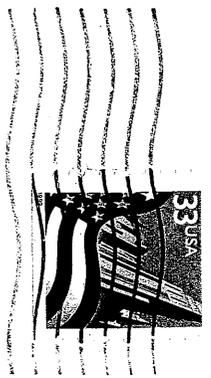
Thank you,



Henierette Schmidt

General Services
15135 North Ave
Southfield MI 48035

Barbara Roddy, Vice Chair
Barbara Roddy Committee
PO Box 7882
Madison WI 53707



53707+7882

3243 S. New York Ave
Milwaukee, Wi 53207
March 12, 2000

Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

Dear Senator Moen,

I am writing to you regarding rule clarification for CR 99-126. I strongly urge you to support CR 99-126 without any changes or additions, allowing Advanced Practice Nurse Prescribers to order diagnostics related to the medications they prescribe. This rule clarifies the APNPs authority, and will provide improved patient and consumer health care. I support this rule clarification as it stands, and I'd like you as well.

Advanced Practice Nurse Prescribers do not need stronger collaboration with physicians. In Wisconsin, the APNPs have been working very effectively since 1995. Requiring increased requirements or supervision for APNPs would decrease access to care, increase cost, and decrease the effectiveness of a needed health care provider, especially in the community. The voting public would lose an effective clinician they have learned to depend upon. Health care is no longer only provided in hospitals, or clinics, and certainly the physician does not hold the monopoly on quality patient care.

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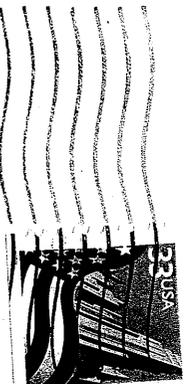
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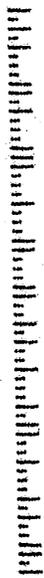
Karen Livingston

Karen Livingston
3243 S. New York Ave
Milwaukee, WI 53207



Senator Rodney Moen, chair
Senate Health Committee
P.O. Box 7882
Madison, WI 53707

53707-7882



3243 S. New York Ave
Milwaukee, Wi 53207
March 12, 2000

Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

Dear Senator Moen,

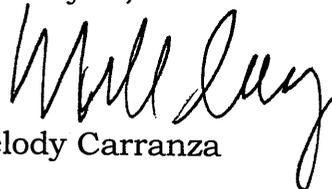
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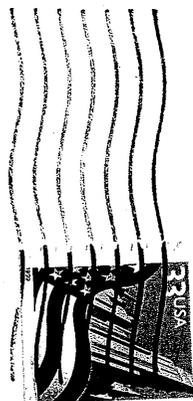
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Thank you,



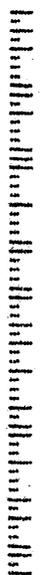
Melody Carranza

Melody Carranza
3243 S. New York Ave
Milwaukee, WI 53207



Senator Rodney Moen, Chair
Senate Health Committee
P.O. Box 7882
Madison, WI 53707

53707X7882



MAR 14 2000

Senate Health Committee
P.O. Box 7882
Madison, WI 53703

March 9, 2000

Jodi Gald RN, APNP
S10571 Strang Hollow Rd.
Lone Rock, WI 53556

Dear Mr. Rodney Moen, Chair;

Hello, my name is Jodi Gald and I am a Nurse Practitioner in a rural Wisconsin community, practicing as an APNP. I am writing to request that the Senate Health Committee support Rule Clarification CR 99-126 as it currently exists without changes or additions. This rule clarification came as a needed addition to the legislation enacted six years ago that allows specially educated nurse practitioners to prescribe medications. This rule afforded Advanced Practice Nurse Prescribers to provide high quality, accessible, comprehensive primary health care by clarifying to our scope of practice, allowing for the ordering or appropriate diagnostic tests in conjunction with providing prescription medications to the people of Wisconsin. Changes in the rule would not only serve to set Advanced Practice Nurses back in time, but would greatly compromise the care of individuals in this state who live in rural and medically under served communities.

I am very proud to be considered an Advanced Nurse Prescriber in Wisconsin and I had to work very hard to obtain this privilege. I have special educational qualifications, and certification that have prepared me to effectively prescribe medications as well as order and interpret diagnostic tests (laboratory and radiology services) that are often needed prior to prescribing medications, or assist me in the monitoring of prescription drug therapy. Nurse Practitioners are highly trained, capable, conscientious, providers of much needed primary health care in rural and medically underserved populations. In the majority of these populations, the only provider available may be a nurse practitioner. Support of the current Rule Clarification CR 99-126 will ensure continued access to quality, affordable, and timely health care in this state.

I currently work in a rural community in a collaborative relationship with a female physician, who is in the office two to three days a week. When she is not there, the people in the community do not have to go without high quality, accessible health care, because I am in the office and can provide 85-90% of the services that she can, without delay. Much valuable time would be lost, something we are already short on in today's health care crisis, by the physician, myself, and patients if I were to have limitations placed on my current ability to order the diagnostics I need to competently prescribe medications. If limitations are placed on nurse practitioners ability to order diagnostics such as lab and x-ray, many patients may be without needed quality health care in the state, and when they do receive care there could be considerable delays. I work closely with my collaborating physician, and when I am in need of her advice or input she is available for me at any time, and as it currently stands, our patients receive excellent health care.

In closing I urge you strongly to support the current Rule Clarification CR 99-126 as it is currently, and continue to support accessible, timely, and quality health care provision in the great State of Wisconsin.

Sincerely,

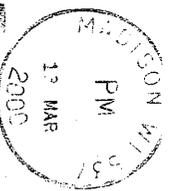


Jodi Gald RN, MS, CS, APNP

**SPRING GREEN
MEDICAL CENTER**

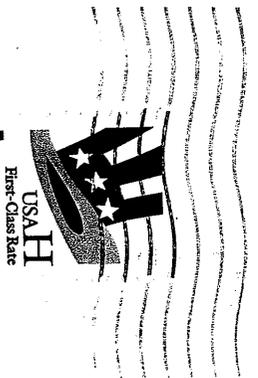
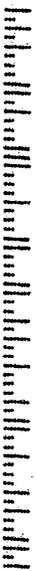
150 East Jefferson Street
Spring Green, WI 53588

Your Complete Family Health Care Center



Mrs. Rodney Meier
Senate Health Committee
PO Box 7882
Madison, WI 538103

537077882



19822 West Good Hope Road
Lannon, Wi 53046
March 11, 2000

Senator Rodney Moen, chair
Senate Health Committee
P.O. Box 7882
Madison, Wi 53707

Dear Senator Moen,

I am writing to you regarding rule clarification for CR 99-126. I have received care provided by a nurse prescriber. Although the nurse prescriber was not employed by the physician, she did collaborate closely with my doctor. This nurse prescriber provided safe, effective care to me. I strongly urge you to support CR 99-126 without any changes or additions.

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I hope you will support rule CR99-126 just as it is.

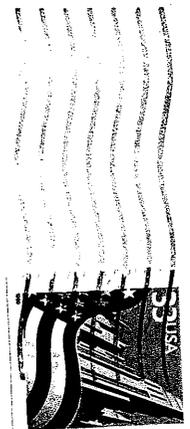
Thank you,



David J. Bronikowski

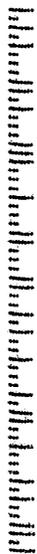


David J. Bronikowski
19822 W. Good Hope Rd.
Lannon, WI 53046-9775



SEN. RODNEY MOEN, CHAIR
SENATE HEALTH COMMITTEE
P.O. BOX 7882
MADISON WI 53707

5370747882



**MARQUETTE**
UNIVERSITY

March 15, 2000

Dear State Senator Moen and Health Committee members:

My name is Leona VandeVusse. I am pleased to have this opportunity to speak **in favor of the amended wording proposed by the Board of Nursing to clarify a portion of the rules governing prescriptive authority for advanced practice nurses (APNs) in the state of Wisconsin.** I am an advanced practice nurse, specifically a certified nurse-midwife, and I hold a PhD degree in the discipline of nursing. I am a faculty member at Marquette University College of Nursing, where I am the director of the Nurse-Midwifery Program (NMP). The NMP is a fully accredited, graduate nursing educational offering that prepares student nurse-midwives, academically and clinically, to be eligible to take the national certification examination while earning a master's degree. Marquette offers a variety of options for preparing other types of APNs, such as adult and older adult nurse practitioners.

APNs are well prepared to provide primary health care for clients, including ordering and interpreting diagnostic tests. Their preparation builds upon their nursing backgrounds with 4 years of undergraduate education, 2 years of graduate education, and substantial clinical experiences. Nurses emphasize health promotion and disease prevention, congruent with the Healthy People national agenda documents. The type of approach used by APNs helps decrease costly complications and the need for high technology care. APN education includes strict adherence to accepted standards of care generated by a variety of national organizations. APNs meet these standards of care and the value of that care has been extensively documented with research.

I was a member of Secretary Cumming's Advanced Practice Nurse Prescription Authority Advisory Committee which met in 1994. I participated in all of the meetings as one of the nursing representatives, along with members from the other 2 disciplines, medicine and pharmacy. I can attest to the fact that representatives from all 3 disciplines worked together in a consensus model, carefully authoring the wording for the recommendations made to the Board of Nursing. For example, Dr. Goodfriend's (1994) presentation emphasized that the application of clinical pharmacotherapeutics was part of a complex, diagnostic reasoning process requiring thorough data gathering, including the selection and interpretation of tests. Prescribers would use all elements of this process in order to make sound clinical decisions to meet client needs and prescribe safely for them.

Considering the various research findings, the value and safety of APN prescribing has been well documented (Avorn et al., 1991). The evidence-based, positive outcomes that have resulted from APN care to vulnerable populations are noteworthy. Numerous study examples justify continuing to facilitate the work of APN providers to increase access (Safriet, 1992). Therefore, I firmly believe that the Board's actions to support the full intent of the scope of APN prescriptive authority is crucial for continued access to health care in Wisconsin. It has been clearly established that APNs have the education, experience, and abilities documented in research and included in their core competencies for certification that are essential to make sound prescribing

determinations, based on comprehensive assessment which includes laboratory and x-ray findings. The Board's proposal also ensures that the results of diagnostic testing arrive expeditiously to the provider who ordered them. Currently, if results are not sent directly to that provider, there can be delay in accurate diagnosis and necessary management planning among members of the health care team. Facilitating APN prescribers use of their well-documented abilities to safely and effectively practice results in positive consequences for the public. Citizens' access to personalized health care is improved, resulting in high patient satisfaction while limiting excessive costs.

It was always clear to me that access to healthcare was an issue motivating the need for prescriptive authority for APNs. Citizens in the state of Wisconsin continue to need enhanced health care access. The original Advisory Committee members sought to avoid inconveniencing clients. It was clearly established that APNs had the education, experience, and abilities documented in research studies (Brown & Grimes, 1995) essential to make prescribing determinations independently. The Board of Nursing's proposed rule change supports patient convenience by avoiding wasted time and energy for clients, physicians, and APNs by eliminating unnecessary redundant activities involved in required diagnostic testing for safe prescribing.

It is important to note that these rules have been in effect for over 5 years and they are working well. APNs have been safe and effective health care providers, without any demonstrated problems, while selecting and interpreting tests. However, the Board of Nursing felt that this one aspect of the rules, dealing with ordering diagnostic testing, needed clarification. I support their wording. I commend the Board of Nursing for their action toward clarifying the issue related to diagnostic testing for Advanced Practice Nurse Prescribers. I am pleased that they moved quickly and efficiently to clarify the meaning of the rules.

Thank you, Senators, for your openness and attention to this matter. The citizens of Wisconsin, your constituents, will benefit by receiving increasingly accessible, high quality, cost effective health care from APNs and other providers working together as a health care team with expertise in varied areas to provide comprehensive care to meet the clients' needs.

If you have additional questions or need clarification, please feel free to contact me at the address above or by telephone at 414-288-3844 or e-mail: leona.vandevusse@marquette.edu. Thank you for your consideration of these matters.

Sincerely,



Leona Vandevusse, PhD, CNM
Director, Nurse-Midwifery Program
Assistant Professor

References

Avorn, J., Everitt, D. E., & Baker, M. W. (1991). The neglected medical history and therapeutic choices for abdominal pain: A nationwide study of 799 physicians and nurses. Archives of Internal Medicine, 151, 694-698.

Brown, S. A., & Grimes, D. E. (1995). A meta-analysis of nurse practitioners and nurse-midwives in primary care. Nursing Research, 44, 332-339.

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Safriet, B. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. Yale Journal of Regulation, 9, 417-488.



WISCONSIN LEGISLATIVE COUNCIL STAFF MEMORANDUM

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DATE: March 14, 2000
TO: SENATOR RODNEY C. MOEN
FROM: Laura Rose, Senior Staff Attorney
SUBJECT: Statutory Authority Relating to Prescription Privileges of Nurses

This memorandum, prepared at your request, describes the statutory basis for the authority of nurses to prescribe drugs.

Section 441.16, Stats., governs the prescription privileges of nurses. A copy of this statute is attached to this memorandum for your reference (see Attachment 1).

This statute requires the Board of Nursing to grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training and examination requirements established by the Board of Nursing and who pays the required fee.

The statute requires the Board of Nursing to promulgate rules which govern prescription privileges of nurses. The rules must include provisions which do the following:

1. Establish the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. These rules must require a registered nurse to have education, training or experience that is in addition to that required for licensure as a registered nurse.

2. Establish the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.

3. Define the scope of practice within which an advanced practice nurse may issue prescription orders.

4. Specify the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.

5. Specify conditions to be met for a registered nurse to administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders, or to administer a drug at the direction of an advanced practice nurse who is certified to issue prescription orders.

6. Establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education.

7. Establish the minimum amount of malpractice liability insurance coverage that an advanced practice nurse must have if he or she is certified to issue prescription orders. These rules must be promulgated in consultation with the Commissioner of Insurance.

Advanced practice nurses who are certified to issue prescription orders are prohibited from delegating the act of issuing a prescription order to any nurse who is not certified to issue prescription orders. Nothing in the statute prohibits a nurse from issuing a prescription order as an act delegated by a physician.

An advanced practice nurse who is certified to issue prescription orders must annually submit evidence to the Board of Nursing that he or she has malpractice liability insurance coverage in effect, in the minimum amounts required by the rules of the Board of Nursing.

Chapter N 8, Wis. Adm. Code, sets forth requirements for issuance of prescriptions by advanced practice nurses. Chapter N 8 is also attached to this memorandum (see Attachment 2).

Please do not hesitate to contact me at the Legislative Council Staff offices if you need any further information on this issue.

LR:jal:tlu;wu

Attachments

Section 441.16, Stats.

441.16 Prescription privileges of nurses. (1) In this section:

- (a) "Device" has the meaning given in s. 450.01 (6).
- (b) "Drug" has the meaning given in s. 450.01 (10) and includes all of the following:
 - 1. Prescription drugs, as defined in s. 450.01 (20) (a).
 - 2. Controlled substances, as defined in s. 961.01 (4).
- (c) "Prescription order" has the meaning given in s. 450.01 (21).

(2) The board shall grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1).

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

(a) Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.

(am) Establishing the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.

(b) Defining the scope of practice within which an advanced practice nurse may issue prescription orders.

(c) Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.

(cm) Specifying the conditions to be met for a registered nurse to do the following:

1. Administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders.

2. Administer a drug at the direction of an advanced practice nurse who is certified to issue prescription orders.

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education.

(e) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice nurse shall have if he or she is certified to issue prescription orders. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

(4) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

(5) An advanced practice nurse who is certified to issue prescription orders may not delegate the act of issuing a prescription order to any nurse who is not certified to issue prescription orders.

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician.

Chapter N 8

CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

N 8.01	Authority and intent	N 8.06	Prescribing limitations
N 8.02	Definitions	N 8.07	Prescription orders
N 8.03	Qualifications for certification as an advanced practice nurse prescriber	N 8.08	Malpractice insurance coverage
N 8.04	Application procedure	N 8.09	Dispensing
N 8.05	Continuing education	N 8.10	Case management and collaboration with other health care professionals

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 441.16, 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.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

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;

(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 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.

(3) "Board" means the board of nursing.

(4) "Clinical pharmacology/therapeutics" means the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, 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.

(7) "Patient health care record" has the meaning given under s. 146.81 (4), Stats.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.03 Qualifications for certification as an advanced practice nurse prescriber. An applicant for initial certification to issue prescription orders shall be granted a certificate by the board if the applicant complies with all of the following:

(1) Has a current license to practice as a professional nurse in this state.

(2) 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.

(3) 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, holds a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.

(4) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders.

(5) Has passed a jurisprudence examination for advanced practice nurse prescribers.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.04 Application procedure. An applicant for a certificate to practice as an advanced practice nurse prescriber shall file a completed notarized application on a form provided by the board. The application shall include:

(1) The signature of the applicant.

(2) The fee specified under s. 440.05 (1), Stats.

(3) 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.

(4) 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, certification of the grant of a master's degree in nursing or a related health field from, and submitted directly to the board by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.

(5) Satisfactory evidence of completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate.

Note: Application forms are available on request to the Board of Nursing, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall submit to the board evidence of having completed an average of at least 8 contact hours per year in clinical pharmacology/therapeutics relevant to the advanced practice nurse prescriber's area of practice.

(2) Evidence of completion of continuing education meeting the requirements of sub. (1) shall be submitted to the board on a schedule consistent with the schedule for submission of evidence of continuing education hours established by the advanced practice nurse prescriber's national certifying body.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

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. 161.16 (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 hyperkinesia.

(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, in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16 (3) (cm), Stats., present evidence to the nurse and 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.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.07 Prescription orders. (1) Prescription orders issued by an advanced practice 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 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 nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be typewritten, and shall contain the practitioner's controlled substances number.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

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 employe 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 employe 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.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(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).

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; r. and recr. (1), renum. (2) to be (5) and cr. (2), (3) and (4), Register, October, 1996, No. 490, eff. 11-1-96.

N 8.09 Dispensing. (1) Except as provided in sub. (2), advanced practice nurse prescribers 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 nurse prescriber may dispense drugs to a patient if the treatment facility at which the patient is treated is located at least 30 miles from the nearest pharmacy.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.10 Case management and collaboration with other health care professionals. (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician, 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.

(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 case management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.