
Wisconsin Legislative Council

AMENDMENT MEMO



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2023 Senate Bill 145

Senate Amendment 2

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The bill creates a new system of licensure that allows a registered nurse to be licensed by the Board of Nursing as an advanced practice registered nurse (APRN). Among other things, the bill generally authorizes an APRN to issue prescription orders, use the title “A.P.R.N.,” and delegate certain tasks to other clinically trained health care workers. The system of APRN licensure replaces certain authorities granted to a person who is certified under current law as an advanced practice nurse prescriber.

The bill provides a number of paths that allow a registered nurse to be licensed as an APRN, though whether a registered nurse must apply for a license, is automatically granted a license, or has any limitations on the license, generally depends on the registered nurse’s education, experience, and the type of registered nurse license the person holds.

The bill recognizes four distinct APRN roles: certified nurse-midwife; certified registered nurse anesthetist; clinical nurse specialist; and nurse practitioner. The bill requires the board, upon granting a person an APRN license, to also grant the person one or more specialty designations corresponding to the recognized role or roles for which the person qualifies.

The bill also requires the board to promulgate administrative rules necessary to administer the newly created APRN law, including rules establishing certain criteria an APRN must satisfy for licensure and defining the scope of practice of APRNs. The board may also promulgate rules to oversee the required continuing education. However, the board may not promulgate rules that expand the scope of practice of an APRN beyond the practices within advanced practice registered nursing.

The bill makes a number of other changes throughout the statutes relating to APRNs. Two such provisions of the bill affected by the amendment are described below.

Collaboration Requirement

Current administrative rules require a person who is certified as an advanced practice nurse prescriber to work in a collaborative relationship with a physician or dentist. The collaborative relationship may include working in each other’s presence, when necessary, to deliver health care services. An advanced practice nurse prescriber is also required to document the collaborative relationship. [s. N 8.10 (7), Wis. Adm. Code.]

The bill specifies that an APRN is required to practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill’s requirements for independent practice is largely exempt from the collaboration requirement. Similar to the current administrative rules for an advanced practice nurse prescriber, a collaborative relationship must be documented and may include working in each other’s presence when necessary.

To qualify for independent practice under the bill, an APRN must have completed 3,840 clinical hours of APRN practice in the recognized role while working with a physician or dentist in a documented mutual, professional relationship.

Injured Patients and Families Compensation Fund

Current law requires nurse anesthetists to participate in the Injured Patients and Families Compensation Fund (IPFCF) under ch. 655, Stats., but does not require a holder of any other type of nursing license to participate in the fund. Each health care provider who is subject to the provisions of ch. 655, Stats., is required to maintain at least \$1 million liability insurance coverage and to participate in the IPFCF by paying an annual assessment. [ss. 655.23 and 655.27 (3) (a), Stats.] The IPFCF then provides medical malpractice coverage on an occurrence basis for participating health care providers and pays out that portion of any medical malpractice claim in excess of \$1 million. [s. 655.27 (1), Stats.]

The bill removes nurse anesthetists from the provisions of ch. 655, Stats., and instead applies the fund's requirements to APRNs, using a special definition of APRN that is applicable only for the purposes of that chapter. Under that chapter, the bill defines APRNs as only those licensed APRNs who are qualified to practice independently in the person's recognized role, and who practice advanced practice registered nursing outside of a collaborative relationship with a physician or dentist or other employment relationship. However, the bill's definition of APRN for ch. 655, Stats., excludes an individual who only practices as a certified nurse-midwife.

In other words, the bill expands the type of health care providers required to participate in the IPFCF to include all APRNs who have met the independent practice standard and do practice independently, other than certified nurse-midwives.

SENATE AMENDMENT 2

The amendment does the following two things:

- Increases from 3,840 to 5,760 the number of clinical hours of advanced practice registered nursing in a recognized role that an APRN must complete working with a physician or dentist before the APRN may practice without being supervised by or collaborating with, and independent of, a physician or dentist.
- Deletes the provision in the bill that created an exception for those APRNs who only practice as a certified nurse-midwife from participation in the IPFCF, meaning that those APRNs are required to participate in the IPFCF under the amendment.

BILL HISTORY

Senator Testin offered Senate Amendment 2 on October 17, 2023. On the same day, the Senate adopted the amendment on a voice vote, and passed the bill, as amended, on a vote of Ayes, 23; Noes, 9.

For a full history of the bill, visit the Legislature's [bill history page](#).

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