



State of Wisconsin  
2005 - 2006 LEGISLATURE

12  
LRB-083240

CTS:lmk:rs

↑  
keep

2005 BILL

lh: 3/2/05 soon

g-note

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 (2), 252.11 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.14 (1) (ar) 14.,  
4 252.15 (2) (a) 7. ak., 252.15 (5) (a) 11., 252.15 (5) (a) 12. b., 252.15 (5) (a) 14.,  
5 252.15 (5m) (a), 252.15 (5m) (b), 252.15 (5m) (c), 252.15 (7m) (intro.), 252.15  
6 (7m) (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 252.18, 343.16 (5) (a),  
7 441.06 (title), 448.03 (5) (b), 448.56 (1), 448.56 (1m) (b), 448.67 (2), 450.01 (16)  
8 (h), 450.11 (7) (b), 450.11 (8) (b) and 450.13 (5); and to create 50.01 (1b), 50.01  
9 (4p), 252.01 (1c), 252.01 (5), 441.06 (7), 450.01 (1m), 450.01 (15m) and 450.11  
10 (8) (e) of the statutes; relating to: authorizing medically related actions by  
11 advanced practice nurse prescribers and physician assistants.

---

*Analysis by the Legislative Reference Bureau*

Under current law, the Nursing Board grants certificates to issue prescription orders to advanced practice nurses (advanced practice nurse prescribers) who meet education, training, and examination requirements of the Nursing Board. Also under current law, the Medical Examining Board grants physician assistant licenses

**BILL**

to individuals who meet training and examination requirements and any other requirements established in rules promulgated by the Medical Examining Board.

The following provisions under current law authorize physicians or other health care professionals to act under specified circumstances and to affect individuals by these authorized actions:

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. Physicians are exempted from civil liability for reporting, or not reporting, this information in good faith.

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. 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.

d. 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.

**BILL**

e. 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.

f. 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.

g. 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 prerequisite for compulsory testing is a written determination and certification by a physician that the individual has been significantly exposed.

h. If a test administered to a corpse indicates the presence of HIV, the deceased person's physician may provide the results of the test 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 who are significantly exposed to HIV in the course of performing an autopsy.

i. 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.

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. Provides that information communicated to a physician in an effort unlawfully to procure a prescription drug is not privileged communication.

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

d. Exempts pharmacists from requirements that they provide certain information when dispensing a drug product equivalent, if the patient is in a hospital and the drug product equivalent is dispensed in accordance with guidelines established by, among others, the patient's physician.

approved

and

-4-  
INS  
A

**BILL**

This bill expands the current laws described above that authorize physicians to act under specified circumstances and to affect individuals by these authorized actions, by similarly authorizing advanced practice nurse prescribers and individuals licensed as physician assistants.

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

2           **50.01 (1b)** “Advanced practice nurse prescriber” means an advanced practice  
3 nurse who is certified under s. 441.16 (2) to issue prescription orders.

4           **SECTION 2.** 50.01 (4p) of the statutes is created to read:

5           **50.01 (4p)** “Physician assistant” has the meaning given in s. 448.01 (6).

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

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

14           **SECTION 4.** 50.09 (1) (f) 1. of the statutes is amended to read:

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

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

**BILL**

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, advanced practice nurse prescriber, or  
4 physician assistant in the resident's medical record.

5           **SECTION 6.** 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, advanced  
8 practice nurse prescriber, or physician assistant for a specified and limited period of  
9 time and documented in the resident's medical record. Physical restraints may be  
10 used in an emergency when necessary to protect the resident from injury to himself  
11 or herself or others or to property. However, authorization for continuing use of the  
12 physical restraints shall be secured from a physician, advanced practice nurse  
13 prescriber, or physician assistant within 12 hours. Any use of physical restraints  
14 shall be noted in the resident's medical records. "Physical restraints" includes, but  
15 is not limited to, any article, device, or garment ~~which~~ that interferes with the free  
16 movement of the resident and ~~which~~ that the resident is unable to remove easily, and  
17 confinement in a locked room.

18           **SECTION 7.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

19           50.49 (1) (b) (intro.) "Home health services" means the following items and  
20 services that are furnished to an individual, who is under the care of a physician, an  
21 advanced practice nurse prescriber, or physician assistant, by a home health agency,  
22 or by others under arrangements made by the home health agency, that are under  
23 a plan for furnishing those items and services to the individual that is established  
24 and periodically reviewed by a physician, advanced practice nurse prescriber, or

**BILL**

1 physician assistant and that are, except as provided in subd. 6., provided on a visiting  
2 basis in a place of residence used as the individual's home:

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

4 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who  
5 appear before it in relation to the assessment. The board shall hear upon oath, by  
6 telephone, all ill or disabled persons who present to the board a letter from a  
7 physician, ~~surgeon or osteopath,~~ advanced practice nurse prescriber certified under  
8 s. 441.16 (2), or physician assistant, as defined in s. 448.01 (6), that confirms their  
9 illness or disability. The board at such hearing shall proceed as follows:

10 **SECTION 9.** 146.82 (3) (a) of the statutes is amended to read:

11 146.82 (3) (a) Notwithstanding sub. (1), a physician, advanced practice nurse  
12 prescriber certified under s. 441.16 (2), or physician assistant, as defined in s. 448.01  
13 (6), who treats a patient whose physical or mental condition in the physician's,  
14 advanced practice nurse prescriber's, or physician assistant's judgment affects the  
15 patient's ability to exercise reasonable and ordinary control over a motor vehicle may  
16 report the patient's name and other information relevant to the condition to the  
17 department of transportation without the informed consent of the patient.

18 **SECTION 10.** 252.01 (1c) of the statutes is created to read:

19 252.01 (1c) "Advanced practice nurse prescriber" means an advanced practice  
20 nurse who is certified under s. 441.16 (2) to issue prescription orders.

21 **SECTION 11.** 252.01 (5) of the statutes is created to read:

22 252.01 (5) "Physician assistant" has the meaning given in s. 448.01 (6).

23 **SECTION 12.** 252.07 (8) (a) 2. of the statutes is amended to read:

**BILL**

1           252.07 (8) (a) 2. The department or local health officer provides to the court a  
2 written statement from a physician, advanced practice nurse prescriber, or physician  
3 assistant that the individual has infectious tuberculosis or suspect tuberculosis.

4           **SECTION 13.** 252.07 (9) (c) of the statutes is amended to read:

5           252.07 (9) (c) If the court orders confinement of an individual under this  
6 subsection, the individual shall remain confined until the department or local health  
7 officer, with the concurrence of a treating physician, advanced practice nurse  
8 prescriber, or physician assistant, determines that treatment is complete or that the  
9 individual is no longer a substantial threat to himself or herself or to the public  
10 health. If the individual is to be confined for more than 6 months, the court shall  
11 review the confinement every 6 months.

12           **SECTION 14.** 252.11 (2) of the statutes is amended to read:

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

24           **SECTION 15.** 252.11 (4) of the statutes is amended to read:

**BILL****SECTION 15**

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, advanced practice nurse  
3 prescriber's, or physician assistant's opinion is the noncommunicable stage, the  
4 physician, advanced practice nurse prescriber, or physician assistant shall notify the  
5 department. The department shall without delay take the necessary steps to have  
6 the person committed for treatment or observation under sub. (5), or shall notify the  
7 local health officer to take these steps.

8           **SECTION 16.** 252.11 (5) of the statutes is amended to read:

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



**BILL**

1           **SECTION 17.** 252.11 (7) of the statutes is amended to read:

2           252.11 (7) Reports, examinations and inspections and all records concerning  
3 sexually transmitted diseases are confidential and not open to public inspection, and  
4 shall may not be divulged except as may be necessary for the preservation of the  
5 public health, in the course of commitment proceedings under sub. (5), or as provided  
6 under s. 938.296 (4) or (5) or 968.38 (4) or (5). If a physician, advanced practice nurse  
7 prescriber, or physician assistant has reported a case of sexually transmitted disease  
8 to the department under sub. (4), information regarding the presence of the disease  
9 and treatment is not privileged when the patient ~~or~~, physician, advanced practice  
10 nurse prescriber, or physician assistant is called upon to testify to the facts before any  
11 court of record.

12           **SECTION 18.** 252.11 (10) of the statutes is amended to read:

13           252.11 (10) The state laboratory of hygiene shall examine specimens for the  
14 diagnosis of sexually transmitted diseases for any physician, advanced practice  
15 nurse prescriber, physician assistant, or local health officer in the state, and shall  
16 report the positive results of the examinations to the local health officer and to the  
17 department. All laboratories performing tests for sexually transmitted diseases  
18 shall report all positive results to the local health officer and to the department, with  
19 the name of the physician, advanced practice nurse prescriber, or physician assistant  
20 to whom reported.

21           **SECTION 19.** 252.14 (1) (ar) 14. of the statutes is amended to read:

22           252.14 (1) (ar) 14. A physician assistant ~~licensed under ch. 448.~~

23           **SECTION 20.** 252.15 (2) (a) 7. ak. of the statutes is amended to read:

24           252.15 (2) (a) 7. ak. A physician, advanced practice nurse prescriber, or  
25 physician assistant, based on information provided to the physician, advanced

**BILL**

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

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

15 252.15 (5) (a) 11. To a person, including a person exempted from civil liability  
16 under the conditions specified under s. 895.48, who renders to the victim of an  
17 emergency or accident emergency care during the course of which the emergency  
18 caregiver is significantly exposed to the emergency or accident victim, if a physician,  
19 advanced practice nurse prescriber, or physician assistant, based on information  
20 provided to the physician, advanced practice nurse prescriber, or physician  
21 assistant, determines and certifies in writing that the emergency caregiver has been  
22 significantly exposed and if the certification accompanies the request for disclosure.

23 **SECTION 22.** 252.15 (5) (a) 12. b. of the statutes is amended to read:

24 252.15 (5) (a) 12. b. The coroner, medical examiner, or appointed assistant is  
25 significantly exposed to a person whose death is under direct investigation by the

**BILL**

1 coroner, medical examiner, or appointed assistant, if a physician, advanced practice  
2 nurse prescriber, or physician assistant, based on information provided to the  
3 physician, advanced practice nurse prescriber, or physician assistant, determines  
4 and certifies in writing that the coroner, medical examiner, or appointed assistant  
5 has been significantly exposed and if the certification accompanies the request for  
6 disclosure.

7 **SECTION 23.** 252.15 (5) (a) 14. of the statutes is amended to read:

8 252.15 (5) (a) 14. If the test results of a test administered to an individual are  
9 positive and the individual is deceased, by the individual's attending physician,  
10 advanced practice nurse prescriber, or physician assistant, to persons, if known to  
11 the physician, advanced practice nurse prescriber, or physician assistant, with  
12 whom the individual has had sexual contact or has shared intravenous drug use  
13 paraphernalia.

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

15 252.15 (5m) (a) If a person, including a person exempted from civil liability  
16 under the conditions specified under s. 895.48, who renders to the victim of an  
17 emergency or accident emergency care during the course of which the emergency  
18 caregiver is significantly exposed to the emergency or accident victim and the  
19 emergency or accident victim subsequently dies prior to testing for the presence of  
20 HIV, antigen or nonantigenic products of HIV, or an antibody to HIV, ~~and~~; if a  
21 physician, advanced practice nurse prescriber, or physician assistant, based on  
22 information provided to the physician, advanced practice nurse prescriber, or  
23 physician assistant, determines and certifies in writing that the emergency  
24 caregiver has been significantly exposed; and if the certification accompanies the  
25 request for testing and disclosure. Testing of a corpse under this paragraph shall be

**BILL****SECTION 24**

1 ordered by the coroner, medical examiner, or physician who certifies the victim's  
2 cause of death under s. 69.18 (2) (b), (c) or (d).

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

4 252.15 (5m) (b) If a funeral director, coroner, medical examiner, or appointed  
5 assistant to a coroner or medical examiner who prepares the corpse of a decedent for  
6 burial or other disposition or a person who performs an autopsy or assists in  
7 performing an autopsy is significantly exposed to the corpse, ~~and;~~ if a physician,  
8 advanced practice nurse prescriber, or physician assistant, based on information  
9 provided to the physician, advanced practice nurse prescriber, or physician  
10 assistant, determines and certifies in writing that the funeral director, coroner,  
11 medical examiner, or appointed assistant has been significantly exposed; and if the  
12 certification accompanies the request for testing and disclosure. Testing of a corpse  
13 under this paragraph shall be ordered by the attending physician, advanced practice  
14 nurse prescriber, or physician assistant of the funeral director, coroner, medical  
15 examiner, or appointed assistant who is so exposed.

16 **SECTION 26.** 252.15 (5m) (c) of the statutes is amended to read:

17 252.15 (5m) (c) If a health care provider or an agent or employee of a health  
18 care provider is significantly exposed to the corpse or to a patient who dies  
19 subsequent to the exposure and prior to testing for the presence of HIV, antigen or  
20 nonantigenic products of HIV, or an antibody to HIV, ~~and;~~ if a physician, advanced  
21 practice nurse prescriber, or physician assistant who is not the health care provider,  
22 based on information provided to the physician, advanced practice nurse prescriber,  
23 or physician assistant, determines and certifies in writing that the health care  
24 provider, agent or employee has been significantly exposed; and if the certification  
25 accompanies the request for testing and disclosure. Testing of a corpse under this

**BILL**

1 paragraph shall be ordered by the physician, advanced practice nurse prescriber, or  
2 physician assistant who certifies that the significant exposure has occurred.

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

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

12 **SECTION 28.** 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, advanced practice nurse prescriber, or physician assistant to have  
15 been significantly exposed to the test subject will be reported to the state  
16 epidemiologist.

17 **SECTION 29.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

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

21 **SECTION 30.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

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

25 **SECTION 31.** 252.18 of the statutes is amended to read:

**BILL****SECTION 31**

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, advanced practice nurse prescriber, or physician assistant  
9 designated by the officer. The expense of the examination, if any, shall be paid by the  
10 person examined. Any person knowingly infected with a disease in a form that is  
11 communicable by food handling who handles food products to be consumed by others  
12 and any persons knowingly employing or permitting such a person to handle food  
13 products to be consumed by others shall be punished as provided by s. 252.25.

14           **SECTION 32.** 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~~ that might prevent such applicant or licensed  
19 person from exercising reasonable and ordinary control over a motor vehicle. ~~When~~  
20 If the department requires the applicant to submit to an examination, the applicant  
21 shall pay for the cost thereof examination. If the department receives an application  
22 for a renewal or duplicate license after voluntary surrender under s. 343.265 or  
23 receives a report from a physician, advanced practice nurse prescriber certified  
24 under s. 441.16 (2), physician assistant, as defined in s. 448.01 (6), or optometrist  
25 under s. 146.82 (3), or if the department has a report of 2 or more arrests within a

**BILL**

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

14 **SECTION 33.** 441.06 (title) of the statutes is amended to read:

15 **441.06 (title) Licensure; civil liability exemption exemptions.**

16 **SECTION 34.** 441.06 (7) of the statutes is created to read:

17 441.06 (7) No person certified as an advanced practice nurse prescriber under  
18 s. 441.16 (2) is liable for civil damages for any of the following:

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

23 (b) In good faith, not reporting to the department of transportation under s.  
24 146.82 (3) a patient's name and other information relevant to a physical or mental  
25 condition of the patient that in the advanced practice nurse prescriber's judgment

**BILL****SECTION 34**

1 does not impair the patient's ability to exercise reasonable and ordinary control over  
2 a motor vehicle.

3 **SECTION 35.** 448.03 (5) (b) of the statutes is amended to read:

4 448.03 (5) (b) No physician or physician assistant shall be liable for any civil  
5 damages for either of the following:

6 1. 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 which in the physician's or physician assistant's judgment impairs the  
9 patient's ability to exercise reasonable and ordinary control over a motor vehicle.

10 2. 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 which in the physician's or physician assistant's judgment  
13 does not impair the patient's ability to exercise reasonable and ordinary control over  
14 a motor vehicle.

15 **SECTION 36.** 448.56 (1) of the statutes is amended to read:

16 448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.  
17 448.52, a person may practice physical therapy only upon the written referral of a  
18 physician, physician assistant, chiropractor, dentist ~~or~~, podiatrist, or advanced  
19 practice nurse prescriber certified under s. 441.16 (2). Written referral is not  
20 required if a physical therapist provides services in schools to children with  
21 disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the  
22 department of public instruction; provides services as part of a home health care  
23 agency; provides services to a patient in a nursing home pursuant to the patient's  
24 plan of care; provides services related to athletic activities, conditioning, or injury  
25 prevention; or provides services to an individual for a previously diagnosed medical



**BILL**

1 condition after informing the individual's physician, physician assistant,  
2 chiropractor, dentist or, podiatrist, or advanced practice nurse prescriber certified  
3 under s. 441.16 (2) who made the diagnosis. The affiliated credentialing board may  
4 promulgate rules establishing additional services that are excepted from the written  
5 referral requirements of this subsection.

6 **SECTION 37.** 448.56 (1m) (b) of the statutes is amended to read:

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

13 **SECTION 38.** 448.67 (2) of the statutes is amended to read:

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

24 **SECTION 39.** 450.01 (1m) of the statutes is created to read:

BILL

INS 18-6

1 450.01 (1m) "Advanced practice nurse prescriber" means an advanced practice  
2 nurse who is certified under s. 441.16 (2).

3 SECTION 40. 450.01 (15m) of the statutes is created to read:

4 450.01 (15m) "Physician assistant" has the meaning given in s. 448.01 (6).

5 SECTION 41. 450.01 (16) (h) of the statutes is amended to read:

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

12 SECTION 42. 450.11 (7) (b) of the statutes is amended to read:

13 450.11 (7) (b) Information communicated to a physician, advanced practice  
14 nurse prescriber, or physician assistant in an effort to procure unlawfully a  
15 prescription drug or the administration of a prescription drug is not a privileged  
16 communication.

17 SECTION 43. 450.11 (8) (b) of the statutes is amended to read:

18 450.11 (8) (b) The medical examining board, insofar as this section applies to  
19 physicians and physician assistants.

20 SECTION 44. 450.11 (8) (e) of the statutes is created to read:

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

23 SECTION 45. 450.13 (5) of the statutes is amended to read:

24 450.13 (5) USE OF DRUG PRODUCT EQUIVALENT IN HOSPITALS. Subsections (1) to (4)  
25 do not apply to a pharmacist who dispenses a drug product equivalent that is

*renumbered 450.01  
(16) (h) (intro)  
and*

*LPS: PIS change component*

*renumbered 450.13 (5) (intro)  
and*

*LPS: PIS change component*

INS 18-24

**BILL**

1 prescribed for a patient in a hospital if the pharmacist dispenses the drug product  
2 equivalent in accordance with written guidelines or procedures previously  
3 established by a pharmacy and therapeutics committee of the hospital and approved  
4 by the hospital's medical staff and by the patient's individual physician, advanced  
5 practice nurse prescriber, or physician assistant for the period of the patient's stay  
6 within the hospital.

7 **SECTION 46. Effective dates.** This act takes effect on the day after publication,  
8 except as follows:

9 (1) The treatment of section 448.56 (1) of the statutes takes effect on April 1,  
10 2006.

11 (END)

d-n

1           **Insert A:**

2           NOA With respect to approving therapeutic alternate drug selections and exempting  
3           pharmacists from certain requirements related to dispensing drug product  
4           equivalents (items 8 a. and d. above), the bill authorizes an advanced practice nurse  
5           prescriber or physician assistant to act only if the advanced practice nurse prescriber  
6           or physician assistant has entered into a written agreement to collaborate with a  
7           physician. ✓

8           **Insert 18-6:**

9           450.01 (16) (h) <sup>(intro.)</sup> Making therapeutic alternate drug selections, if made in  
10           accordance with written guidelines or procedures previously established by a  
11           pharmacy and therapeutics committee of a hospital and approved by the hospital's  
12           medical staff and by an individual the guidelines or procedures have been approved  
13           for a patient during the period of the patient's stay within the hospital by any of the  
14           following: ✓

15           1. The patient's physician for his or her patients for the period of each patient's  
16           stay within the hospital. ✓

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

18           SECTION ~~1~~ 450.01 (16) (h) 2. of the statutes is created to read:

19           450.01 (16) (h) 2. An advanced practice nurse prescriber who has entered into  
20           a written agreement to collaborate with a physician. ✓

21           SECTION ~~2~~ 450.01 (16) (h) 3. of the statutes is created to read:

22           450.01 (16) (h) 3. A physician assistant who has entered into a written  
23           agreement to collaborate with a physician. ✓

1 **Insert 18-24:**

(intro.)

2 450.13 (5) USE OF DRUG PRODUCT EQUIVALENT IN HOSPITALS. Subsections (1) to (4)

3 do not apply to a pharmacist who dispenses a drug product equivalent that is  
4 prescribed for a patient in a hospital if the pharmacist dispenses the drug product  
5 equivalent in accordance with written guidelines or procedures previously  
6 established by a pharmacy and therapeutics committee of the hospital and approved

7 by the hospital's medical staff and the guidelines or procedures have been approved

8 for a patient during the period of the patient's stay within the hospital by any of the

9 following: ✓

the

10 (a) The patient's individual physician for the period of the patient's stay within  
11 the hospital. ✓

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

12 ~~SECTION 3~~ 450.13 (5) (b) of the statutes is created to read:

13 450.13 (5) (b) An advanced practice nurse prescriber who has entered into a  
14 written agreement to collaborate with a physician. ✓

15 ~~SECTION 4~~ 450.13 (5) (c) of the statutes is created to read:

16 450.13 (5) (c) A physician assistant who has entered into a written agreement  
17 to collaborate with a physician. ✓

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

LRB-0832/2dn  
CTS:lmk:pg

March 3, 2005

Representative Vukmir:

This is a redraft of LRB-0832/1. I have added to the pharmacy provisions of the draft the requested language that requires an advanced practice nurse prescriber or physician assistant to have entered into a written agreement to collaborate with a physician. Under the draft, this could be an agreement with any physician. Is this okay? Should the draft specify that the agreement to collaborate must be with the patient's physician?

Please contact me if you have any questions or if you would like to make further changes.

Christopher T. Sundberg  
Legislative Attorney  
Phone: (608) 266-9739  
E-mail: [christopher.sundberg@legis.state.wi.us](mailto:christopher.sundberg@legis.state.wi.us)

## Sundberg, Christopher

---

**From:** Sweet, Richard  
**Sent:** Tuesday, March 29, 2005 11:49 AM  
**To:** Sundberg, Christopher  
**Cc:** Cady, Dean; Schulze, Jay  
**Subject:** FW: Changes to LRB 0832/2



Changes to Draft  
2.pdf

Chris,

Dean Cady from Rep. Vukmir's office asked me to send you the attached PDF for a redraft of LRB-0832/2, the APNP draft. The changes in the PDF seem fine, with the following minor changes: (1) on page 18, line 14, and on page 19, line 18, "have" should be changed to "has"; (2) on page 19, line 18, in the handwritten material, "the" should be moved to after "of" for consistency with the handwritten material on page 18, line 14.

Thanks for your help. Let me know if you have any questions.

Dick Sweet  
Senior Staff Attorney  
Wisconsin Legislative Council  
(608)266-2982  
richard.sweet@legis.state.wi.us

-----Original Message-----

**From:** Cady, Dean  
**Sent:** Tuesday, March 29, 2005 11:13 AM  
**To:** Sweet, Richard  
**Cc:** Schulze, Jay  
**Subject:** FW: Changes to LRB 0832/2

Hi Dick. Here is the Email that I received from Gina a couple weeks ago specifying some changes the Nurses would like to the APNP Bill. I took a look at the attached PDF and they seem minor. Also, I did mention this to Jay in Senator Cowles' office as well. In any event, if you wouldn't mind taking a look at the changes that would be great, and if you agree the changes are minor go ahead and forward them on to Chris Sunberg.

Thankx a bunch Dick!

cheers,  
deano

-----Original Message-----

**From:** Gina Dennik-Champion [mailto:gina@wisconsinnurses.org]  
**Sent:** Monday, March 14, 2005 10:09 AM  
**To:** Cady, Dean  
**Subject:** Changes to LRB 0832/2

Good morning Dean - I did talk to Dick Sweet this morning regarding Sections 41, 42, 43 and Sections 47, 48, 49. He thought that clarification would be a good thing. I am attaching the sections with the recommended changes. I told Dick that I would do this. So..here they are. Let me know what you think. Also ... I just realized I copied the pages in the pdf in the wrong order. Sorry for any confusion. <<Changes to Draft 2.pdf>>

Thanks  
Gina

Gina Dennik-Champion, MSN, MSH, RN  
Executive Director

Wisconsin Nurses Association  
gina@wisconsinnurses.org  
(608) 221-0383; (800) 362-3959



## BILL

1 individual statement or account of the charge directly to the patient, distinct and  
 2 separate from any statement or account by any other podiatrist, physician, physician  
 3 assistant, advanced practice nurse prescriber, or other person.

4 SECTION 39. 450.01 (1m) of the statutes is created to read:

5 450.01 (1m) "Advanced practice nurse prescriber" means an advanced practice  
 6 nurse who is certified under s. 441.16 (2).

7 SECTION 40. 450.01 (15m) of the statutes is created to read:

8 450.01 (15m) "Physician assistant" has the meaning given in s. 448.01 (6).

9 SECTION 41. 450.01 (16) (h) of the statutes is renumbered 450.01 (16) (h) (intro.)  
 10 and amended to read:

11 450.01 (16) (h) (intro.) Making therapeutic alternate drug selections, if made  
 12 in accordance with written guidelines or procedures previously established by a  
 13 pharmacy and therapeutics committee of a hospital and approved by the hospital's  
 14 medical staff and <sup>Use of the therapeutic alternate drug selection has</sup> ~~by an individual the guidelines or procedures have been approved~~  
 15 for a patient during the period of the patient's stay within the hospital by any of the  
 16 following:

17 1. The patient's physician for his or her patients for the period of each patient's  
 18 stay within the hospital.

19 SECTION 42. 450.01 (16) (h) 2. of the statutes is created to read:

20 450.01 (16) (h) 2. <sup>The patient's</sup> ~~An~~ advanced practice nurse prescriber who has entered into  
 21 a written agreement to collaborate with a physician.

22 SECTION 43. 450.01 (16) (h) 3. of the statutes is created to read:

23 450.01 (16) (h) 3. <sup>The patient's</sup> ~~A~~ physician assistant ~~who has entered into a written~~  
 24 ~~agreement to collaborate with a physician.~~

25 SECTION 44. 450.11 (7) (b) of the statutes is amended to read:

**BILL**

1           450.11 (7) (b) Information communicated to a physician, advanced practice  
2           nurse prescriber, or physician assistant in an effort to procure unlawfully a  
3           prescription drug or the administration of a prescription drug is not a privileged  
4           communication.

5           **SECTION 45.** 450.11 (8) (b) of the statutes is amended to read:

6           450.11 (8) (b) The medical examining board, insofar as this section applies to  
7           physicians and physician assistants.

8           **SECTION 46.** 450.11 (8) (e) of the statutes is created to read:

9           450.11 (8) (e) The board of nursing, insofar as this section applies to advanced  
10          practice nurse prescribers.

11          **SECTION 47.** 450.13 (5) of the statutes is renumbered 450.13 (5) (intro.)  
12          amended to read:

13          450.13 (5) USE OF DRUG PRODUCT EQUIVALENT IN HOSPITALS. (intro.) Subsections  
14          (1) to (4) do not apply to a pharmacist who dispenses a drug product equivalent that  
15          is prescribed for a patient in a hospital if the pharmacist dispenses the drug product  
16          equivalent in accordance with written guidelines or procedures previously  
17          established by a pharmacy and therapeutics committee of the hospital and approved  
18          by the hospital's medical staff and <sup>the</sup> the use of drug product equivalent has  
19          the guidelines or procedures have been approved  
20          for a patient during the period of the patient's stay within the hospital by the any of  
21          the following:

22          (a) The patient's individual physician for the period of the patient's stay within  
23          the hospital.

24          **SECTION 48.** 450.13 (5) (b) of the statutes is created to read:

25          450.13 (5) (b) <sup>The patient's</sup> An advanced practice nurse prescriber who has entered into a  
written agreement to collaborate with a physician.

