

2003 DRAFTING REQUEST

Bill

Received: 02/27/2003

Received By: dkennedy

Wanted: As time permits

Identical to LRB:

For: Robert Cowles (608) 266-0484

By/Representing: Jennifer Halbur (aide)

This file may be shown to any legislator: NO

Drafter: dkennedy

May Contact:

Addl. Drafters: mkunkel
mshovers

Subject: Health - facility licensure
Health - miscellaneous
Health - public health

Extra Copies: RLR

Submit via email: YES

Requester's email: Sen.Cowles@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Advanced Practice Nurse Prescribers

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	dkennedy 05/02/2003	jdyer 05/02/2003		_____			S&L
		jdyer 05/05/2003		_____			

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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/1	dkennedy 07/02/2003	jdye 07/07/2003	pgreensl 07/15/2003	_____	lemery 07/15/2003	sbasford 08/12/2003	
		jdye 07/15/2003		_____		sbasford 08/12/2003	

FE Sent For:

<END>

At
intro.

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mshovers

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Pre Topic:

No specific pre topic given

Topic:

Advanced Practice Nurse Prescribers

Instructions:

See Attached

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1/?	dkennedy 05/02/2003	jdyer 05/02/2003 jdyer 05/05/2003	7/15 PK	7/15 PK			S&L
		17/5 jld					

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Drafter: dkennedy

May Contact:

Addl. Drafters: mkunkel
mshovers

Subject: Health - facility licensure
Health - miscellaneous
Health - public health

Extra Copies: RLR, MDK

Submit via email: YES

Requester's email: Sen.Cowles@legis.state.wi.us

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:


Advanced Practice Nurse Prescribers

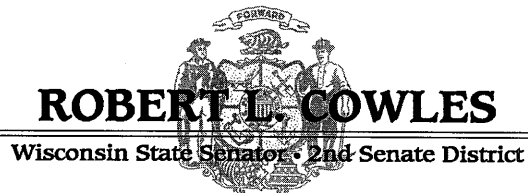
Instructions:

See Attached

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1/?	dkennedy	1/1 5/4 jlw	5/1/3 pg	5/5 PST			

FE Sent For:  <END>



MEMBER:
Environmental Resources Committee
Health, Utilities, Veterans and
Military Affairs Committee
Joint Committee for Review of
Administrative Rules

February 27, 2003

To: Debora Kennedy

From: Jennifer Halbur

Re: Bill Draft Request

Please reference Advanced Practice Nurse Prescribers in the statutes indicated on the attached page.

Thank you for your help on this draft. Please let me know if you have any questions or need further direction. I can be reached at 266-0484.



Wisconsin Nurses Association

Goal: To "clean up" existing WI Statues to Reflect Current Advanced Practice Nurse Prescriber (APNP) Practice

advanced practice nurse certified under s. 441.16

Areas of Statute Revision

Nursing Homes & Hospitals

- Chapter 50.09(1)(a) (intro.) Nursing Homes (Right to privacy)
50.09(1)(f) 1
50.09(1)(h)
50.09(1)(k)
50.49(1)(b) (intro.)

Property Taxes

- Chapter 70.47(8) (intro.) Hearing on Appealing Tax Assessment

Miscellaneous Health Provisions

- Chapter 146.82(3)(a) Disclosure of medical information

Communicable Diseases (Sexually Transmitted)

- Chapter 252.07(8)(a) 2. Reporting privileges
252.07 (9)(c)
~~252.11(10)~~
252.11(1m)
252.11(2)
252.11(4)
252.11(5)
252.11(7)
252.11(10)
252.12(2)(a) 3. (intro.)
252.15(2)(a) 7.ak.
252.15(5)(a) 11.
252.15(5)(a) 12.b.

252.15(5)(a)14.
252.15~~(5)~~(5m)(a)
252.15~~(5)~~(5m)(b)
252.15~~(5)~~(5m)(c)
252.15(7m) (i.v.) +(b)
252.16(3)(c) (i.v.)
252.17(3)(c) (i.v.)
252.18
252.23(5)
252.24(5)

Medical Examining Board

Chapter	448.56(1) 448.67(2)	Order Physical Therapy
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Pharmacy Examining Board

Chapter	450.01(16)(h) 450.11(7)(b) CR; 450.11(8)(e) 450.13(5)	Accepting prescription orders
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D-NOTE

DAK:.....

Jld

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1

Gen

AN ACT ...; relating to: authorizing medically related actions by certified advanced practice nurses.

if the spouse

2

Analysis by the Legislative Reference Bureau

Under current law, the Nursing Board grants certificates to issue prescription orders to advanced practice nurses who meet education, training, and examination requirements of the Nursing Board.

Numerous provisions under current law authorize physicians or other health care professionals to act under specified circumstances and to affect individuals by these authorized actions, including all of the following:

1. Unless medically contraindicated as documented by a nursing home or community-based residential facility resident's physician in the resident's medical record, the resident has the right to private and unrestricted communications with his or her family, physician, attorney, and others; to share a room with his or her spouse who is also a resident; to participate in activities of social, religious, and community groups; and to be free from chemical and physical restraints.

2. Home health services that are provided to an individual by a home health agency must be those specified under a plan for furnishing the services that is established and periodically reviewed by a physician.

3. For hearings before the local board of review concerning assessments of property taxes, an ill or disabled person who presents to the board a letter from a physician or osteopath confirming the illness or disability may present testimony by telephone.

4. Under laws relating to confidentiality of patient health care records, a physician who treats a patient whose physical or mental condition, in the physician's

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judgment, [✓] affects his or her ability to exercise reasonable and ordinary control over a motor vehicle may, without the patient's informed consent, report the patient's name and other information to the Department of Transportation. [✓]

5. Under laws relating to communicable diseases:

a. The Department of Health and Family Services (DHFS) [✓] may order an individual who has a confirmed diagnosis of infectious tuberculosis or symptoms indicative of tuberculosis confined to a facility if several conditions are met, including notifying a court of the confinement and providing to the court a physician's written statement affirming the tuberculosis or symptoms.

b. If a court orders confinement of an individual with infectious tuberculosis or symptoms indicative of tuberculosis, the individual must remain confined until DHFS or a local health officer, with the concurrence of a treating physician, determines that treatment is complete or that the individual is no longer a public health threat.

* ^a c. A physician or other health care professional who attends a person infected with sexually transmitted disease must report the disease to the local health officer and to DHFS; the physician may examine, diagnose, and treat a minor infected with a sexually transmitted disease without obtaining consent of the minor's parents or guardian.

d. If, following a request by an officer of DHFS or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician ^{or treatment}, the DHFS officer ^{or} local health officer may have the person committed to an institution for examination, treatment, or observation.

* e. If a person with a sexually transmitted disease ~~will~~ ceases or refuses treatment before reaching what is in a physician's opinion the noncommunicable stage, the physician must notify DHFS, and the person may be committed for treatment by DHFS, a local health officer, or a court.

f. If a physician has reported to DHFS a case of sexually transmitted disease, information regarding the disease and its treatment is not privileged before a court.

g. The State Laboratory of Hygiene must examine specimens for the diagnosis of sexually transmitted disease for any physician or local health officer and must report positive results to the local health officer and DHFS.

h. DHFS must promote public awareness of the risk of contracting human immunodeficiency virus [✓] (HIV, the virus that causes acquired immunodeficiency syndrome, ~~AIDS~~) by developing and distributing information to, among other places, offices of physicians.

i. If certain individuals, including emergency medical technicians, fire fighters, state patrol officers, jailers, emergency care givers, and coroners, receive a significant exposure (sustain a contact that has a potential for transmission of HIV), the person to whom they are significantly exposed may be compelled to be tested for the presence of HIV, and the test results may be provided to the affected individual; one of the conditions that must be met is that a physician determines and certifies in writing that the individual has been significantly exposed.

j. Positive results of a test for the presence of HIV that is administered to a corpse may be provided by the individual's attending physician to persons whom the physician knows have had sexual contact or shared intravenous drug use paraphernalia with the deceased person, to emergency caregivers, and to funeral directors, coroners, and medical examiners who prepare a corpse for burial or perform an autopsy and are significantly exposed, as determined by a physician.

k. If a local health officer or DHFS officer requires it, a person who is employed in the handling of food products or is suspected of having a disease in a form that is communicable by food handling must submit to an examination by the officer or by a physician.

L. Regulations of tattooists and body piercers do not apply to a dentist or physician who tattoos or pierces the bodies of persons in the course of the dentist's or physician's professional practice.

6. Under occupational regulation laws relating to physical therapists, a physical therapist may practice only on the written referral of a physician, chiropractor, dentist, or podiatrist, except under certain conditions, including providing services to an individual for a previously diagnosed medical condition after informing the individual's physician, chiropractor, dentist, or podiatrist.

7. Under occupational regulation laws relating to podiatrists, a podiatrist who renders chargeable services to, among others, a patient or physician, must render ~~an~~ ^a ~~individual~~ statement of the charge directly to the person served.

8. Under laws relating to the practice of pharmacy, current law does the following:

a. Defines the term "practice of pharmacy" to include making therapeutic alternate drug selections in accordance with written guidelines or procedures approved by a hospital or by a physician for his or her patients for hospital stay.

b. Prohibits from use as a privileged communication information that is communicated to a physician in an effort unlawfully to procure a prescription drug.

c. Requires the enforcement of these laws that apply to physicians to be the responsibility of the Department of Regulation and Licensing and the Medical Examining Board.

d. Exempts from certain requirements for information that must be provided when dispensing a drug product equivalent the use of drug product equivalents in hospitals in accordance with guidelines approved by, among others, the patient's physician.

This bill adds the term "advanced practice nurse" to current laws that ~~relate to certain actions by physicians.~~

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

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

SECTION 1. 50.01 (1) (b) of the statutes is created to read:

authorize physicians to act under specified circumstances and to affect individuals by these authorized actions

① 50.01 (1) (b) ^m “Advanced practice nurse” means an advanced practice nurse who
 2 is certified under s. 441.16. ✓

3 SECTION 2. 50.09 (1) (a) (intro.) of the statutes is amended to read:

4 50.09 (1) (a) (intro.) Private and unrestricted communications with the
 5 resident’s family, physician, advanced practice nurse, attorney, and any other person,
 6 unless medically contraindicated as documented by the resident’s physician or by the
 7 resident’s advanced practice nurse ✓ in the resident’s medical record, except that
 8 communications with public officials or with the resident’s attorney shall not be
 9 restricted in any event. The right to private and unrestricted communications shall
 10 include, but is not limited to, the right to:

11 History: 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175.

12 SECTION 3. 50.09 (1) (f) 1. of the statutes is amended to read:

13 50.09 (1) (f) 1. Privacy for visits by spouse. ✓ If both spouses are residents of the
 14 same facility, they shall be permitted to share a room unless medically
 15 contraindicated as documented by the resident’s physician or by the resident’s
advanced practice nurse ✓ in the resident’s medical record.

16 History: 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175.

17 SECTION 4. 50.09 (1) (h) of the statutes is amended to read:

18 50.09 (1) (h) Meet with, and participate in activities of social, religious, and
 19 community groups at the resident’s discretion, unless medically contraindicated as
 20 documented by the resident’s physician or by the resident’s advanced practice nurse
 in the resident’s medical record.

21 History: 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175.

22 SECTION 5. 50.09 (1) (k) of the statutes is amended to read:

23 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical
 24 and physical restraints except as authorized in writing by a physician or by an
advanced practice nurse ✓ for a specified and limited period of time and documented

1 in the resident's medical record. Physical restraints may be used in an emergency
 2 when necessary to protect the resident from injury to himself or herself or others or
 3 to property. However, authorization for continuing use of the physical restraints
 4 shall be secured from a physician or from an advanced practice nurse within 12
 5 hours. Any use of physical restraints shall be noted in the resident's medical records.

6 "Physical restraints" includes, but is not limited to, any article, device, or garment
 7 ~~which~~ ^{that} interferes with the free movement of the resident and ~~which~~ ^{that} the resident is
 8 unable to remove easily, and confinement in a locked room.

9 History: 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175.

SECTION 6. 50.49 (1) (b) (intro.) of the statutes is amended to read:

10 50.49 (1) (b) (intro.) "Home health services" means the following items and
 11 services that are furnished to an individual, who is under the care of a physician, by
 12 a home health agency or by others under arrangements made by the home health
 13 agency, that are under a plan for furnishing those items and services to the
 14 individual that is established and periodically reviewed by a physician or by an
 15 advanced practice nurse and that are, except as provided in subd. 6., provided on a
 16 visiting basis in a place of residence used as the individual's home:

17 History: 1981 c. 93 ss. 162 to 166, 184; 1989 a. 31, 316; 1993 a. 27 s. 279; Stats. 1993 s. 50.49; 1993 a. 482; 1995 a. 225; 1997 a. 27, 237; 1999 a. 9, 83.

SECTION 7. 70.47 (8) (intro.) of the statutes is amended to read:

18 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
 19 appear before it in relation to the assessment. The board shall hear upon oath, by
 20 telephone, all ill or disabled persons who present to the board a letter from a
 21 physician, ~~surgeon or osteopath,~~ ^{or} advanced practice nurse certified under s. 441.16
 22 that confirms their illness or disability. The board at such hearing shall proceed as
 23 follows:

History: 1973 c. 90; 1975 c. 151, 199, 427; 1977 c. 29 ss. 755, 1647 (8); 1977 c. 273; 1977 c. 300 ss. 2, 8; 1977 c. 414; 1979 c. 34 ss. 878 to 880, 2102 (46) (b); 1979 c. 95, 110, 355; 1981 c. 20, 289; 1983 a. 192, 219, 432; 1985 a. 39; 1985 a. 120 ss. 155, 3202 (46); 1985 a. 188 s. 16; 1987 a. 27, 139, 254, 378, 399; 1989 a. 31; 1991 a. 39, 156, 218, 315, 316; 1993 a. 82, 307; 1997 a. 237, 252, 283; 2001 a. 109.

1 SECTION 8. 146.82 (3) (a) of the statutes is amended to read:

2 146.82 (3) (a) Notwithstanding sub. (1), a physician or an advanced practice
3 nurse certified under s. 441.16 who treats a patient whose physical or mental
4 condition in the physician's or advanced practice nurse's judgment affects the patient's
5 ability to exercise reasonable and ordinary control over a motor vehicle may report
6 the patient's name and other information relevant to the condition to the department
7 of transportation without the informed consent of the patient.

History: 1979 c. 221; 1983 a. 398; 1985 a. 29, 241, 332, 340; 1987 a. 40, 70, 127, 215, 233, 380, 399; 1989 a. 31, 102, 334, 336; 1991 a. 39; 1993 a. 16, 27, 445, 479; 1995 a. 98, 169, 417; 1997 a. 35, 114, 231, 272, 292, 305; 1999 a. 32, 78, 83, 114, 151; 2001 a. 38, 59, 69, 105.

8 SECTION 9. 252.01 (1c) of the statutes is created to read:

9 252.01 (1c) "Advanced practice nurse" means an advanced practice nurse who
10 is certified under s. 441.16.

11 SECTION 10. 252.07 (8) (a) 2. of the statutes is amended to read:

12 252.07 (8) (a) 2. The department or local health officer provides to the court a
13 written statement from a physician or an advanced practice nurse that the
14 individual has infectious tuberculosis or suspect tuberculosis.

History: 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490; 1999 a. 9 ss. 2400rg to 2400rp, 2400ru.

15 SECTION 11. 252.07 (9) (c) of the statutes is amended to read:

16 252.07 (9) (c) If the court orders confinement of an individual under this
17 subsection, the individual shall remain confined until the department or local health
18 officer, with the concurrence of a treating physician or an advanced practice nurse,
19 determines that treatment is complete or that the individual is no longer a
20 substantial threat to himself or herself or to the public health. If the individual is
21 to be confined for more than 6 months, the court shall review the confinement every
22 6 months.

History: 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490; 1999 a. 9 ss. 2400rg to 2400rp, 2400ru.

23 SECTION 12. 252.11 (1m) of the statutes is amended to read:

1 252.11 (1m) A physician, an advanced practice nurse✓, or ~~other~~ another health
2 care professional called to attend a person infected with any form of sexually
3 transmitted disease, as specified in rules promulgated by the department, shall
4 report the disease to the local health officer and to the department in the manner
5 directed by the department in writing on forms furnished by the department. A
6 physician or advanced practice nurse✓ may treat a minor infected with a sexually
7 transmitted disease or examine and diagnose a minor for the presence of such a
8 disease without obtaining the consent of the minor's parents or guardian. The
9 physician or advanced practice nurse✓ shall incur no civil liability solely by reason of
10 the lack of consent of the minor's parents or guardian.

History: 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188.

11 **SECTION 13.** 252.11 (2) of the statutes is amended to read:

12 252.11 (2) An officer of the department or a local health officer having
13 knowledge of any reported or reasonably suspected case or contact of a sexually
14 transmitted disease for which no appropriate treatment is being administered, or of
15 an actual contact of a reported case or potential contact of a reasonably suspected
16 case, shall investigate or cause the case or contact to be investigated as necessary.
17 If, following a request of an officer of the department or a local health officer, a person
18 reasonably suspected of being infected with a sexually transmitted disease refuses
19 or neglects examination by a physician ^{by} or an advanced practice nurse✓ or treatment,
20 an officer of the department or a local health officer may proceed to have the person
21 committed under sub. (5) to an institution or system of care for examination,
22 treatment or observation.

History: 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188.

23 **SECTION 14.** 252.11 (4) of the statutes is amended to read:

1 252.11 (4) If a person infected with a sexually transmitted disease ceases or
 2 refuses treatment before reaching what in the a physician's or an advanced practice
 3 nurse's opinion is the noncommunicable stage, the physician or advanced practice
 4 nurse shall notify the department. The department shall without delay take the
 5 necessary steps to have the person committed for treatment or observation under
 6 sub. (5), or shall notify the local health officer to take these steps.

History: 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188.

7 **SECTION 15.** 252.11 (5) of the statutes is amended to read:

8 252.11 (5) Any court of record may commit a person infected with a sexually
 9 transmitted disease to any institution or may require the person to undergo a system
 10 of care for examination, treatment, or observation if the person ceases or refuses
 11 examination, treatment, or observation under the supervision of a physician or an
 12 advanced practice nurse. The court shall summon the person to appear on a date at
 13 least 48 hours, but not more than 96 hours, after service if an officer of the
 14 department or a local health officer petitions the court and states the facts
 15 authorizing commitment. If the person fails to appear or fails to accept commitment
 16 without reasonable cause, the court may cite the person for contempt. The court may
 17 issue a warrant and may direct the sheriff, any constable, or any police officer of the
 18 county immediately to arrest the person and bring the person to court if the court
 19 finds that a summons will be ineffectual. The court shall hear the matter of
 20 commitment summarily. Commitment under this subsection continues until the
 21 disease is no longer communicable or until other provisions are made for treatment
 22 that satisfy the department. The certificate of the petitioning officer is prima facie

1 evidence that the disease is no longer communicable or that satisfactory provisions
2 for treatment have been made.

History: 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188.

3 **SECTION 16.** 252.11 (7) of the statutes is amended to read:

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

History: 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188.

13 **SECTION 17.** 252.11 (10) of the statutes is amended to read:

14 252.11 (10) The state laboratory of hygiene shall examine specimens for the
15 diagnosis of sexually transmitted diseases for any physician, advanced practice
16 nurse, or local health officer in the state, and shall report the positive results of the
17 examinations to the local health officer and to the department. All laboratories
18 performing tests for sexually transmitted diseases shall report all positive results to
19 the local health officer and to the department, with the name of the physician or
20 advanced practice nurse to whom reported.

History: 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188.

21 **SECTION 18.** 252.12 (2) (a) 3. (intro.) of the statutes is amended to read:

22 252.12 (2) (a) 3. 'Statewide public education campaign.' (intro.) The
23 department shall promote public awareness of the risk of contracting HIV and

1 related infections and measures for HIV and related infections protection by
 2 development and distribution of information through clinics providing family
 3 planning services, as defined in s. 253.07 (1) (b), offices of physicians [✓] and advanced
 4 practice nurses and clinics for sexually transmitted diseases and by newsletters,
 5 public presentations or other releases of information to newspapers, periodicals,
 6 radio and television stations and other public information resources. The
 7 information shall be targeted at individuals whose behavior puts them at risk of
 8 contracting HIV and related infections and shall encompass the following topics:

History: 1987 a. 27, 70, 399; 1989 a. 31, 201, 336; 1991 a. 39, 80; 1993 a. 16; 1993 a. 27 ss. 318, 319, 321, 323; Stats. 1993 s. 252.12; 1995 a. 27; 1997 a. 27, 79; 1999 a. 9; 2001 a. 16.

9 **SECTION 19.** 252.15 (2) (a) 7. ak. of the statutes is amended to read:

10 252.15 (2) (a) 7. ak. A physician or an advanced practice nurse, [✓] based on
 11 information provided to the physician or advanced practice nurse, [✓] determines and
 12 certifies in writing that the affected person has been significantly exposed. The
 13 certification shall accompany the request for testing and disclosure. If the affected
 14 person who is significantly exposed is a physician [✓] or an advanced practice nurse, he
 15 or she may not make this determination or certification. The information that is
 16 provided to a physician or an advanced practice nurse, [✓] to document the occurrence
 17 of a significant exposure and the physician's [✓] or advanced practice nurse's
 18 certification that an affected person has been significantly exposed, under this subd.
 19 7. ak., shall be provided on a report form that is developed by the department of
 20 commerce under s. 101.02 (19) (a) or on a report form that the department of
 21 commerce determines, under s. 101.02 (19) (b), is substantially equivalent to the
 22 report form that is developed under s. 101.02 (19) (a).

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 256; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

23 **SECTION 20.** 252.15 (5) (a) 11. of the statutes is amended to read:

1 252.15 (5) (a) 11. To a person, including a person exempted from civil liability
2 under the conditions specified under s. 895.48, who renders to the victim of an
3 emergency or accident emergency care during the course of which the emergency
4 caregiver is significantly exposed to the emergency or accident victim, if a physician
5 or an advanced practice nurse, based on information provided to the physician or
6 advanced practice nurse, determines and certifies in writing that the emergency
7 caregiver has been significantly exposed and if the certification accompanies the
8 request for disclosure.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

9 **SECTION 21.** 252.15 (5) (a) 12. b. of the statutes is amended to read:

10 252.15 (5) (a) 12. b. The coroner, medical examiner, or appointed assistant is
11 significantly exposed to a person whose death is under direct investigation by the
12 coroner, medical examiner, or appointed assistant, if a physician or an advanced
13 practice nurse, based on information provided to the physician or advanced practice
14 nurse, determines and certifies in writing that the coroner, medical examiner, or
15 appointed assistant has been significantly exposed and if the certification
16 accompanies the request for disclosure.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

17 **SECTION 22.** 252.15 (5) (a) 14. of the statutes is amended to read:

18 252.15 (5) (a) 14. If the test results of a test administered to an individual are
19 positive and the individual is deceased, by the individual's attending physician or
20 advanced practice nurse, to persons, if known to the physician or advanced practice
21 nurse, with whom the individual has had sexual contact or has shared intravenous
22 drug use paraphernalia.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

SECTION 23. 252.15 (5m) (a) of the statutes is amended to read:

252.15 (5m) (a) If a person, including a person exempted from civil liability under the conditions specified under s. 895.48, who renders to the victim of an emergency or accident emergency care during the course of which the emergency caregiver is significantly exposed to the emergency or accident victim and the emergency or accident victim subsequently dies prior to testing for the presence of HIV, antigen or nonantigenic products of HIV or an antibody to HIV, ~~and~~ if a physician or an advanced practice nurse, based on information provided to the physician or advanced practice nurse, determines and certifies in writing that the emergency caregiver has been significantly exposed; and if the certification accompanies the request for testing and disclosure. Testing of a corpse under this paragraph shall be ordered by the coroner, medical examiner or physician who certifies the victim's cause of death under s. 69.18 (2) (b), (c) or (d).

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

SECTION 24. 252.15 (5m) (b) of the statutes is amended to read:

252.15 (5m) (b) If a funeral director, coroner, medical examiner or appointed assistant to a coroner or medical examiner who prepares the corpse of a decedent for burial or other disposition or a person who performs an autopsy or assists in performing an autopsy is significantly exposed to the corpse, and if a physician or an advanced practice nurse, based on information provided to the physician or advanced practice nurse, determines and certifies in writing that the funeral director, coroner, medical examiner or appointed assistant has been significantly exposed and if the certification accompanies the request for testing and disclosure. Testing of a corpse under this paragraph shall be ordered by the attending physician or the attending

1 advanced practice nurse of the funeral director, coroner, medical examiner, or
2 appointed assistant who is so exposed.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

3 **SECTION 25. 252.15 (5m) (c)** of the statutes is amended to read:

4 252.15 (5m) (c) If a health care provider or an agent or employee of a health
5 care provider is significantly exposed to the corpse or to a patient who dies
6 subsequent to the exposure and prior to testing for the presence of HIV, antigen or
7 nonantigenic products of HIV or an antibody to HIV, and if a physician or an
8 advanced practice nurse who is not the health care provider, based on information
9 provided to the physician or advanced practice nurse, determines and certifies in
10 writing that the health care provider, agent or employee has been significantly
11 exposed and if the certification accompanies the request for testing and disclosure.
12 Testing of a corpse under this paragraph shall be ordered by the physician or
13 advanced practice nurse who certifies that the significant exposure has occurred.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

14 **SECTION 26. 252.15 (7m) (intro.)** of the statutes is amended to read:

15 252.15 (7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,
16 validated test result is obtained from a test subject, the test subject's physician or
17 advanced practice nurse who maintains a record of the test result under sub. (4) (c)
18 may report to the state epidemiologist the name of any person known to the physician
19 or advanced practice nurse to have been significantly exposed to the test subject, only
20 after the physician or advanced practice nurse has done all of the following:

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

21 **SECTION 27. 252.15 (7m) (b)** of the statutes is amended to read:

1 252.15 (7m) (b) Notified the test subject that the name of any person known
 2 to the physician or advanced practice nurse ✓ to have been significantly exposed to the
 3 test subject will be reported to the state epidemiologist.

History: 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105.

4 **SECTION 28.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

5 252.16 (3) (c) (intro.) Has submitted to the department a certification from a
 6 physician, as defined in s. 448.01 (5), or from an advanced practice nurse ✓ of all of the
 7 following:

History: 1989 a. 336; 1991 a. 269; 1993 a. 16 ss. 2587, 2588; 1993 a. 27 ss. 386 to 389; Stats. 1993 s. 252.16; 1993 a. 491; 1995 a. 27; 1997 a. 27; 2001 a. 38.

8 **SECTION 29.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

9 252.17 (3) (c) (intro.) Has submitted to the department a certification from a
 10 physician, as defined in s. 448.01 (5), or from an advanced practice nurse ✓ of all of the
 11 following:

History: 1991 a. 269; 1993 a. 16 ss. 2589, 2590; 1993 a. 27 ss. 390 to 394; Stats. 1993 s. 252.17; 1993 a. 491; 1997 a. 27; 1999 a. 103.

12 **SECTION 30.** 252.18 of the statutes is amended to read:

13 **252.18 Handling foods.** No person in charge of any public eating place or
 14 other establishment where food products to be consumed by others are handled may
 15 knowingly employ any person handling food products who has a disease in a form
 16 that is communicable by food handling. If required by the local health officer or any
 17 officer of the department for the purposes of an investigation, any person who is
 18 employed in the handling of foods or is suspected of having a disease in a form that
 19 is communicable by food handling shall submit to an examination by the officer or
 20 by a physician or advanced practice nurse ✓ designated by the officer. The expense of
 21 the examination, if any, shall be paid by the person examined. Any person knowingly
 22 infected with a disease in a form that is communicable by food handling who handles
 23 food products to be consumed by others and any persons knowingly employing or

1 permitting such a person to handle food products to be consumed by others shall be
2 punished as provided by s. 252.25.

3 History: 1981 c. 291; 1993 a. 27 s. 298; Stats. 1993 s. 252.18.

3 **SECTION 31.** 252.23 (5) of the statutes is amended to read:

4 252.23 (5) EXCEPTION. This section does not apply to a dentist who is licensed
5 under s. 447.03 (1) ~~or~~^q to a physician, or to an advanced practice nurse[✓] who tattoos
6 or offers to tattoo a person in the course of the ~~dentist's or physician's~~ professional
7 practice of the dentist, physician, or advanced practice nurse[✓].

8 History: 1995 a. 468; 1997 a. 191, 237.

8 **SECTION 32.** 252.24 (5) of the statutes is amended to read:

9 252.24 (5) EXCEPTION. This section does not apply to a dentist who is licensed
10 under s. 447.03 (1) ~~or~~^j to a physician, or to an advanced practice nurse who pierces
11 the body of or offers to pierce the body of a person in the course of the ~~dentist's or~~
12 ~~physician's~~ professional practice of the dentist, physician[✓], or advanced practice
13 nurse.

14 History: 1995 a. 468; 1997 a. 191, 237; 1999 a. 32.

14 **SECTION 33.** 343.16 (5) (a) of the statutes is amended to read:

15 343.16 (5) (a) The secretary may require any applicant for a license or any
16 licensed operator to submit to a special examination by such persons or agencies as
17 the secretary may direct to determine incompetency, physical or mental disability,
18 disease or any other condition which might prevent such applicant or licensed person
19 from exercising reasonable and ordinary control over a motor vehicle. When the
20 department requires the applicant to submit to an examination, the applicant shall
21 pay the cost thereof. If the department receives an application for a renewal or
22 duplicate license after voluntary surrender under s. 343.265 or receives a report from
23 a physician, advanced practice nurse certified under s. 441.16[✓], or optometrist under
24 s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year

1 period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in
 2 conformity therewith or a law of a federally recognized American Indian tribe or
 3 band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats.,
 4 or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a
 5 vehicle, the department shall determine, by interview or otherwise, whether the
 6 operator should submit to an examination under this section. The examination may
 7 consist of an assessment. If the examination indicates that education or treatment
 8 for a disability, disease or condition concerning the use of alcohol, a controlled
 9 substance or a controlled substance analog is appropriate, the department may order
 10 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with
 11 assessment or the driver safety plan, the department shall revoke the person's
 12 operating privilege in the manner specified in s. 343.30 (1q) (d).

History: 1971 c. 164 s. 83; 1973 c. 90, 176; 1975 c. 36, 199; 1977 c. 29 ss. 1456, 1654 (7) (a), (c); 1977 c. 273, 418; 1979 c. 34 ss. 1067m, 2102 (52) (a); 1979 c. 221, 345; 1981 c. 20; 1983 a. 74, 243, 534, 538; 1985 a. 65, 337; 1987 a. 3, 40, 215; 1989 a. 31, 105, 359; 1991 a. 21, 32, 39, 316; 1993 a. 16, 19, 183, 399; 1995 a. 27 s. 9145 (1); 1995 a. 113, 195, 448; 1997 a. 27, 84, 237; 1999 a. 32, 140; 2001 a. 105.

13 **SECTION 34.** 448.56 (1) of the statutes is amended to read:

14 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.
 15 448.52, a person may practice physical therapy only upon the written referral of a
 16 physician, chiropractor, dentist or ^g podiatrist, or advanced practice nurse certified
 17 under s. 441.16. ✓ Written referral is not required if a physical therapist provides
 18 services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant
 19 to rules promulgated by the department of public instruction; provides services as
 20 part of a home health care agency; provides services to a patient in a nursing home
 21 pursuant to the patient's plan of care; provides services related to athletic activities,
 22 conditioning or injury prevention; or provides services to an individual for a
 23 previously diagnosed medical condition after informing the individual's physician,
 24 chiropractor, dentist or ^g podiatrist, or advanced practice nurse certified under s.

1 441.16[✓] who made the diagnosis. The affiliated credentialing board may promulgate
2 rules establishing additional services that are excepted from the written referral
3 requirements of this subsection.

History: 1993 a. 107 ss. 54, 59; 1995 a. 27 s. 9145 (1); 1997 a. 27, 164; 2001 a. 70.

4 **SECTION 35.** 448.56 (1m) (b) of the statutes is amended to read:

5 448.56 (1m) (b) The affiliated credentialing board shall promulgate rules
6 establishing the requirements that a physical therapist must satisfy if a physician,
7 chiropractor, dentist, ~~or~~ podiatrist, or advanced practice nurse[✓] makes a written
8 referral under sub. (1). The purpose of the rules shall be to ensure continuity of care
9 between the physical therapist and the health care practitioner.

NOTE: NOTE: Sub. (1m) is created eff. 4-1-04 by 2001 Wis. Act 70. NOTE:

History: 1993 a. 107 ss. 54, 59; 1995 a. 27 s. 9145 (1); 1997 a. 27, 164; 2001 a. 70.

10 **SECTION 36.** 448.67 (2) of the statutes is amended to read:

11 448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee
12 who renders any podiatric service or assistance whatever, or gives any podiatric
13 advice or any similar advice or assistance whatever, to any patient, podiatrist,
14 physician, advanced practice nurse certified under s. 441.16[✓], partnership or
15 corporation, or to any other institution or organization of any kind, including a
16 hospital, for which a charge is made to a patient, shall, except as authorized by
17 Title 18 or Title 19 of the federal Social Security Act, render an individual statement
18 or account of the charge directly to the patient, distinct and separate from any
19 statement or account by any other podiatrist, physician,[✓] advanced practice nurse, or
20 other person.

History: 1997 a. 175.

21 **SECTION 37.** 450.01 (1m)[✓] of the statutes is created to read:

22 450.01 (1m) "Advanced practice nurse" means an advanced practice nurse who
23 is certified under s. 441.16[✓].

as created by 2001 Wisconsin Act 70,

1 **SECTION 38.** 450.01 (16) (h) of the statutes is amended to read:

2 450.01 (16) (h) Making therapeutic alternate drug selections in accordance
3 with written guidelines or procedures previously established by a pharmacy and
4 therapeutics committee of a hospital and approved by the hospital's medical staff and
5 by an individual physician or advanced practice nurse for his or her patients for the
6 period of each patient's stay within the hospital.

History: 1985 a. 146; 1987 a. 65; 1991 a. 114; 1995 a. 448; 1997 a. 27, 68; 1997 a. 237 s. 727m.

7 **SECTION 39.** 450.11 (7) (b) of the statutes is amended to read:

8 450.11 (7) (b) Information communicated to a physician or an advanced
9 practice nurse in an effort to procure unlawfully a prescription drug or the
10 administration of a prescription drug is not a privileged communication.

History: 1985 a. 146; 1997 a. 27, 175, 283; 2001 a. 109.

11 **SECTION 40.** 450.11 (8) (e) of the statutes is created to read:

12 450.11 (8) (e) The ^{check Δ} board of nursing, insofar as this section [✓] applies to advanced
13 practice nurses. ✓

14 **SECTION 41.** 450.13 (5) of the statutes is amended to read:

15 450.13 (5) USE OF DRUG PRODUCT EQUIVALENT IN HOSPITALS. Subsections (1) to (4)
16 do not apply to a pharmacist who dispenses a drug product equivalent that is
17 prescribed for a patient in a hospital if the pharmacist dispenses the drug product
18 equivalent in accordance with written guidelines or procedures previously
19 established by a pharmacy and therapeutics committee of the hospital and approved
20 by the hospital's medical staff and by the patient's individual physician [✓] or advanced
21 practice nurse for the period of the patient's stay within the hospital.

History: 1985 a. 146; 1991 a. 114; 1997 a. 27.

22

(END)

INSERT 18-21

D-NOTE

Nonstat File Sequence: **FFF**

LRB _____ / _____

EFFECTIVE DATE

1. In the component bar: For the action phrase, execute: ... **create** → **action:** → *NS: → **effdate**
For the text, execute: **create** → **text:** → *NS: → **effdateA**
2. Nonstatutory subunits are numbered automatically. Fill in the SECTION # or subsection # only if a "frozen" number is needed.

SECTION # ____ . **Effective date.**

(#1) () This act takes effect on

1. In the component bar: For the action phrase, execute: .. **create** → **action:** → *NS: → **effdateE**
For the text, execute: **create** → **text:** → *NS: → **effdate**
2. Nonstatutory subunits are numbered automatically. Fill in the SECTION # or subsection # only if a "frozen" number is needed.

SECTION # ____ . **Effective dates** *↓*

..... This act takes effect on the day after publication, except as follows:

(#1) The treatment of sections *4.4.8.56 (1m) (b) ✓* of the statutes takes effect on *April 1, 2004*.

1. In the component bar: For the budget action phrase, execute:.. **create** → **action:** → *NS: → **94XX**
For the text, execute: **create** → **text:** → *NS: → **effdate**
2. Nonstatutory subunits are numbered automatically. Fill in the SECTION # or subsection # only if a "frozen" number is needed. Below, for the budget, fill in the 9400 department code.

SECTION 94 ____ . **Effective dates;**

(#1) () The treatment of sections of the statutes takes effect on

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2175/dn
DAK:.....

Jed

P1

To Jennifer Halbur:

The following issue arose in the course of drafting this bill: ~~The~~ amendment to s. 146.82 (3) (a), stats., authorizes an advanced practice nurse to report to the Department of Transportation, without a patient's informed consent, the patient's name and other relevant information if the patient's physical or mental condition affects his or her ability to exercise reasonable and ordinary control over a motor vehicle. Currently, a physician (under s. 146.82 (3) (a), stats.) and an optometrist (under s. 146.82 (3) (b), stats.) have this authority. In ss. 448.03 (5) (b) and 449.20, stats., there are provisions exempting such reporting physicians and optometrists from civil liability for reporting or not reporting in good faith. Do you wish to have like provisions for advance practice nurses?

(d)

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2175/P1dn
DAK:jld:pg

May 5, 2003

To Jennifer Halbur:

The following issue arose in the course of drafting this bill: the amendment to s. 146.82 (3) (a), stats., authorizes an advanced practice nurse to report to the Department of Transportation, without a patient's informed consent, the patient's name and other relevant information if the patient's physical or mental condition affects his or her ability to exercise reasonable and ordinary control over a motor vehicle. Currently, a physician (under s. 146.82 (3) (a), stats.) and an optometrist (under s. 146.82 (3) (b), stats.) have this authority. In ss. 448.03 (5) (b) and 449.20, stats., there are provisions exempting such reporting physicians and optometrists from civil liability for reporting or not reporting in good faith. Do you wish to have like provisions for advanced practice nurses?

Debora A. Kennedy
Managing Attorney
Phone: (608) 266-0137
E-mail: debora.kennedy@legis.state.wi.us

Emery, Lynn

From: Emery, Lynn
Sent: Tuesday, May 06, 2003 11:25 AM
To: Halbur, Jennifer
Subject: LRB-2614/1 & LRB-2175/P1 & P1dn (attached as requested)



03-2175/P1



03-2175/P1dn



03-2614/1

Lynn Emery
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DPK

CHAIR:
Energy and Utilities Committee

MEMBER:
Higher Education and Tourism
Joint Committee on Audit
State Building Commission



ROBERT L. COWLES

Wisconsin State Senator • 2nd Senate District

July 1, 2003

To: Debora Kennedy

From: Jennifer Halbur

Re: Changes to LRB 2175/P1 relating to authorizing medically related actions by certified advanced practice nurses.

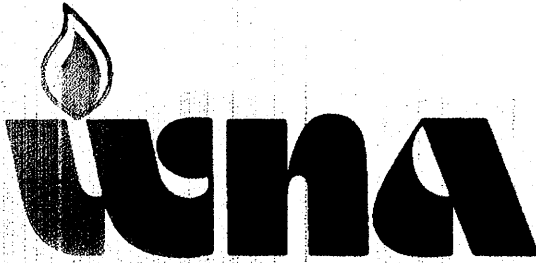
Please make the modifications to LRB 2175/P1 that are suggested on the attached memo.

I can be reached at 266-0484 if you have any questions or concerns.

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Room 122 South, State Capitol
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608-266-0484

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Green Bay, WI 54301-2328
920-448-5092
Fax: 920-4485093



Wisconsin Nurses Association
6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
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July 1, 2003

Senator Rob Cowles
State Capitol - Room 122 South
Madison, WI 53707

RE: Wisconsin Nurses Association review of LRB-2175/P1

Dear Senator Cowles:

Thank you again for your willingness to author our proposed changes to the various statutes that require the inclusion of Advanced Practice Nurse Prescribers. Your efforts in this area are truly appreciated.

We reviewed LRB-2175/P1 and have the following comments and requests for modifications:

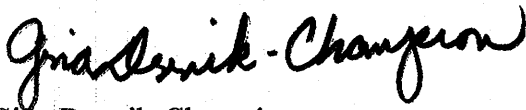
1. The overall draft uses the term Advanced Practice Nurse but refers to the section in the statutes 441.16 that define the practice of the Advanced Practice Nurse Prescriber (APNP). Although 441.16 offers a definition of the APNP, it does not use the actual term APNP in the statute. The term Advanced Practice Nurse Prescriber, is used to describe the nurse that is referred to in s. 441.16 (2) in the section of the Board of Nursing Administrative Rules, Chapter N 8.02 (02) Certification of Advanced Practice Nurse Prescribers. This is the type of advanced practice nurse, the Advanced Practice Nurse Prescriber, that should be reference throughout all of the proposed statute changes in LRB-2175/P1. We support the use of APNP because of the additional level of oversight required by the Board of Nursing through the issuing of a certificate. Being granted a certificate by the Board of Nursing as an advanced practice nurse prescriber requires, ongoing continuing education, case management, written collaboration with a physician and personal malpractice insurance coverage. This is why we believe that the APNP is the better term to be used throughout the proposed statute changes.

2. Please insert on page 5 of the draft under Section 50.49 (1) (b) line 19 "advanced practice nurse prescriber" between the words physician and by.

These are our only comments to the draft. We look forward to working with you on what we believe is important to codifying the work that advanced practice nurse prescribers already perform on behalf of their patients.

Thank you again Rob for your support and leadership. It is truly appreciated. Please feel free to contact me at 221-0383 or gina@wisconsinnurses.org if you have any questions or concerns.

Sincerely,



Gina Dennik-Champion
WNA Executive Director



TODAY, if possible
State of Wisconsin
2003 - 2004 LEGISLATURE

LRB-2175/P1

DAK:jld: [initials]

@MPK&MES

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Regen

1 AN ACT to amend 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k),
2 50.49 (1) (b) (intro.), 70.47 (8) (intro.), 146.82 (3) (a), 252.07 (8) (a) 2., 252.07 (9)
3 (c), 252.11 (1m), 252.11 (2), 252.11 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.12
4 (2) (a) 3. (intro.), 252.15 (2) (a) 7. ak., 252.15 (5) (a) 11., 252.15 (5) (a) 12. b.,
5 252.15 (5) (a) 14., 252.15 (5m) (a), 252.15 (5m) (b), 252.15 (5m) (c), 252.15 (7m)
6 (intro.), 252.15 (7m) (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 252.18,
7 252.23 (5), 252.24 (5), 343.16 (5) (a), 448.56 (1), 448.56 (1m) (b), 448.67 (2),
8 450.01 (16) (h), 450.11 (7) (b) and 450.13 (5); and to create 50.01 (1) (bm), 252.01
9 (1c), 450.01 (1m) and 450.11 (8) (e) of the statutes; relating to: authorizing
10 medically related actions by ~~certified~~ advanced practice nurses. prescribers

Analysis by the Legislative Reference Bureau

Under current law, the Nursing Board grants certificates to issue prescription orders to advanced practice nurses who meet education, training, and examination requirements of the Nursing Board.

Numerous provisions under current law authorize physicians or other health care professionals to act under specified circumstances and to affect individuals by these authorized actions, including all of the following:

(advanced practice nurse prescribers)

NO # Physicians are exempted from civil liability for reporting or not reporting this information in good faith.

1. Unless medically contraindicated as documented by a nursing home or community-based residential facility resident's physician in the resident's medical record, the resident has the right to private and unrestricted communications with his or her family, physician, attorney, and others; to share a room with his or her spouse if the spouse is also a resident; to participate in activities of social, religious, and community groups; and to be free from chemical and physical restraints.

2. Home health services that are provided to an individual by a home health agency must be those specified under a plan for furnishing the services that is established and periodically reviewed by a physician.

3. For hearings before the local board of review concerning assessments of property taxes, an ill or disabled person who presents to the board a letter from a physician or osteopath confirming the illness or disability may present testimony by telephone.

4. Under laws relating to confidentiality of patient health care records, a physician who treats a patient whose physical or mental condition, in the physician's judgment, affects his or her ability to exercise reasonable and ordinary control over a motor vehicle may, without the patient's informed consent, report the patient's name and other information to the Department of Transportation.

5. Under laws relating to communicable diseases:

a. The Department of Health and Family Services (DHFS) may order an individual who has a confirmed diagnosis of infectious tuberculosis or symptoms indicative of tuberculosis confined to a facility if several conditions are met, including notifying a court of the confinement and providing to the court a physician's written statement affirming the tuberculosis or symptoms.

b. If a court orders confinement of an individual with infectious tuberculosis or symptoms indicative of tuberculosis, the individual must remain confined until DHFS or a local health officer, with the concurrence of a treating physician, determines that treatment is complete or that the individual is no longer a public health threat.

c. A physician or other health care professional who attends a person infected with a sexually transmitted disease must report the disease to the local health officer and to DHFS; the physician may examine, diagnose, and treat a minor infected with a sexually transmitted disease without obtaining consent of the minor's parents or guardian.

d. If, following a request by an officer of DHFS or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician or treatment, the DHFS officer or local health officer may have the person committed to an institution for examination, treatment, or observation.

e. If a person with a sexually transmitted disease ceases or refuses treatment before reaching what is in a physician's opinion the noncommunicable stage, the physician must notify DHFS and the person may be committed for treatment by DHFS, a local health officer, or a court.

f. If a physician has reported to DHFS a case of sexually transmitted disease, information regarding the disease and its treatment is not privileged before a court.

g. The State Laboratory of Hygiene must examine specimens for the diagnosis of sexually transmitted disease for any physician or local health officer and must report positive results to the local health officer and DHFS.

h. DHFS must promote public awareness of the risk of contracting human immunodeficiency virus (HIV, the virus that causes acquired immunodeficiency syndrome) by developing and distributing information to, among other places, offices of physicians.

i. If certain individuals, including emergency medical technicians, fire fighters, state patrol officers, jailers, emergency care givers, and coroners, receive a significant exposure (sustain a contact that has a potential for transmission of HIV), the person to whom they are significantly exposed may be compelled to be tested for the presence of HIV, and the test results may be provided to the affected individual; one of the conditions that must be met is that a physician determines and certifies in writing that the individual has been significantly exposed.

j. Positive results of a test for the presence of HIV that is administered to a corpse may be provided by the individual's attending physician to persons whom the physician knows have had sexual contact or shared intravenous drug use paraphernalia with the deceased person, to emergency caregivers, and to funeral directors, coroners, and medical examiners who prepare a corpse for burial or perform an autopsy and are significantly exposed, as determined by a physician.

k. If a local health officer or DHFS officer requires it, a person who is employed in the handling of food products or is suspected of having a disease in a form that is communicable by food handling must submit to an examination by the officer or by a physician.

L. Regulations of tattooists and body piercers do not apply to a dentist or physician who tattoos or pierces the bodies of persons in the course of the dentist's or physician's professional practice.

6. Under occupational regulation laws relating to physical therapists, a physical therapist may practice only on the written referral of a physician, chiropractor, dentist, or podiatrist, except under certain conditions, including providing services to an individual for a previously diagnosed medical condition after informing the individual's physician, chiropractor, dentist, or podiatrist.

7. Under occupational regulation laws relating to podiatrists, a podiatrist who renders chargeable services to, among others, a patient or physician, must render a statement of the charge directly to the person served.

8. Under laws relating to the practice of pharmacy, current law does the following:

a. Defines the term "practice of pharmacy" to include making therapeutic alternate drug selections in accordance with written guidelines or procedures approved by a hospital or by a physician for his or her patients for hospital stay.

b. Prohibits from use as a privileged communication information that is communicated to a physician in an effort unlawfully to procure a prescription drug.

c. Requires the enforcement of these laws that apply to physicians to be the responsibility of the Department of Regulation and Licensing and the Medical Examining Board.

by similarly authorizing advanced practice nurse prescribers

d. Exempts from certain requirements for information that must be provided when dispensing a drug product equivalent the use of drug product equivalents in hospitals in accordance with guidelines approved by, among others, the patient's physician.

This bill ~~adds the term "advanced practice nurse" to~~ *expands* current laws that authorize physicians to act under specified circumstances and to affect individuals by these authorized actions.

For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

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

1 SECTION 1. 50.01 (1) (bm) of the statutes is created to read:

2 50.01 (1) (bm) "Advanced practice nurse" means an advanced practice nurse ✓
3 who is certified under s. 441.16. *(2) to issue prescription orders*

4 SECTION 2. 50.09 (1) (a) (intro.) of the statutes is amended to read:

5 50.09 (1) (a) (intro.) Private and unrestricted communications with the
6 resident's family, physician, advanced practice nurse, attorney, and any other
7 person, unless medically contraindicated as documented by the resident's physician
8 or by the resident's advanced practice nurse in the resident's medical record, except
9 that communications with public officials or with the resident's attorney shall not be
10 restricted in any event. The right to private and unrestricted communications shall
11 include, but is not limited to, the right to:

12 SECTION 3. 50.09 (1) (f) 1. of the statutes is amended to read:

13 50.09 (1) (f) 1. Privacy for visits by spouse. If both spouses are residents of the
14 same facility, they shall be permitted to share a room unless medically
15 contraindicated as documented by the resident's physician or by the resident's
16 advanced practice nurse in the resident's medical record.

17 SECTION 4. 50.09 (1) (h) of the statutes is amended to read:

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

5 **SECTION 5.** 50.09 (1) (k) of the statutes is amended to read:

6 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical
7 and physical restraints except as authorized in writing by a physician or by an
8 advanced practice nurse for a specified and limited period of time and documented
9 in the resident's medical record. Physical restraints may be used in an emergency
10 when necessary to protect the resident from injury to himself or herself or others or
11 to property. However, authorization for continuing use of the physical restraints
12 shall be secured from a physician or from an advanced practice nurse within 12
13 hours. Any use of physical restraints shall be noted in the resident's medical records.
14 "Physical restraints" includes, but is not limited to, any article, device, or garment
15 which that interferes with the free movement of the resident and which that the
16 resident is unable to remove easily, and confinement in a locked room.

17 **SECTION 6.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

18 50.49 (1) (b) (intro.) "Home health services" means the following items and
19 services that are furnished to an individual, who is under the care of a physician, by
20 a home health agency ² or by others under arrangements made by the home health
21 agency, that are under a plan for furnishing those items and services to the
22 individual that is established and periodically reviewed by a physician or by an
23 advanced practice nurse and that are, except as provided in subd. 6., provided on a
24 visiting basis in a place of residence used as the individual's home:

25 **SECTION 7.** 70.47 (8) (intro.) of the statutes is amended to read:

Handwritten annotations include:
- A checkmark above the word "prescriber" in a circled box.
- A large bracket on the right side of the page spanning from line 5 to line 25.
- A circled "2" above the word "or" in line 20.
- A circled "23" above the words "advanced practice nurse" in line 23.
- A checkmark above the words "of an advanced practice nurse Prescriber," in a circled box at the bottom right.

1 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
 2 appear before it in relation to the assessment. The board shall hear upon oath, by
 3 telephone, all ill or disabled persons who present to the board a letter from a
 4 physician, ~~surgeon or osteopath~~, or advanced practice nurse certified under s. 441.16
 5 that confirms their illness or disability. The board at such hearing shall proceed as
 6 follows:

7 SECTION 8. 146.82 (3) (a) of the statutes is amended to read:

8 146.82 (3) (a) Notwithstanding sub. (1), a physician or an advanced practice
 9 nurse certified under s. 441.16 who treats a patient whose physical or mental
 10 condition in the physician's or advanced practice nurse's judgment affects the
 11 patient's ability to exercise reasonable and ordinary control over a motor vehicle may
 12 report the patient's name and other information relevant to the condition to the
 13 department of transportation without the informed consent of the patient.

14 SECTION 9. 252.01 (1c) of the statutes is created to read:

15 252.01 (1c) "Advanced practice nurse" means an advanced practice nurse who
 16 is certified under s. 441.16. (2) to issue prescription orders

17 SECTION 10. 252.07 (8) (a) 2. of the statutes is amended to read:

18 252.07 (8) (a) 2. The department or local health officer provides to the court a
 19 written statement from a physician or an advanced practice nurse that the
 20 individual has infectious tuberculosis or suspect tuberculosis.

21 SECTION 11. 252.07 (9) (c) of the statutes is amended to read:

22 252.07 (9) (c) If the court orders confinement of an individual under this
 23 subsection, the individual shall remain confined until the department or local health
 24 officer, with the concurrence of a treating physician or an advanced practice nurse,
 25 determines that treatment is complete or that the individual is no longer a

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1 substantial threat to himself or herself or to the public health. If the individual is
2 to be confined for more than 6 months, the court shall review the confinement every
3 6 months.

4 **SECTION 12.** 252.11 (1m) of the statutes is amended to read:

5 252.11 (1m) A physician, an advanced practice nurse, or ~~other~~ another health
6 care professional called to attend a person infected with any form of sexually
7 transmitted disease, as specified in rules promulgated by the department, shall
8 report the disease to the local health officer and to the department in the manner
9 directed by the department in writing on forms furnished by the department. A
10 physician or advanced practice nurse may treat a minor infected with a sexually
11 transmitted disease or examine and diagnose a minor for the presence of such a
12 disease without obtaining the consent of the minor's parents or guardian. The
13 physician or advanced practice nurse shall incur no civil liability solely by reason of
14 the lack of consent of the minor's parents or guardian.

15 **SECTION 13.** 252.11 (2) of the statutes is amended to read:

16 252.11 (2) An officer of the department or a local health officer having
17 knowledge of any reported or reasonably suspected case or contact of a sexually
18 transmitted disease for which no appropriate treatment is being administered, or of
19 an actual contact of a reported case or potential contact of a reasonably suspected
20 case, shall investigate or cause the case or contact to be investigated as necessary.
21 If, following a request of an officer of the department or a local health officer, a person
22 reasonably suspected of being infected with a sexually transmitted disease refuses
23 or neglects examination by a physician or by an advanced practice nurse or
24 treatment, an officer of the department or a local health officer may proceed to have

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1 the person committed under sub. (5) to an institution or system of care for
2 examination, treatment or observation.

3 SECTION 14. 252.11 (4) of the statutes is amended to read:

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

10 SECTION 15. 252.11 (5) of the statutes is amended to read:

11 252.11 (5) Any court of record may commit a person infected with a sexually
12 transmitted disease to any institution or may require the person to undergo a system
13 of care for examination, treatment, or observation if the person ceases or refuses
14 examination, treatment, or observation under the supervision of a physician or an
15 advanced practice nurse. The court shall summon the person to appear on a date at
16 least 48 hours, but not more than 96 hours, after service if an officer of the
17 department or a local health officer petitions the court and states the facts
18 authorizing commitment. If the person fails to appear or fails to accept commitment
19 without reasonable cause, the court may cite the person for contempt. The court may
20 issue a warrant and may direct the sheriff, any constable, or any police officer of the
21 county immediately to arrest the person and bring the person to court if the court
22 finds that a summons will be ineffectual. The court shall hear the matter of
23 commitment summarily. Commitment under this subsection continues until the
24 disease is no longer communicable or until other provisions are made for treatment
25 that satisfy the department. The certificate of the petitioning officer is prima facie

1 evidence that the disease is no longer communicable or that satisfactory provisions
2 for treatment have been made.

3 **SECTION 16.** 252.11 (7) of the statutes is amended to read:

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

13 **SECTION 17.** 252.11 (10) of the statutes is amended to read:

14 252.11 (10) The state laboratory of hygiene shall examine specimens for the
15 diagnosis of sexually transmitted diseases for any physician, advanced practice
16 nurse, or local health officer in the state, and shall report the positive results of the
17 examinations to the local health officer and to the department. All laboratories
18 performing tests for sexually transmitted diseases shall report all positive results to
19 the local health officer and to the department, with the name of the physician or
20 advanced practice nurse to whom reported.

21 **SECTION 18.** 252.12 (2) (a) 3. (intro.) of the statutes is amended to read:

22 252.12 (2) (a) 3. 'Statewide public education campaign.' (intro.) The
23 department shall promote public awareness of the risk of contracting HIV and
24 related infections and measures for HIV and related infections protection by
25 development and distribution of information through clinics providing family

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1 planning services, as defined in s. 253.07 (1) (b), offices of physicians and advanced
 2 practice nurse and clinics for sexually transmitted diseases and by newsletters,
 3 public presentations or other releases of information to newspapers, periodicals,
 4 radio and television stations and other public information resources. The
 5 information shall be targeted at individuals whose behavior puts them at risk of
 6 contracting HIV and related infections and shall encompass the following topics:

7 **SECTION 19.** 252.15 (2) (a) 7. ak. of the statutes is amended to read:

8 252.15 (2) (a) 7. ak. A physician or an advanced practice nurse, based on
 9 information provided to the physician or advanced practice nurse, determines and
 10 certifies in writing that the affected person has been significantly exposed. The
 11 certification shall accompany the request for testing and disclosure. If the affected
 12 person who is significantly exposed is a physician or an advanced practice nurse, he
 13 or she may not make this determination or certification. The information that is
 14 provided to a physician or an advanced practice nurse to document the occurrence
 15 of a significant exposure and the physician's or advanced practice nurse's
 16 certification that an affected person has been significantly exposed, under this subd.
 17 7. ak., shall be provided on a report form that is developed by the department of
 18 commerce under s. 101.02 (19) (a) or on a report form that the department of
 19 commerce determines, under s. 101.02 (19) (b), is substantially equivalent to the
 20 report form that is developed under s. 101.02 (19) (a).

21 **SECTION 20.** 252.15 (5) (a) 11. of the statutes is amended to read:

22 252.15 (5) (a) 11. To a person, including a person exempted from civil liability
 23 under the conditions specified under s. 895.48, who renders to the victim of an
 24 emergency or accident emergency care during the course of which the emergency
 25 caregiver is significantly exposed to the emergency or accident victim, if a physician

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1 or an advanced practice nurse, based on information provided to the physician or
2 advanced practice nurse, determines and certifies in writing that the emergency
3 caregiver has been significantly exposed and if the certification accompanies the
4 request for disclosure.

5 SECTION 21. 252.15 (5) (a) 12, b. of the statutes is amended to read:

6 252.15 (5) (a) 12. b. The coroner, medical examiner, or appointed assistant is
7 significantly exposed to a person whose death is under direct investigation by the
8 coroner, medical examiner, or appointed assistant, if a physician or an advanced
9 practice nurse, based on information provided to the physician or advanced practice
10 nurse, determines and certifies in writing that the coroner, medical examiner, or
11 appointed assistant has been significantly exposed and if the certification
12 accompanies the request for disclosure.

13 SECTION 22. 252.15 (5) (a) 14, of the statutes is amended to read:

14 252.15 (5) (a) 14. If the test results of a test administered to an individual are
15 positive and the individual is deceased, by the individual's attending physician or
16 advanced practice nurse, to persons, if known to the physician or advanced practice
17 nurse, with whom the individual has had sexual contact or has shared intravenous
18 drug use paraphernalia.

19 SECTION 23. 252.15 (5m) (a) of the statutes is amended to read:

20 252.15 (5m) (a) If a person, including a person exempted from civil liability
21 under the conditions specified under s. 895.48, who renders to the victim of an
22 emergency or accident emergency care during the course of which the emergency
23 caregiver is significantly exposed to the emergency or accident victim and the
24 emergency or accident victim subsequently dies prior to testing for the presence of
25 HIV, antigen or nonantigenic products of HIV or an antibody to HIV, ~~and~~; if a

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1 physician or an advanced practice nurse, based on information provided to the
 2 physician or advanced practice nurse, determines and certifies in writing that the
 3 emergency caregiver has been significantly exposed; and if the certification
 4 accompanies the request for testing and disclosure. Testing of a corpse under this
 5 paragraph shall be ordered by the coroner, medical examiner, or physician who
 6 certifies the victim's cause of death under s. 69.18 (2) (b), (c) or (d).

SECTION 24. 252.15 (5m) (b) of the statutes is amended to read:

8 252.15 (5m) (b) If a funeral director, coroner, medical examiner, or appointed
 9 assistant to a coroner or medical examiner who prepares the corpse of a decedent for
 10 burial or other disposition or a person who performs an autopsy or assists in
 11 performing an autopsy is significantly exposed to the corpse, and if a physician or an
 12 advanced practice nurse, based on information provided to the physician or advanced
 13 practice nurse, determines and certifies in writing that the funeral director, coroner,
 14 medical examiner, or appointed assistant has been significantly exposed and if the
 15 certification accompanies the request for testing and disclosure. Testing of a corpse
 16 under this paragraph shall be ordered by the attending physician or the attending
 17 advanced practice nurse of the funeral director, coroner, medical examiner, or
 18 appointed assistant who is so exposed.

SECTION 25. 252.15 (5m) (c) of the statutes is amended to read:

20 252.15 (5m) (c) If a health care provider or an agent or employee of a health
 21 care provider is significantly exposed to the corpse or to a patient who dies
 22 subsequent to the exposure and prior to testing for the presence of HIV, antigen or
 23 nonantigenic products of HIV or an antibody to HIV, and if a physician or an
 24 advanced practice nurse who is not the health care provider, based on information
 25 provided to the physician or advanced practice nurse, determines and certifies in

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1 writing that the health care provider, agent or employee has been significantly
2 exposed and if the certification accompanies the request for testing and disclosure.
3 Testing of a corpse under this paragraph shall be ordered by the physician or
4 advanced practice nurse who certifies that the significant exposure has occurred.

5 SECTION 26. 252.15 (7m) (intro.) of the statutes is amended to read:

6 252.15 (7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,
7 validated test result is obtained from a test subject, the test subject's physician or
8 advanced practice nurse who maintains a record of the test result under sub. (4) (c)
9 may report to the state epidemiologist the name of any person known to the physician
10 or advanced practice nurse to have been significantly exposed to the test subject, only
11 after the physician or advanced practice nurse has done all of the following:

12 SECTION 27. 252.15 (7m) (b) of the statutes is amended to read:

13 252.15 (7m) (b) Notified the test subject that the name of any person known
14 to the physician or advanced practice nurse to have been significantly exposed to the
15 test subject will be reported to the state epidemiologist.

16 SECTION 28. 252.16 (3) (c) (intro.) of the statutes is amended to read:

17 252.16 (3) (c) (intro.) Has submitted to the department a certification from a
18 physician, as defined in s. 448.01 (5), or from an advanced practice nurse of all of the
19 following:

20 SECTION 29. 252.17 (3) (c) (intro.) of the statutes is amended to read:

21 252.17 (3) (c) (intro.) Has submitted to the department a certification from a
22 physician, as defined in s. 448.01 (5), or from an advanced practice nurse of all of the
23 following:

24 SECTION 30. 252.18 of the statutes is amended to read:

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1 **252.18 Handling foods.** No person in charge of any public eating place or
 2 other establishment where food products to be consumed by others are handled may
 3 knowingly employ any person handling food products who has a disease in a form
 4 that is communicable by food handling. If required by the local health officer or any
 5 officer of the department for the purposes of an investigation, any person who is
 6 employed in the handling of foods or is suspected of having a disease in a form that
 7 is communicable by food handling shall submit to an examination by the officer or
 8 by a physician or advanced practice nurse designated by the officer. The expense of
 9 the examination, if any, shall be paid by the person examined. Any person knowingly
 10 infected with a disease in a form that is communicable by food handling who handles
 11 food products to be consumed by others and any persons knowingly employing or
 12 permitting such a person to handle food products to be consumed by others shall be
 13 punished as provided by s. 252.25.

14 **SECTION 31.** 252.23 (5) of the statutes is amended to read:

15 **252.23 (5) EXCEPTION.** This section does not apply to a dentist who is licensed
 16 under s. 447.03 (1) ~~or~~, to a physician, or to an advanced practice nurse who tattoos
 17 or offers to tattoo a person in the course of the ~~dentist's or physician's~~ professional
 18 practice of the dentist, physician, or advanced practice nurse.

19 **SECTION 32.** 252.24 (5) of the statutes is amended to read:

20 **252.24 (5) EXCEPTION.** This section does not apply to a dentist who is licensed
 21 under s. 447.03 (1) ~~or~~, to a physician, or to an advanced practice nurse who pierces
 22 the body of or offers to pierce the body of a person in the course of the ~~dentist's or~~
 23 physician's professional practice of the dentist, physician, or advanced practice
 24 nurse.

prescriber

25 **SECTION 33.** 343.16 (5) (a) of the statutes is amended to read:

prescriber

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

(2) ✓

✓
INSERT 15-22

23 **SECTION 34.** 448.56 (1) of the statutes is amended to read:

24 448.56 (1) **WRITTEN REFERRAL.** Except as provided in this subsection and s.
25 448.52, a person may practice physical therapy only upon the written referral of a

(2) ✓

prescriber ✓

1 physician, chiropractor, dentist or, podiatrist, or advanced practice nurse certified
 2 under s. 441.16. Written referral is not required if a physical therapist provides
 3 services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant
 4 to rules promulgated by the department of public instruction; provides services as
 5 part of a home health care agency; provides services to a patient in a nursing home
 6 pursuant to the patient's plan of care; provides services related to athletic activities,
 7 conditioning or injury prevention; or provides services to an individual for a
 8 previously diagnosed medical condition after informing the individual's physician,
 9 chiropractor, dentist or, podiatrist, or advanced practice nurse certified under s.
 10 441.16 who made the diagnosis. The affiliated credentialing board may promulgate
 11 rules establishing additional services that are excepted from the written referral
 12 requirements of this subsection.

13 SECTION 35. 448.56 (1m) (b) of the statutes, as created by 2001 Wisconsin Act
 14 70, is amended to read:

15 448.56 (1m) (b) The affiliated credentialing board shall promulgate rules
 16 establishing the requirements that a physical therapist must satisfy if a physician,
 17 chiropractor, dentist, or podiatrist, or advanced practice nurse makes a written
 18 referral under sub. (1). The purpose of the rules shall be to ensure continuity of care
 19 between the physical therapist and the health care practitioner.

20 SECTION 36. 448.67 (2) of the statutes is amended to read:

21 448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee
 22 who renders any podiatric service or assistance whatever, or gives any podiatric
 23 advice or any similar advice or assistance whatever, to any patient, podiatrist,
 24 physician, advanced practice nurse certified under s. 441.16, partnership or
 25 corporation, or to any other institution or organization of any kind, including a

(2) ✓

1 hospital, for which a charge is made to a patient, shall, except as authorized by
2 Title 18 or Title 19 of the federal Social Security Act, render an individual statement
3 or account of the charge directly to the patient, distinct and separate from any
4 statement or account by any other podiatrist, physician, advanced practice nurse, or
5 other person.

6 SECTION 37. 450.01 (1m) of the statutes is created to read:

7 450.01 (1m) "Advanced practice nurse" prescriber means an advanced practice nurse who
8 is certified under s. 441.16. (2) to issue prescription orders

9 SECTION 38. 450.01 (16) (h) of the statutes is amended to read:

10 450.01 (16) (h) Making therapeutic alternate drug selections in accordance
11 with written guidelines or procedures previously established by a pharmacy and
12 therapeutics committee of a hospital and approved by the hospital's medical staff and
13 by an individual physician or advanced practice nurse for his or her patients for the
14 period of each patient's stay within the hospital.

15 SECTION 39. 450.11 (7) (b) of the statutes is amended to read:

16 450.11 (7) (b) Information communicated to a physician or an advanced
17 practice nurse in an effort to procure unlawfully a prescription drug or the
18 administration of a prescription drug is not a privileged communication.

19 SECTION 40. 450.11 (8) (e) of the statutes is created to read:

20 450.11 (8) (e) The board of nursing, insofar as this section applies to advanced
21 practice nurse prescribers

22 SECTION 41. 450.13 (5) of the statutes is amended to read:

23 450.13 (5) USE OF DRUG PRODUCT EQUIVALENT IN HOSPITALS. Subsections (1) to (4)
24 do not apply to a pharmacist who dispenses a drug product equivalent that is
25 prescribed for a patient in a hospital if the pharmacist dispenses the drug product

prescriber ✓

1 equivalent in accordance with written guidelines or procedures previously
2 established by a pharmacy and therapeutics committee of the hospital and approved
3 by the hospital's medical staff and by the patient's individual physician or advanced
4 practice nurse for the period of the patient's stay within the hospital.

5 **SECTION 42. Effective dates.** This act takes effect on the day after publication,
6 except as follows:

7 (1) The treatment of section 448.56 (1m) (b) of the statutes takes effect on ✓ April
8 1, 2004.

9 (END)

✓ INSERT 15-22

1 SECTION 1. 441.06 (title) ✓ of the statutes is amended to read:

2 441.06 (title) **Licensure; civil liability exemption exemptions.** ✓

3 History: 1971 c. 125, 215; 1973 c. 159; 1975 c. 39, 199; 1977 ✓ c. 29, 164; 1979 c. 34, 162; 1987 a. 27, 264; 1991 a. 39; 1999 a. 22; 2001 a. 107.

3 SECTION 2. 441.06 (7) of the statutes is created to read:

4 441.06 (7) No person certified as an advanced practice nurse prescriber ✓
5 s. 441.16 (2) ✓ is liable for civil damages ^{for} ✓ any of the following:

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

10 (b) In good faith, not reporting to the department of transportation under s.
11 146.82 (3) a patient's name and other information relevant to a physical or mental
12 condition of the patient that in the advanced practice nurse prescriber's judgment
13 does not impair the patient's ability to exercise reasonable and ordinary control over
14 a motor vehicle.

(end ins)



State of Wisconsin
LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX -
PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Added To File: 07/16/2003 (Per: DAK)



¹³ The 2003 drafting file for LRB 03-2175/1
has been copied/added to the 2003 drafting file for
LRB 03-2990

¹³ The attached 2003 draft was incorporated into the new 2003 draft listed above. For research purposes, this cover sheet and the attached drafting file were copied on yellow paper (darkened - auto centered - reduced to 90%), and added, as an appendix, to the new 2003 drafting file. If introduced this section will be scanned and added, as a separate appendix, to the electronic drafting file folder.

¹³ This cover sheet was added to rear of the original 2003 drafting file. The drafting file was then returned, intact, to its folder and filed.