


Appendix A ... segment I




STATE OF WISCONSIN
LEGISLATIVE REFERENCE BUREAU
DRAFTING HISTORY RESEARCH APPENDIX


 The drafting file for 2017 LRB-5823/P1 (For: Rep. Rohrkaste)
has been transferred to the drafting file for
2019 LRB-0429 (For: Rep. Rohrkaste)



RESEARCH APPENDIX -

PLEASE KEEP WITH THE DRAFTING FILE

 Request Made By: MED

 Date: 10/11/2018

2017 DRAFTING REQUEST**Bill**

For: **Mike Rohrkaste (608) 266-5719** Drafter: **mduchek**
 By: **Matt** Secondary Drafters: **tdodge**
 Date: **7/9/2018** May Contact:
 Same as LRB:

Submit via email: **YES**
 Requester's email: **Rep.Rohrkaste@legis.wisconsin.gov**
 Carbon copy (CC) to:

Pre Topic:

No specific pre topic given

Topic:

Changes relating to the practice of advanced practice registered nurses

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	mduchek 7/9/2018	eweiss 7/10/2018			
/P1		eweiss 7/11/2018	dwalker 7/11/2018		State

FE Sent For:

<END>

Duchek, Michael

From: Pulda, Matt
Sent: Thursday, July 05, 2018 12:54 PM
To: Duchek, Michael
Cc: Radday, Brian
Subject: APRN bill
Attachments: AB 568 BON Letter to Rep. Sanfelippo.pdf

Hi, Michael,

Representative Rohrkaste would like to reintroduce AB 568. For now, we would like to incorporate the suggestions made by the Board of Nursing last December (see attachment). There may certainly be additional changes down the road, but this would be a good base document for going forward. Please let me know if you have any questions.

Thanks!

Matt Pulda
Legislative Assistant
Office of Rep. Mike Rohrkaste
(608) 266-5719

2017 DRAFTING REQUEST

Assembly Substitute Amendment (ASA-AB568)

For: Mike Rohrkaste (608) 266-5719 Drafter: mduchek
By: Tyler Secondary Drafters: tdodge
Date: 1/23/2018 May Contact:
Same as LRB: -1538

Submit via email: YES
Requester's email: Rep.Rohrkaste@legis.wisconsin.gov
Carbon copy (CC) to:

Pre Topic:

No specific pre topic given

Topic:

Changes relating to the practice of advanced practice registered nurses

Instructions:

See attached

Drafting History:

Table with 6 columns: Vers., Drafted, Reviewed, Submitted, Jacketed, Required. Row 1: /?, mduchek

FE Sent For: <END>

Duchek, Michael

From: Clark, Tyler
Sent: Tuesday, January 09, 2018 4:09 PM
To: Duchek, Michael
Subject: FW: Amendments to APRN Modernization Act
Attachments: Proposed Drafter Instructions AB 568.pdf

See attached.

Thanks,

Tyler



TO: Representative Mike Rohrkaste
FROM: Gina Dennik-Champion
DATE: January 9, 2018
RE: Proposed Drafting Instructions for Amendments to AB 568/SB 497

We are aware that the timeline for passage of the APRN Modernization Act, (AB 568/SB497) is quite limited. In response to this I want to share with you a set of drafting instructions that has been developed to reflect the following proposed amendments:

1. Recommendations developed and forwarded to you on December 13, 2017 by the Wisconsin Board of Nursing. (Attached is a copy of the letter that was forwarded to Rep. Sanfelippo). The APRN Coalition is in agreement with these recommendations and would like to see these drafted.
2. Two areas of agreed upon proposed language between the APRN Coalition and the Wisconsin Hospital Association.

I am asking for your support in forwarding the developed drafting instructions to the legislative drafter quickly so we can get into the cue. We should have additional amendments resulting from our agreement with WHA available to you soon.

Thank you and please feel free to contact me if you have any questions or concerns. 608-228-3300 or gina@wisconsinnurses.org

Attachments:
Drafting instructions
Letter from Board of Nursing to Rep. Sanfelippo

DRAFT
Proposed Amendments to AB 568/SB497
Creating the APRN in Wisconsin

The following amendments and suggested wording to AB568 are a result of discussions with the Board of Nursing and the Hospital Association.

1. In section 441.09 (1) Definitions, add the following:
 - (e) Practice as a “certified nurse-midwife” means, consistent with rules established by the board and his or her education, training and experience, practice in the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives or successor organization.
 - (f) Practice as a “certified registered nurse anesthetist” means, consistent with rules established by the board and his or her education, training and experience, providing anesthesia care, pain management care and care related to anesthesia and pain management for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe,, or life-threatening illness or injury, in diverse settings, including, but not limited to, hospitals, ambulatory surgery centers and outpatient clinics.
 - (g) Practice as a “nurse practitioner” means, consistent with rules established by the board and his or her education, training and experience, practice in ambulatory, acute and long term care settings as primary and specialty care providers who assess, diagnose, treat, and manage acute, episodic and chronic illnesses.
 - (h) Practice as a “clinical nurse specialist” means, consistent with rules established by the board and his or her education, training and experience, providing advanced nursing care, primarily in health care facilities, including the diagnosis and treatment of illness for identified specific populations based on their specialty.
- ✓2. Add the following after “paragraph” in line 13, page 39;
“or, the person is a registered nurse in another state practicing or intending to practice in Wisconsin under the Nurse Practice Compact without holding a Wisconsin registered nurse license.”
- ✓3. In line 16, page 39, insert after “accredited” the following: “board approved”

4. In line 18, page 39, insert after “nursing” the following: “in one of the four defined roles and holds a current certification by a national certifying body approved by the board”
- ✓5. In line 22, page 39, insert after “education” the following: “or certification”
- ✓6. In line 1, page 40, delete the word “endorsement” and insert the following: “specialty designation”
- ✓7. In line 3, page 40, delete existing language and insert “is currently certified by a national certifying body approved by the board.”
- ✓8. Before line 4, page 40, insert the following: “6. The person meets any other criteria established by the board by rule relating to the education, training or experience for each specified role.”
- ✓9. In line 7, page 40, delete the word “endorsement” and insert the following: “specialty designation”
- ✓10. In line 9, page 40, insert after “5.” the following: “The board shall designate the APRN role(s) on the APRN license.”
- ✓11. In line 12, page 40, add the following: “The board may place specific limitations on an individual licensed APRN as a condition of licensure.”
- ✓12. In lines 16 through 18, page 40, delete the sentence beginning with “The” and ending with “paragraph” and insert the following: “The board shall designate the authority to prescribe on the APRN license. The board shall have authority to grant, deny or limit the authority to prescribe separate from the APRN license and shall promulgate rules relating to that authority.”
- ✓13. In line 1, page 41, after “(7)” insert the following: “current evidence of the materials required in sub. (2) (a) 1., 2., 5., 6.”
- ✓14. In line 14-16, page 42, delete the sentence beginning with “The” and ending with “substances” and insert the following: “The board by rule may shall determine continuing education requirements.”
- ✓15. In line 21, page 42, after the word “section” at the end of the sentence, insert the following: “Evidence of malpractice liability coverage of the APRN by his or her employer in the amounts specified in s. 655.23(4), stats. shall be considered as compliance with the requirement.”
- ✓16. After line 4, page 43, insert the following: “(a) Defining the APRN scope of practice and the scope of practice for each specialty designation and the authorization to prescribe. (b) Determining acceptable national certification.”
- ✓17. In sub. (9), page 43, amend “(a), (b), and (c) to be (d), (e) and (f)”
- ✓18. Create a new section to authorize the board to commence rule-making prior to the effective date of the Act.
19. Create a new section authorizing the commissioner of insurance and the board of governors of the patients compensation fund to promulgate rules to implement any changes required as a result of this Act.
- ✓20. Amend all references to “endorsement” to “specialty designation.”

Duchek, Michael

From: Clark, Tyler
Sent: Friday, January 26, 2018 2:55 PM
To: Duchek, Michael
Subject: RE: Amendments to APRN Modernization Act

Michael,

Thanks for the follow-up. Unfortunately, I am still waiting on several of the nursing groups to get changes back to you.

I don't believe this bill will be passed this session. We are running out of time and can't seem to get agreement from a majority of the stakeholders. This is a piece of legislation we will likely be working on throughout the summer.

I don't think we need the substitute amendment as of right now. I will get the changes back to you as soon as possible and we can go from there.

Have a nice weekend,

Tyler

From: Duchek, Michael
Sent: Friday, January 26, 2018 9:50 AM
To: Clark, Tyler <Tyler.Clark@legis.wisconsin.gov>
Subject: RE: Amendments to APRN Modernization Act

Tyler, I just wanted to check in on this. I have worked on this, but having answers to the questions below would help me finish. That said, if you prefer, I could get you a first draft of a substitute amendment out and leave some of these questions to be resolved. Let me know. I assume it's unlikely that this bill is going to move quickly enough towards passage to be enacted this session, but if that is still possible, let me know.

-Mike

From: Clark, Tyler
Sent: Wednesday, January 10, 2018 3:36 PM
To: Duchek, Michael <Michael.Duchek@legis.wisconsin.gov>
Subject: RE: Amendments to APRN Modernization Act

Thanks, I will pass this along to our group and see what they think.

Have a nice day,

Tyler

Tyler Clark
Research Assistant
Office of State Representative Mike Rohrkaste
55th Assembly District
State Capitol, Room 321 East
(608)-266-5719

From: Duchek, Michael
Sent: Wednesday, January 10, 2018 12:43 PM
To: Clark, Tyler <Tyler.Clark@legis.wisconsin.gov>
Subject: RE: Amendments to APRN Modernization Act

I have reviewed the instructions and have worked on getting these incorporated into a substitute amendment, but I have a few comments/questions. Also, I am happy to talk again to Gina at WNA or DSPS (Sharon at DSPS had mentioned to me the fact that the board had some thoughts on the bill) or anyone else to facilitate answers, if that would help.

1. As I'm sure everyone knows, Act 135 enacted the enhanced nurse licensure compact into law. The new compact, at least as I understood it (and this is how the bill was drafted), more explicitly acknowledged that a state would grant a "multistate license" to someone who applied in that state. However, the law also acknowledged that people who could not satisfy some of the criteria for licensure under the compact might still be able to get a license under the state's existing provisions (i.e., you could get a single-state license). We also have a provision that lets nurses in other states get licensed here, which would presumably be used mostly by nurses coming from non-compact states. So, under s. 441.06, we now have 3 subsections: (1), (1c), and (1m). Subsection (1c) is the new one that refers to the multistate license that would let a nurse licensed here practice in other states. So I am going to add in a reference to (1c) to the bill where we currently reference (1) and (1m), so everyone is covered. Simple change, but I just wanted to explain.
2. In various places, you refer to "specified role" or "defined role" but the bill uses the term "recognized role" which I believe is the nationally-used term. So I will use that phrase (see page 39, line 3).
3. Regarding item #1 – We don't add in definitions to a law unless we use them somewhere. Given that we already have a definition and provisions like this in the bill for nurse-midwifery, I would therefore suggest I add these in to the practice provisions like we have in the bill for nurse-midwives. So the provisions would say a nurse practitioner may practice as a nurse practitioner, as defined per the instructions. Is that in accord with your intent? Otherwise this language wouldn't really do anything. Can discuss this further...
4. Regarding item #3 – I assume "board" here refers to the Wisconsin Board of Nursing, correct? If so, I will make that more explicit. ("Board-certified" sometimes has a different meaning)
5. Regarding item #4 – Do you want to further detail what this certification has to be in? Should loss of this certification be grounds for discipline (i.e., license revocation) or is that not necessary?
6. Regarding item #12 – The instructions say that the board should be able to separately "grant, deny, or limit" prescribing authority. What about revoking and suspending? Should I add those in? Without it, it sounds like once you have it, it can only be limited, but can't be revoked or suspended.
7. Also regarding item #12 – Do you want to specify the reasons for which the board could take action against prescribing authority? For example, you could cross-reference the grounds for discipline under s. 441.07 (1g) (a) to (f). If not, do you want to make clear that the rules would address grounds for exercising that authority?
8. Regarding item #14 – You have "may shall" and so it needs to be one or the other. You may also want to be more detailed about the board's authority here. Can the board require more than 16 hours? Can the board mandate specific topics? Should the board be able to grant exemptions?
9. Regarding item #15 – This added language seems OK, but it seems to conflict with the first sentence, which says the board has the authority to determine minimum amounts. Can you confirm you essentially want this new sentence to override the first sentence? If so, I'd suggest adding this as an exception to the first sentence, instead of after the second sentence. Also, would/should this language cover an APRN who is self-employed?
10. Regarding item #16 – In item #1 you asked to define all the scopes of practice. But in this item you're saying you want the board to define scopes of practice. Can you clarify the distinction between this and item #1? Also, regarding "authority to prescribe," this is already referenced at page 43, paragraphs (a) and (b). Can you clarify what more you want these rules to be doing with respect to prescribing authority? (I'm not sure what a scope of practice for prescribing authority means – don't you either have the authority to prescribe or not?)
11. Regarding item #18 – I interpret this instruction to be to give the board emergency rule authority, which we routinely do with DSPS/licensing bills, which makes sense and we probably should have added though since the

bill doesn't take effect until 3/1/20 there is time to do rules regardless. If that's not what you mean, let me know. (The board already has the authority to begin working on permanent rules under s. 227.11(2)(d)).

12. Regarding item #19 – Can you clarify what is wanted here? If OCI has existing rules for which it has the authority to promulgate, they should be able to update them without further changes needed under that existing authority. Are you asking here to allow them to get these done earlier like in item #18?

-Mike

From: Clark, Tyler

Sent: Tuesday, January 09, 2018 4:09 PM

To: Duchek, Michael <Michael.Duchek@legis.wisconsin.gov>

Subject: FW: Amendments to APRN Modernization Act

See attached.

Thanks,

Tyler

7/9/2018 – This had been requested as a substitute amendment initially, but months later was requested as a bill draft instead. Since the substitute amendment was never submitted to the requestor, I simply entered a new request but used the uncompleted substitute amendment as the base draft.

– Mike D.

Sheryl Krause
Chairperson

Peter Kallio
Vice Chairperson

Lillian Nolan
Secretary

WISCONSIN BOARD OF NURSING



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December 13, 2017

Representative Joe Sanfelippo
Room 306 North, State Capitol
PO Box 8953
Madison, WI 53708

Dear Representative Sanfelippo,

I am writing to you in your capacity as Chair of the Assembly Committee on Health to request your support of Assembly Bill 568, as well as your review of several amendments proposed by the Board of Nursing.

The Board is in favor of adopting AB 568 to clearly define the roles and accountabilities of Advanced Practice Registered Nurses (APRNs). We respectfully request the following revisions in order to protect public safety and effectively fulfill the obligations of the Board of Nursing specific to APRN licensure and practice.

- ✓ 1. Amend 441.06 on page 39, line 11 to allow RNs practicing or intending to practice in Wisconsin under the Nurse Licensure Compact to apply for an APRN license without holding a Wisconsin RN license.
2. Expand all references to 'licensed' to include nurses practicing or intending to practice in Wisconsin under the Nurse Licensure Compact.
- ✓ 3. Clarify in the educational requirements that the person 'has completed a Board approved and accredited graduate-level or postgraduate-level education program' on page 39, lines 16-18.
- ✓ 4. Add 'in one of the four defined roles' to the language on page 39, line 18.
- ✓ 5. Add to licensure requirements that the Board has rulemaking authority 'relating to certification' on page 39, lines 19-22.
- ✓ 6. Clarify the requirement that an applicant holds and provides evidence of an advanced certification in one of the four roles before or at the time of initial APRN licensure. The applicant must be certified by a national certifying body approved by the Board and the certification must be current at the time of application.
- ✓ 7. Duplicate requirements for initial licensure including 'current certification' under renewals.
- ✓ 8. Amend the bill to give the Board explicit statutory authority to define the scope of practice for an APRN and the specified roles.

- ✓ 9. Clarify that there will be a single APRN license issued with the APRN role included on the APRN license. Amend the bill to replace 'endorsement' with 'specialty designation' in the four recognized roles.
10. Add a provision that an additional designation can be added after licensure if all requirements have been met.
- ✓ 11. Amend the bill to give the Board explicit statutory authority to define the scope of practice for prescriptive authorization.
12. Replace the prescription authorization indicated by registry with an additional permit for prescriptive authority indicated on the APRN license, which the Board could limit or discipline.
- ✉ 13. Delete 'prescription of pharmacological interventions' from the defined practice of an APRN on page 38, line 14.
- ✓ 14. Amend the bill to give the Board explicit statutory authority to grant, deny or limit the prescribing authority in addition to the APRN license and to develop rules relating to the same.
- ✓ 15. Add a provision that the Board 'may place specific limitations on an individual licensed advanced practice registered nurse as a condition of licensure.'
- ✓ 16. Require that an applicant for APRN licensure or renewal 'meet any other criteria established by the Board by rule relating to the education, training, or experience for each of the specified roles.'
- ✓ 17. Remove the requirement for continuing education specific to 'best practices in prescribing controlled substances' on page 42, lines 14-16 and grant authorization to determine continuing education topics by rule.
- ✓ 18. Retain in statute that an APRN may comply with requirements for malpractice insurance 'if the person's employer has in effect malpractice liability insurance that provides malpractice liability coverage for the person in an amount that is at least the minimum amount specified in s. 655.23 (4), Stats.'
- ✓ 19. Amend the bill to allow for rule-making ahead of the effective date, and to provide for emergency rule-making authority.

The Board of Nursing's support of Assembly Bill 568 is contingent upon adoption of the 19 recommendations listed above. Additionally, the Board of Nursing prefers the reference to collaborative relationships as recorded in Board of Nursing Chapter N 8 (Certification of Advanced Practice Nurse Prescribers) rather than requiring signed agreements; however, the Board of Nursing's support of the bill is not dependent on language specific to collaboration.

Thank you for considering a hearing for this bill and the proposed revisions. I am happy to discuss these recommendations or answer any questions you may have if it would be helpful.

Respectfully,



Sheryl Krause, MS, RN, CEN, ACNS-BC
Wisconsin Board of Nursing Chairperson



State of Wisconsin
2017 - 2018 LEGISLATURE

In 1-23
Back 1-25

0263/p/

LRB 4543/1
MED&TJD:emw&jm

ASA to

Inserts

2017 ASSEMBLY BILL 568

October 24, 2017 - Introduced by Representatives ROHRKASTE, JAGLER, KOOYENGA, KITCHENS, PETERSEN, TRANEL, SPIROS, TUSLER, HUTTON, HORLACHER, NEYLON, TITTL, KUGLITSCH, BERCEAU, GENRICH, ANDERSON, SUBECK, SINICKI and HINTZ, cosponsored by Senators LEMAHIEU, VUKMIR, HARS DORF, NASS, MOULTON, MARKLEIN, OLSEN and RINGHAND. Referred to Committee on Health.

SA ✓
KAC ✓
PAC ✓

Re gen ✓

1 AN ACT *to repeal* 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 3.,
2 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2)
3 (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 448.035 (1) (a) and
4 450.01 (1m); *to renumber and amend* 253.13 (1), 255.06 (1) (d), 441.06 (7) and
5 441.11 (2); *to amend* 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c)
6 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 45.40
7 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h),
8 50.09 (1) (k), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14)
9 (f) 4., 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1.,
10 2., 3. and 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3),
11 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4)
12 (c), 118.2925 (5), 146.343 (1) (c), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (1) (r) 8.,
13 146.89 (6), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5), (7) and
14 (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m)

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1 (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4) (d),
 2 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
 3 257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
 4 (1), 343.62 (4) (a) 4., 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (7) (a) (intro.)
 5 and 1., 441.01 (7) (b), 441.06 (3), 441.07 (1g) (intro.), (a), (c) and (e), 441.18 (2)
 6 (a) (intro.), 441.18 (2) (b), 441.18 (3), 448.03 (2) (a), 448.035 (2), (3) and (4),
 7 448.56 (1) and (1m) (b), 448.67 (2), 448.956 (1m), 450.01 (16) (h) 2., 450.01 (16)
 8 (hr) 2., 450.03 (1) (e), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11
 9 (8) (e), 450.13 (5) (b), 462.04, 655.001 (7t), 655.001 (9), 655.005 (2) (a), 961.01
 10 (19) (a) and 961.395; and **to create** 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em),
 11 255.06 (1) (f) 2., 440.03 (13) (b) 39m., 440.08 (2) (a) 47. and 441.09 of the statutes;
 12 **relating to:** advanced practice registered nurses and granting rule-making
 13 authority.

Analysis by the Legislative Reference Bureau

NURSING PRACTICE AND LICENSURE

This bill makes various changes to practice, licensure, and certification requirements for nurses, which are administered by the Board of Nursing.

Licensure of advanced practice registered nurses

Under current law, a person who wishes to practice professional nursing must be licensed by the Board of Nursing as a registered nurse (RN). This bill creates an additional system of licensure for advanced practice registered nurses (APRNs), to be administered by the board. Under the bill, in order to apply for an APRN license, a person must 1) hold, or concurrently apply for, an RN license, 2) have completed an accredited graduate-level or postgraduate-level education program preparing the person to practice as an APRN in one of four recognized roles, and 3) pay a fee set by the Department of Safety and Professional Services. The bill also allows a person who has not completed an accredited education program described above to receive an APRN license if the person 1) on January 1, 2017, was both licensed as an RN in Wisconsin and practicing in one of the four recognized roles and 2) satisfies additional practice or education criteria established by the board. The four recognized roles, as defined in the bill, are 1) certified nurse-midwife, 2) certified registered nurse anesthetist, 3) clinical nurse specialist, and 4) nurse practitioner.

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REGISTERED
NURSE

extending the time limit for emergency rule procedures, and

providing an exemption from emergency rule procedures

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The bill also requires the board, upon granting a person an APRN license, to also grant the person one or more endorsements corresponding to the recognized role or roles for which the person qualifies. The holder of an APRN license may append the title "A.P.R.N." to his or her name, as well as a title corresponding to whichever endorsements that the person possesses.

The bill prohibits any person from using the title "A.P.R.N.," and from otherwise indicating that he or she is an APRN, unless the person is licensed by the board as an APRN. The bill also prohibits the use of titles and abbreviations corresponding to a recognized role unless the person has an endorsement for that role. Under the bill, when an APRN renews his or her APRN license, the board must grant the person the renewal of both the person's RN license and the person's APRN license. The bill requires an APRN to complete continuing education requirements in clinical pharmacology or therapeutics relevant to the APRN's area of practice, including a minimum number of hours regarding best practices in prescribing controlled substances. The bill also requires an APRN, when applying for a license or license renewal or upon request of the board, to submit to the board evidence that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

Practice of nurse-midwifery

This bill repeals licensure and practice requirements specific to nurse-midwives and the practice of nurse-midwifery, including specific requirements to practice with an obstetrician and maintain malpractice insurance. Under the bill, "certified nurse-midwife" is one of the four recognized roles for APRNs, and a person who practices nurse-midwifery under current law who satisfies the APRN licensure requirements may apply for and receive an APRN license and a certified nurse-midwife endorsement, except that the bill also requires that a person applying for a certified nurse-midwife endorsement be certified by the American Midwifery Certification Board. In addition, the bill prohibits the practice of nurse-midwifery, as defined under current law, without a certified nurse-midwife endorsement.

Advanced practice registered nurse prescribers

Under current law, a person licensed as an RN may apply to the board for a certificate to issue prescription orders if the person meets certain requirements established by the board. A person holding the certificate is subject to various practice requirements established by the board and must possess malpractice liability insurance in an amount determined by the board.

The bill eliminates certificates to issue prescription orders and instead provides that the board may grant an APRN who applies for licensure and who meets the education, training, and examination requirements established by the board the authority to issue prescription orders. The bill requires the board to maintain a register of all APRNs who are authorized to issue prescription orders.

OTHER CHANGES

The bill makes numerous other changes throughout the statutes relating to APRNs and APRN prescribers, including changing references to "advanced practice nurse" and "advanced practice nurse prescriber" in favor of the terms "advanced

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practice registered nurse” and “advanced practice registered nurse who has prescribing authority.”

For further information see the *state* 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.** 29.193 (1m) (a) 2. (intro.) of the statutes is amended to read:

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

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

8 29.193 (2) (b) 2. An applicant shall submit an application on a form prepared
9 and furnished by the department, which shall include a written statement or report
10 prepared and signed by a licensed physician, a licensed physician assistant, a
11 licensed chiropractor, a licensed podiatrist, or a certified licensed advanced practice
12 registered nurse prescriber prepared no more than 6 months preceding the
13 application and verifying that the applicant is physically disabled.

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

15 29.193 (2) (c) 3. The department may issue a Class B permit to an applicant
16 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under
17 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the
18 applicant and the recommendation of a licensed physician, a licensed physician
19 assistant, a licensed chiropractor, a licensed podiatrist, or a certified licensed

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1 advanced practice registered nurse ~~prescriber~~ selected by the applicant from a list
2 of licensed physicians, licensed physician assistants, licensed chiropractors, licensed
3 podiatrists, and ~~certified~~ licensed advanced practice nurse ~~prescribers~~ registered
4 nurses compiled by the department, the department finds that issuance of a permit
5 complies with the intent of this subsection. The use of this review procedure is
6 discretionary with the department and all costs of the review procedure shall be paid
7 by the applicant.

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

9 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function
10 in one or both arms and fails to meet the minimum standards of the standard upper
11 extremity pinch test, the standard grip test, or the standard nine-hole peg test,
12 administered under the direction of a licensed physician, a licensed physician
13 assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced practice registered
14 nurse ~~prescriber~~.

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

16 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in
17 one or both shoulders and fails to meet the minimum standards of the standard
18 shoulder strength test, administered under the direction of a licensed physician, a
19 licensed physician assistant, a licensed chiropractor, or a ~~certified~~ licensed advanced
20 practice registered nurse ~~prescriber~~.

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

22 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this
23 subsection, except a permit under par. (c) 3., may obtain a review of that decision by
24 a licensed physician, a licensed physician assistant, a licensed chiropractor, a
25 licensed podiatrist, or a ~~certified~~ licensed advanced practice registered nurse

ASSEMBLY BILL 568**SECTION 6**

1 prescriber designated by the department and with an office located in the
2 department district in which the applicant resides. The department shall pay for the
3 cost of a review under this paragraph unless the denied application on its face fails
4 to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is
5 the only method of review of a decision to deny a permit under this subsection and
6 is not subject to further review under ch. 227.

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

8 29.193 (3) (a) Produces a certificate from a licensed physician, a licensed
9 physician assistant, a licensed optometrist, or a ~~certified~~ licensed advanced practice
10 registered nurse ~~prescriber~~ stating that his or her sight is impaired to the degree that
11 he or she cannot read ordinary newspaper print with or without corrective glasses.

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

13 45.40 (1g) (a) "Health care provider" means an advanced practice registered
14 nurse ~~prescriber certified under s. 441.16 (2)~~ licensed under ch. 441, an audiologist
15 licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed
16 under ch. 449, a physician licensed under s. 448.02, or a podiatrist licensed under s.
17 448.63.

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

19 46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and
20 keep current an information sheet to be distributed to a patient by a physician,
21 physician assistant, or ~~certified~~ advanced practice registered nurse ~~prescriber~~ who
22 has prescribing authority under s. 441.09 (2) (c) providing expedited partner therapy
23 to that patient under s. 448.035. The information sheet shall include information
24 about sexually transmitted diseases and their treatment and about the risk of drug
25 allergies. The information sheet shall also include a statement advising a person

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1 with questions about the information to contact his or her physician, pharmacist, or
2 local health department, as defined in s. 250.01 (4).

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

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

5 50.08 (2) A physician, an advanced practice registered nurse ~~prescriber~~
6 ~~certified under s. 441.16 (2) who has prescribing authority under s. 441.09 (2) (c), or~~
7 a physician assistant licensed under ch. 448, who prescribes a psychotropic
8 medication to a nursing home resident who has degenerative brain disorder shall
9 notify the nursing home if the prescribed medication has a boxed warning under 21
10 CFR 201.57.

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

12 50.09 (1) (a) (intro.) Private and unrestricted communications with the
13 resident's family, physician, physician assistant, advanced practice registered nurse
14 ~~prescriber~~, attorney, and any other person, unless medically contraindicated as
15 documented by the resident's physician, physician assistant, or advanced practice
16 registered nurse ~~prescriber~~ in the resident's medical record, except that
17 communications with public officials or with the resident's attorney shall not be
18 restricted in any event. The right to private and unrestricted communications shall
19 include, but is not limited to, the right to:

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

21 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
22 or both domestic partners under ch. 770 are residents of the same facility, the spouses
23 or domestic partners shall be permitted to share a room unless medically
24 contraindicated as documented by the resident's physician, physician assistant, or
25 advanced practice registered nurse ~~prescriber~~ in the resident's medical record.

ASSEMBLY BILL 568**SECTION 14**

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

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

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

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

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

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

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1 advanced practice registered nurse ~~prescriber~~ and that are, except as provided in
2 subd. 6., provided on a visiting basis in a place of residence used as the individual's
3 home:

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

5 51.41 (1d) (b) 4. A psychiatric mental health advanced practice registered
6 nurse who is suggested by the Milwaukee County board of supervisors. The
7 Milwaukee County board of supervisors shall solicit suggestions from organizations
8 including the Wisconsin Nurses Association for individuals who specialize in a full
9 continuum of behavioral health and medical services including emergency
10 detention, inpatient, residential, transitional, partial hospitalization, intensive
11 outpatient, and wraparound community-based services. The Milwaukee County
12 board of supervisors shall suggest to the Milwaukee County executive 4 psychiatric
13 mental health advanced practice registered nurses for this board membership
14 position.

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

16 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
17 appear before it in relation to the assessment. Instead of appearing in person at the
18 hearing, the board may allow the property owner, or the property owner's
19 representative, at the request of either person, to appear before the board, under
20 oath, by telephone or to submit written statements, under oath, to the board. The
21 board shall hear upon oath, by telephone, all ill or disabled persons who present to
22 the board a letter from a physician, osteopath, physician assistant, as defined in s.
23 448.01 (6), or advanced practice registered nurse ~~prescriber certified under s. 441.16~~
24 ~~(2)~~ licensed under ch. 441 that confirms their illness or disability. At the request of
25 the property owner or the property owner's representative, the board may postpone

ASSEMBLY BILL 568**SECTION 18**

1 and reschedule a hearing under this subsection, but may not postpone and
2 reschedule a hearing more than once during the same session for the same property.

3 The board at such hearing shall proceed as follows:

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

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

6 77.54 (14) (f) 4. An advanced practice registered nurse who has prescribing
7 authority under s. 441.09 (2) (c).

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

9 **97.59 Handling foods.** No person in charge of any public eating place or other
10 establishment where food products to be consumed by others are handled may
11 knowingly employ any person handling food products who has a disease in a form
12 that is communicable by food handling. If required by the local health officer or any
13 officer of the department for the purposes of an investigation, any person who is
14 employed in the handling of foods or is suspected of having a disease in a form that
15 is communicable by food handling shall submit to an examination by the officer or
16 by a physician, physician assistant, or advanced practice registered nurse ~~prescriber~~
17 designated by the officer. The expense of the examination, if any, shall be paid by the
18 person examined. Any person knowingly infected with a disease in a form that is
19 communicable by food handling who handles food products to be consumed by others
20 and any persons knowingly employing or permitting such a person to handle food
21 products to be consumed by others shall be punished as provided by s. 97.72.

22 **SECTION 22.** 102.13 (1) (a) of the statutes is amended to read:

23 102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed
24 by an employee, the employee shall, upon the written request of the employee's
25 employer or worker's compensation insurer, submit to reasonable examinations by

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1 physicians, chiropractors, psychologists, dentists, physician assistants, advanced
2 practice nurse prescribers registered nurses, or podiatrists provided and paid for by
3 the employer or insurer. No employee who submits to an examination under this
4 paragraph is a patient of the examining physician, chiropractor, psychologist,
5 dentist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
6 podiatrist for any purpose other than for the purpose of bringing an action under ch.
7 655, unless the employee specifically requests treatment from that physician,
8 chiropractor, psychologist, dentist, physician assistant, advanced practice registered
9 nurse ~~prescriber~~, or podiatrist.

10 **SECTION 23.** 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to
11 read:

12 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee
13 submit to reasonable examination under par. (a) or (am) shall tender to the employee,
14 before the examination, all necessary expenses including transportation expenses.
15 The employee is entitled to have a physician, chiropractor, psychologist, dentist,
16 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist
17 provided by himself or herself present at the examination and to receive a copy of all
18 reports of the examination that are prepared by the examining physician,
19 chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced
20 practice registered nurse ~~prescriber~~, or vocational expert immediately upon receipt
21 of those reports by the employer or worker's compensation insurer. The employee is
22 also entitled to have a translator provided by himself or herself present at the
23 examination if the employee has difficulty speaking or understanding the English
24 language. The employer's or insurer's written request for examination shall notify
25 the employee of all of the following:

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1 1. The proposed date, time, and place of the examination and the identity and
2 area of specialization of the examining physician, chiropractor, psychologist, dentist,
3 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
4 vocational expert.

5 3. The employee's right to have his or her physician, chiropractor, psychologist,
6 dentist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
7 podiatrist present at the examination.

8 4. The employee's right to receive a copy of all reports of the examination that
9 are prepared by the examining physician, chiropractor, psychologist, dentist,
10 podiatrist, physician assistant, advanced practice registered nurse ~~prescriber~~, or
11 vocational expert immediately upon receipt of these reports by the employer or
12 worker's compensation insurer.

13 **SECTION 24.** 102.13 (1) (d) 1., 2., 3. and 4. of the statutes are amended to read:

14 102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,
15 physician assistant, advanced practice registered nurse ~~prescriber~~, or vocational
16 expert who is present at any examination under par. (a) or (am) may be required to
17 testify as to the results of the examination.

18 2. Any physician, chiropractor, psychologist, dentist, physician assistant,
19 advanced practice registered nurse ~~prescriber~~, or podiatrist who attended a worker's
20 compensation claimant for any condition or complaint reasonably related to the
21 condition for which the claimant claims compensation may be required to testify
22 before the division when the division so directs.

23 3. Notwithstanding any statutory provisions except par. (e), any physician,
24 chiropractor, psychologist, dentist, physician assistant, advanced practice registered
25 nurse ~~prescriber~~, or podiatrist attending a worker's compensation claimant for any

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1 condition or complaint reasonably related to the condition for which the claimant
2 claims compensation may furnish to the employee, employer, worker's compensation
3 insurer, department, or division information and reports relative to a compensation
4 claim.

5 4. The testimony of any physician, chiropractor, psychologist, dentist,
6 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist who
7 is licensed to practice where he or she resides or practices in any state and the
8 testimony of any vocational expert may be received in evidence in compensation
9 proceedings.

10 **SECTION 25.** 102.13 (2) (a) of the statutes is amended to read:

11 102.13 (2) (a) An employee who reports an injury alleged to be work-related
12 or files an application for hearing waives any physician-patient,
13 psychologist-patient, or chiropractor-patient privilege with respect to any condition
14 or complaint reasonably related to the condition for which the employee claims
15 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any
16 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,
17 advanced practice registered nurse ~~prescriber~~, hospital, or health care provider
18 shall, within a reasonable time after written request by the employee, employer,
19 worker's compensation insurer, department, or division, or its representative,
20 provide that person with any information or written material reasonably related to
21 any injury for which the employee claims compensation.

22 **SECTION 26.** 102.13 (2) (b) of the statutes is amended to read:

23 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,
24 physician assistant, advanced practice registered nurse ~~prescriber~~, hospital, or
25 health service provider shall furnish a legible, certified duplicate of the written

ASSEMBLY BILL 568**SECTION 26**

1 material requested under par. (a) in paper format upon payment of the actual costs
2 of preparing the certified duplicate, not to exceed the greater of 45 cents per page or
3 \$7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified
4 duplicate of that material in electronic format upon payment of \$26 per request. Any
5 person who refuses to provide certified duplicates of written material in the person's
6 custody that is requested under par. (a) shall be liable for reasonable and necessary
7 costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in
8 enforcing the requester's right to the duplicates under par. (a).

9 **SECTION 27.** 102.17 (1) (d) 1. and 2. of the statutes are amended to read:

10 102.17 (1) (d) 1. The contents of certified medical and surgical reports by
11 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,
12 advanced practice nurse prescribers registered nurses, and chiropractors licensed in
13 and practicing in this state, and of certified reports by experts concerning loss of
14 earning capacity under s. 102.44 (2) and (3), presented by a party for compensation
15 constitute prima facie evidence as to the matter contained in those reports, subject
16 to any rules and limitations the division prescribes. Certified reports of physicians,
17 podiatrists, surgeons, dentists, psychologists, physician assistants, advanced
18 practice nurse prescribers registered nurses, and chiropractors, wherever licensed
19 and practicing, who have examined or treated the claimant, and of experts, if the
20 practitioner or expert consents to being subjected to cross-examination, also
21 constitute prima facie evidence as to the matter contained in those reports. Certified
22 reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are
23 admissible as evidence of the diagnosis, necessity of the treatment, and cause and
24 extent of the disability. Certified reports by doctors of dentistry, physician
25 assistants, and advanced practice nurse prescribers registered nurses are

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1 admissible as evidence of the diagnosis and necessity of treatment but not of the
2 cause and extent of disability. Any physician, podiatrist, surgeon, dentist,
3 psychologist, chiropractor, physician assistant, advanced practice registered nurse
4 ~~prescriber~~, or expert who knowingly makes a false statement of fact or opinion in a
5 certified report may be fined or imprisoned, or both, under s. 943.395.

6 2. The record of a hospital or sanatorium in this state that is satisfactory to the
7 division, established by certificate, affidavit, or testimony of the supervising officer
8 of the hospital or ~~sanitorium~~ sanatorium, any other person having charge of the
9 record, or a physician, podiatrist, surgeon, dentist, psychologist, physician assistant,
10 advanced practice registered nurse ~~prescriber~~, or chiropractor to be the record of the
11 patient in question, and made in the regular course of examination or treatment of
12 the patient, constitutes prima facie evidence as to the matter contained in the record,
13 to the extent that the record is otherwise competent and relevant.

14 **SECTION 28.** 102.29 (3) of the statutes is amended to read:

15 102.29 (3) Nothing in this chapter shall prevent an employee from taking the
16 compensation that the employee may be entitled to under this chapter and also
17 maintaining a civil action against any physician, chiropractor, psychologist, dentist,
18 physician assistant, advanced practice registered nurse ~~prescriber~~, or podiatrist for
19 malpractice.

20 **SECTION 29.** 102.42 (2) (a) of the statutes is amended to read:

21 102.42 (2) (a) When the employer has notice of an injury and its relationship
22 to the employment, the employer shall offer to the injured employee his or her choice
23 of any physician, chiropractor, psychologist, dentist, physician assistant, advanced
24 practice registered nurse ~~prescriber~~, or podiatrist licensed to practice and practicing
25 in this state for treatment of the injury. By mutual agreement, the employee may

ASSEMBLY BILL 568**SECTION 29**

1 have the choice of any qualified practitioner not licensed in this state. In case of
2 emergency, the employer may arrange for treatment without tendering a choice.
3 After the emergency has passed the employee shall be given his or her choice of
4 attending practitioner at the earliest opportunity. The employee has the right to a
5 2nd choice of attending practitioner on notice to the employer or its insurance carrier.
6 Any further choice shall be by mutual agreement. Partners and clinics are
7 considered to be one practitioner. Treatment by a practitioner on referral from
8 another practitioner is considered to be treatment by one practitioner.

9 **SECTION 30.** 106.30 (1) of the statutes is amended to read:

10 106.30 (1) DEFINITION. In this section, "nurse" means a registered nurse
11 licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse
12 licensed or permitted under s. 441.10, or an advanced practice registered nurse
13 ~~prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15~~
14 441.09.

15 **SECTION 31.** 118.15 (3) (a) of the statutes is amended to read:

16 118.15 (3) (a) Any child who is excused by the school board because the child
17 is temporarily not in proper physical or mental condition to attend a school program
18 but who can be expected to return to a school program upon termination or
19 abatement of the illness or condition. The school attendance officer may request the
20 parent or guardian of the child to obtain a written statement from a licensed
21 physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or
22 ~~nurse practitioner, as defined in s. 255.06 (1) (d), or certified advanced practice~~
23 registered nurse prescriber or Christian Science practitioner living and residing in
24 this state, who is listed in the Christian Science Journal, as sufficient proof of the

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1 physical or mental condition of the child. An excuse under this paragraph shall be
2 in writing and shall state the time period for which it is valid, not to exceed 30 days.

3 **SECTION 32.** 118.29 (1) (e) of the statutes is amended to read:

4 118.29 (1) (e) "Practitioner" means any physician, dentist, optometrist,
5 physician assistant, advanced practice registered nurse prescriber with prescribing
6 authority, or podiatrist licensed in any state.

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

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

9 118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice
10 registered nurse prescriber who has prescribing authority under s. 441.09 (2) (c), or
11 a physician assistant may prescribe epinephrine auto-injectors in the name of a
12 school that has adopted a plan under sub. (2) (a), to be maintained by the school for
13 use under sub. (4).

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

15 118.2925 (4) (c) Administer an epinephrine auto-injector to a pupil or other
16 person who the school nurse or designated school personnel in good faith believes is
17 experiencing anaphylaxis in accordance with a standing protocol from a physician,
18 an advanced practice registered nurse prescriber who has prescribing authority
19 under s. 441.09 (2) (c), or a physician assistant, regardless of whether the pupil or
20 other person has a prescription for an epinephrine auto-injector. If the pupil or other
21 person does not have a prescription for an epinephrine auto-injector, or the person
22 who administers the epinephrine auto-injector does not know whether the pupil or
23 other person has a prescription for an epinephrine auto-injector, the person who
24 administers the epinephrine auto-injector shall, as soon as practicable, report the
25 administration by dialing the telephone number "911" or, in an area in which the

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1 telephone number "911" is not available, the telephone number for an emergency
2 medical service provider.

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

4 118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF
5 MEDICINE. A school and its designated school personnel, and a physician, advanced
6 practice registered nurse prescriber who has prescribing authority under s. 441.09
7 (2) (c), or physician assistant who provides a prescription or standing protocol for
8 school epinephrine auto-injectors, are not liable for any injury that results from the
9 administration or self-administration of an epinephrine auto-injector under this
10 section, regardless of whether authorization was given by the pupil's parent or
11 guardian or by the pupil's physician, physician assistant, or advanced practice
12 registered nurse prescriber, unless the injury is the result of an act or omission that
13 constitutes gross negligence or willful or wanton misconduct. The immunity from
14 liability provided under this subsection is in addition to and not in lieu of that
15 provided under s. 895.48.

16 **SECTION 37.** 146.343 (1) (c) of the statutes is amended to read:

17 146.343 (1) (c) "Nurse-midwife" means an individual who is licensed to engage
18 in the practice of nurse-midwifery under s. 441.15 (3) (a) as an advanced practice
19 registered nurse and possesses a certified nurse-midwife endorsement under s.
20 441.09.

specialty designation

✓

21 **SECTION 38.** 146.82 (3) (a) of the statutes is amended to read:

22 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as
23 defined in s. 448.01 (6), or advanced practice registered nurse prescriber-certified
24 under s. 441.16 (2) licensed under s. 441.09 who treats a patient whose physical or
25 mental condition in the physician's, physician assistant's, or advanced practice nurse

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1 ~~prescriber's~~ registered nurse's judgment affects the patient's ability to exercise
2 reasonable and ordinary control over a motor vehicle may report the patient's name
3 and other information relevant to the condition to the department of transportation
4 without the informed consent of the patient.

5 **SECTION 39.** 146.89 (1) (r) 1. of the statutes is amended to read:

6 146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental
7 hygienist under ch. 447, a registered nurse, practical nurse, or ~~nurse-midwife~~
8 advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a
9 physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under
10 ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch.
11 III of ch. 448.

12 **SECTION 40.** 146.89 (1) (r) 3. of the statutes is repealed.

13 **SECTION 41.** 146.89 (1) (r) 8. of the statutes is amended to read:

14 146.89 (1) (r) 8. An advanced practice registered nurse who has ~~a certificate~~
15 ~~to issue prescription orders under s. 441.16 (2) prescribing authority under s. 441.09~~
16 (2) (c).

17 **SECTION 42.** 146.89 (6) of the statutes is amended to read:

18 146.89 (6) (a) While serving as a volunteer health care provider under this
19 section, an advanced practice registered nurse who has ~~a certificate to issue~~
20 ~~prescription orders under s. 441.16 (2) prescribing authority under s. 441.09 (2) (c)~~
21 is considered to meet the requirements of s. 655.23, if required to comply with s.
22 655.23.

23 (b) While serving as a volunteer health care provider under this section, an
24 advanced practice registered nurse who has ~~a certificate to issue prescription orders~~