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## WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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### CLEARINGHOUSE RULE 03-009

#### Comments

**[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated October 2002.]**

#### **I. Statutory Authority**

a. Section N 4.10 (2) (a) deviates from the authorizing statutory language in s. 441.15 (5) (a) 1., in two ways. First, it does not include an exemption from malpractice liability insurance requirements for federal employees. Although s. N 4.10 (2) (b) applies the exemption to nurse-midwives who practice as employees of the federal public health service, the statute contains that exemption and an additional exemption for any federal employee who practices nurse-midwifery within the scope of his or her employment. Second, the rule utilizes a definition of “governmental subdivision” that includes a type of local government that is not included within the statutory language, namely a “special purpose district.” These provisions of the rule should be rewritten to comply with the statutory authorizing language.

b. The definition of “complications” in s. N 4.02 (4) deviates from s. 441.15 (4), Stats. The statutory provision refers to “any complication which jeopardizes the health or life of a newborn or mother...”, while the rule deletes the current reference to the newborn or mother in the definition and only refers to the “client.” Who is included in the term “clients”? (Also, who is a “patient” as referred to in ss. N 4.06 (3) and (4) and 4.10 (3)?) The rule would be clearer if the current language were retained.

c. Section N 4.06 (3) appears to conflict with s. 441.15 (4), Stats. The statute provides that if certain complications occur, the nurse-midwife may either consult with the collaborating physician or his or her designee or make a referral as specified in a written agreement. The rule,

however, provides for only one of these options--referral. The rule should be rewritten to include both options as stated in the statutes.

## **2. Form, Style and Placement in Administrative Code**

a. In s. N 4.01 (2), the first “and” in the existing text should be deleted and the last comma should be replaced by a semicolon.

b. The definitions in s. N 4.02 need to be reorganized so that they are arranged in alphabetical order. See s. 1.01 (7), Manual.

c. Sections N 4.02 (4) and 4.06 (1) refer to the standards of practice of the American College of Nurse-Midwives. These standards should be incorporated by reference as provided in s. 227.21 (2), Stats.

d. In s. N 4.06 (1), the second “of” in the existing language should be retained.

## **5. Clarity, Grammar, Punctuation and Use of Plain Language**

a. It appears that in order to be consistent with ss. N 4.03 (2) and 4.04 (4), s. N 4.04 (1) (c) should specify that an applicant may provide evidence of certification from the American College of Nurse-Midwives Certification Council.

b. Section N 4.06 (3) and (4) would be clearer if the text specified to whom a referral is made.

c. It appears that the requirement in current s. N 4.07 (4) that a nurse-midwife notify a physician when complications occur conflicts with s. N 4.06 (4), which requires referral of a patient with complications. This discrepancy should be corrected.