2023 SENATE BILL 145


AN ACT to repeal 50.01 (1b), 77.54 (14) (f) 3., 118.2925 (1) (b), 146.89 (1) (r) 8., 252.01 (1c), 440.03 (13) (b) 3., 440.03 (13) (b) 42., 440.08 (2) (a) 4m., 440.08 (2) (a) 4m. (a) 50., 441.11 (title), 441.11 (1), 441.11 (3), 441.15, 441.16, 441.19, 448.035 (1) (a), 450.01 (1m) and 655.001 (9); to renumber 655.001 (1); to renumber and amend 146.89 (1) (r) 3., 253.13 (1), 255.06 (1) (d), 441.06 (7) and 441.11 (2); to amend 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2) (c) 3., 29.193 (2) (c) 2. b., 29.193 (2) (c) 2. c., 29.193 (2) (e), 29.193 (2) (e) (a), 45.40 (1g) (a), 46.03 (44), 50.08 (2), 50.09 (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (2) (a), 50.49 (1) (b) (intro.), 51.41 (1d) (b) 4., 70.47 (8) (intro.), 77.54 (14) (f) 4., 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 1., 3. and 4., 102.13 (1) (d) 1., 2., 3. and 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1. and 2., 102.29 (3), 102.42 (2) (a), 106.30 (1), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e), 118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 146.615 (1) (a), 146.82 (3) (a), 146.89 (1) (r) 1., 146.89 (6), 154.01 (1g), 252.07 (8) (a) 2., 252.07 (9) (c), 252.10 (7), 252.11 (2), (4), (5) and (7),
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252.11 (10), 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3.
and (7m) (intro.) and (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.07 (4)
(d), 253.115 (4), 253.115 (7) (a) (intro.), 253.15 (2), 255.06 (2) (d), 255.07 (1) (d),
257.01 (5) (a) and (b), 341.14 (1a), (1e) (a), (1m) and (1q), 343.16 (5) (a), 343.51
(1), 343.62 (4) (a) 4., 440.077 (1) (a), 440.077 (2) (c), 440.094 (1) (c) 1., 440.094
(2) (a) (intro.), 440.981 (1), 440.982 (1), 440.987 (2), 441.01 (3), 441.01 (4), 441.01
(7) (a) (intro.), 441.01 (7) (b), 441.06 (3), 441.06 (4), 441.07 (1g) (intro.), (a), (c)
and (e), 441.10 (7), 441.18 (2) (a) (intro.), 441.18 (2) (b), 441.18 (3), 448.03 (2) (a),
448.035 (2) to (4), 448.56 (1) and (1m) (b), 448.62 (2m), 448.67 (2), 448.956 (1m),
450.01 (16) (h) 2., 450.01 (16) (hr) 2., 450.03 (1) (e), 450.11 (1g) (b), 450.11 (1i)
(a) 1., 450.11 (1i) (b) 2. b., 450.11 (7) (b), 450.11 (8) (e), 450.13 (5) (b), 450.135 (7)
(b), 462.04, 655.001 (7t), 655.002 (1) (a), 655.002 (1) (b), 655.002 (1) (c), 655.002
(1) (d), 655.002 (1) (e), 655.002 (1) (em), 655.002 (2) (a), 655.002 (2) (b), 655.003
(1), 655.003 (3), 655.005 (2) (a), 655.005 (2) (b), 655.23 (5m), 655.27 (3) (a) 4.,
655.27 (3) (b) 2m., 655.275 (2), 655.275 (5) (b) 2., 961.01 (19) (a) and 961.395;

to repeal and recreate 155.01 (1g) (b), 251.01 (1c) and 441.06 (title); and to
create 253.115 (1) (f), 253.13 (1) (a), 253.15 (1) (em), 255.06 (1) (f) 2., 440.03 (13)
b) 39m., 440.08 (2) (a) 47r., 441.001 (1c), 441.001 (3c), 441.001 (3g), 441.001
(3n), 441.001 (3r), 441.001 (3w), 441.001 (5), 441.01 (7) (c), 441.09, 441.092 and
655.001 (1g) of the statutes; relating to: advanced practice registered nurses,
extending the time limit for emergency rule procedures, providing an
exemption from emergency rule procedures, and granting rule-making
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 hold a current national certification approved by the board; 3) possess malpractice liability insurance as provided in the bill; 4) pay a fee determined by the Department of Safety and Professional Services; and 5) satisfy certain other criteria specified in the bill. 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, 2024, is 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 bill also, however, automatically grants licenses to certain RNs, as further described below. 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. 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.

Under the bill, all APRNs, except APRNs with a certified nurse-midwife specialty designation, must practice in collaboration with a physician or dentist. However, under the bill, an APRN may practice without being supervised by a physician or dentist if the Board of Nursing verifies that the APRN has completed 3,840 clinical hours of advanced practice registered nursing practice in their recognized role while working with a physician or dentist during those 3,840 hours of practice. APRNs with a certified nurse-midwife specialty designation are instead required, if they offer to deliver babies outside of a hospital setting, to file and keep current with the board a proactive plan for involving a hospital or a physician who has admitting privileges at a hospital in the treatment of patients with higher acuity or emergency care needs, as further described below. Additionally, under the bill, an APRN may provide pain management services only while working in a collaborative relationship with a physician or, if the APRN has qualified to practice independently, in a hospital or clinic associated with a hospital.
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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 specialty designations 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 a specialty designation for that role. However, the bill allows an APRN to delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN’s practice, the APRN is competent to perform the task or issue the order, and the APRN has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances. The bill requires an APRN to adhere to professional standards when managing situations that are beyond the APRN’s expertise.

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 all APRNs to complete continuing education requirements each biennium in clinical pharmacology or therapeutics relevant to the APRN’s area of practice and to satisfy certain other requirements when renewing a license.

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. Under the bill, “certified nurse-midwife” is one of the four recognized roles for APRNs, and a person who is licensed as a nurse-midwife under current law is automatically granted an APRN license with a certified nurse-midwife specialty designation. The bill otherwise allows nurse-midwives to be licensed as APRNs if they satisfy the licensure requirements, except that the bill also requires that a person applying for a certified nurse-midwife specialty designation be certified by the American Midwifery Certification Board. The bill also requires an APRN with a specialty designation as a certified nurse-midwife to file with the board, and obtain the board’s approval of, a plan for ensuring appropriate care or care transitions in treating certain patients if the APRN offers to deliver babies outside of a hospital setting.

Prescribing authority

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. An RN holding a certificate is subject to various practice requirements and limitations 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 generally authorizes APRNs to issue prescription orders. A person who is certified to issue prescription orders under current law is automatically granted an APRN license with his or her appropriate specialty designation. RNs who are practicing in a recognized role on January 1, 2024, but who do not hold a certificate to issue prescription orders on that date and who are granted an APRN license under the bill may not issue prescription orders. As under current law, an APRN issuing
prescription orders is subject to various practice requirements and limitations established by the board.

The bill repeals a provision concerning the ability of advanced practice nurses who are certified to issue prescription orders and who are required to work in collaboration with or under the supervision of a physician to obtain and practice under a federal waiver to dispense narcotic drugs to individuals for addiction treatment.

**Malpractice liability insurance**

The bill requires all APRNs to maintain malpractice liability insurance in coverage amounts specified under current law for physicians and nurse anesthetists except for APRNs whose employer has in effect malpractice liability insurance that provides the same amount of coverage for the APRN. Additionally, the bill requires APRNs who have qualified to practice independently and who practice outside a collaborative or employment relationship, but not including those APRNs who only practice as a certified nurse-midwife, to participate in the Injured Patients and Families Compensation Fund. The Injured Patients and Families Compensation Fund provides excess medical malpractice coverage for health care providers who participate in the fund and meet all other participation requirements, which includes maintaining malpractice liability insurance in coverage amounts specified under current law.

**OTHER CHANGES**

The bill makes numerous other changes throughout the statutes relating to APRNs, including various terminology changes.

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

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**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 or both arms or one or both hands and fails to meet the minimum standards of any one of the following standard tests, administered under the direction of a licensed physician, a licensed physician assistant, a licensed chiropractor, or a certified licensed advanced practice registered nurse prescriber:

3. **SECTION 2.** 29.193 (2) (b) 2. of the statutes is amended to read:
29.193 (2) (b) 2. An applicant shall submit an application on a form prepared and furnished by the department, which shall include a written statement or report prepared and signed by a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a certified licensed advanced practice registered nurse prescriber prepared no more than 6 months preceding the application and verifying that the applicant is physically disabled.

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

29.193 (2) (c) 3. The department may issue a Class B permit to an applicant who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the applicant and the recommendation of a licensed physician, a licensed physician assistant, a licensed chiropractor, a licensed podiatrist, or a certified licensed advanced practice registered nurse prescriber selected by the applicant from a list of licensed physicians, licensed physician assistants, licensed chiropractors, licensed podiatrists, and certified licensed advanced practice nurse prescribers registered nurses compiled by the department, the department finds that issuance of a permit complies with the intent of this subsection. The use of this review procedure is discretionary with the department and all costs of the review procedure shall be paid by the applicant.

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

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

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

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

Section 6. 29.193 (2) (e) of the statutes is amended to read:

29.193 (2) (e) Review of decisions. An applicant denied a permit under this
subsection, except a permit under par. (c) 3., may obtain a review of that decision by
a licensed physician, a licensed physician assistant, a licensed chiropractor, a
licensed podiatrist, or a certified licensed advanced practice registered nurse
prescriber designated by the department and with an office located in the
department district in which the applicant resides. The department shall pay for the
cost of a review under this paragraph unless the denied application on its face fails
to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is
the only method of review of a decision to deny a permit under this subsection and
is not subject to further review under ch. 227.

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

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

Section 8. 45.40 (1g) (a) of the statutes is amended to read:
45.40 (1g) (a) “Health care provider” means an advanced practice registered nurse prescriber certified who may issue prescription orders under s. 441.16 441.09 (2), an audiologist licensed under ch. 459, a dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician licensed under s. 448.02, or a podiatrist licensed under s. 448.63.

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

46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and keep current an information sheet to be distributed to a patient by a physician, a physician assistant, or certified an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2) providing expedited partner therapy to that patient under s. 441.092, 448.035, or 448.9725. The information sheet shall include information about sexually transmitted diseases and their treatment and about the risk of drug allergies. The information sheet shall also include a statement advising a person with questions about the information to contact his or her physician, advanced practice registered nurse, pharmacist, or local health department, as defined in s. 250.01 (4).

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

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

50.08 (2) A physician, an advanced practice registered nurse prescriber certified who may issue prescription orders under s. 441.16 441.09 (2), or a physician assistant who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

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

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

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

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

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

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

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

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

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

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

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

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

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who
appear before it in relation to the assessment. Instead of appearing in person at the
hearing, the board may allow the property owner, or the property owner’s
representative, at the request of either person, to appear before the board, under
oath, by telephone or to submit written statements, under oath, to the board. The
board shall hear upon oath, by telephone, all ill or disabled persons who present to
the board a letter from a physician, physician assistant, or advanced practice
registered nurse prescriber certified under s. 441.16 (2) licensed under ch. 441 that
confirms their illness or disability. At the request of the property owner or the
property owner’s representative, the board may postpone and reschedule a hearing
under this subsection, but may not postpone and reschedule a hearing more than
once during the same session for the same property. The board at such hearing shall
proceed as follows:

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

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

77.54 (14) (f) 4. An advanced practice registered nurse who may issue
prescription orders under s. 441.09 (2).

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

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

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

102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed
by an employee, the employee shall, upon the written request of the employee’s
employer or worker’s compensation insurer, submit to reasonable examinations by
physicians, chiropractors, psychologists, dentists, physician assistants, advanced
practice nurse prescribers, registered nurses, or podiatrists provided and paid for by
the employer or insurer. No employee who submits to an examination under this
paragraph is a patient of the examining physician, chiropractor, psychologist,
dentist, physician assistant, advanced practice registered nurse prescriber, or
podiatrist for any purpose other than for the purpose of bringing an action under ch.
655, unless the employee specifically requests treatment from that physician,
chiropractor, psychologist, dentist, physician assistant, advanced practice registered
nurse prescriber, or podiatrist.

SECTION 23. 102.13 (1) (b) (intro.), 1., 3. and 4. of the statutes are amended to
read:
102.13 (1) (b) (intro.) An employer or insurer who requests that an employee submit to reasonable examination under par. (a) or (am) shall tender to the employee, before the examination, all necessary expenses including transportation expenses. The employee is entitled to have a physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist provided by himself or herself present at the examination and to receive a copy of all reports of the examination that are prepared by the examining physician, chiropractor, psychologist, podiatrist, dentist, physician assistant, advanced practice registered nurse prescriber, or vocational expert immediately upon receipt of those reports by the employer or worker’s compensation insurer. The employee is entitled to have one observer provided by himself or herself present at the examination. The employee is also entitled to have a translator provided by himself or herself present at the examination if the employee has difficulty speaking or understanding the English language. The employer’s or insurer’s written request for examination shall notify the employee of all of the following:

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

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

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

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

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

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

3. Notwithstanding any statutory provisions except par. (e), any physician,
chiropractor, psychologist, dentist, physician assistant, advanced practice registered
nurse prescriber, or podiatrist attending a worker’s compensation claimant for any
condition or complaint reasonably related to the condition for which the claimant
claims compensation may furnish to the employee, employer, worker’s compensation
insurer, department, or division information and reports relative to a compensation
claim.

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

SECTION 25. 102.13 (2) (a) of the statutes is amended to read:
102.13 (2) (a) An employee who reports an injury alleged to be work-related or files an application for hearing waives any physician–patient, psychologist–patient, or chiropractor–patient privilege with respect to any condition or complaint reasonably related to the condition for which the employee claims compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within a reasonable time after written request by the employee, employer, worker’s compensation insurer, department, or division, or its representative, provide that person with any information or written material reasonably related to any injury for which the employee claims compensation. If the request is by a representative of a worker’s compensation insurer for a billing statement, the physician, chiropractor, psychologist, dentist, podiatrist, physician assistant, advanced practice registered nurse prescriber, hospital, or health care provider shall, within 30 days after receiving the request, provide that person with a complete copy of an itemized billing statement or a billing statement in a standard billing format recognized by the federal government.

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

102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, hospital, or health service provider shall furnish a legible, certified duplicate of the written material requested under par. (a) in paper format upon payment of the actual costs of preparing the certified duplicate, not to exceed the greater of 45 cents per page or $7.50 per request, plus the actual costs of postage, or shall furnish a legible, certified duplicate of that material in electronic format upon payment of $26 per request. Any
person who refuses to provide certified duplicates of written material in the person’s
custody that is requested under par. (a) shall be liable for reasonable and necessary
costs and, notwithstanding s. 814.04 (1), reasonable attorney fees incurred in
enforcing the requester’s right to the duplicates under par. (a).

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

102.17 (1) (d) 1. The contents of certified medical and surgical reports by
physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,
advanced practice nurse-prescribers, and chiropractors licensed in
and practicing in this state, and of certified reports by experts concerning loss of
earning capacity under s. 102.44 (2) and (3), presented by a party for compensation
constitute prima facie evidence as to the matter contained in those reports, subject
to any rules and limitations the division prescribes. Certified reports of physicians,
podiatrists, surgeons, dentists, psychologists, physician assistants, advanced
practice nurse-prescribers, and chiropractors, wherever licensed
and practicing, who have examined or treated the claimant, and of experts, if the
practitioner or expert consents to being subjected to cross-examination, also
constitute prima facie evidence as to the matter contained in those reports. Certified
reports of physicians, podiatrists, surgeons, psychologists, and chiropractors are
admissible as evidence of the diagnosis, necessity of the treatment, and cause and
extent of the disability. Certified reports by doctors of dentistry, physician
assistants, and advanced practice nurse-prescribers are
admissible as evidence of the diagnosis and necessity of treatment but not of the
cause and extent of disability. Any physician, podiatrist, surgeon, dentist,
psychologist, chiropractor, physician assistant, advanced practice
registered nurse
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SECTION 27

prescriber, or expert who knowingly makes a false statement of fact or opinion in a certified report may be fined or imprisoned, or both, under s. 943.395.

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

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

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

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

102.42 (2) (a) When the employer has notice of an injury and its relationship to the employment, the employer shall offer to the injured employee his or her choice of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice registered nurse prescriber, or podiatrist licensed to practice and practicing in this state for treatment of the injury. By mutual agreement, the employee may have the choice of any qualified practitioner not licensed in this state. In case of emergency, the employer may arrange for treatment without tendering a choice. After the emergency has passed the employee shall be given his or her choice of
attending practitioner at the earliest opportunity. The employee has the right to a
2nd choice of attending practitioner on notice to the employer or its insurance carrier.
Any further choice shall be by mutual agreement. Partners and clinics are
considered to be one practitioner. Treatment by a practitioner on referral from
another practitioner is considered to be treatment by one practitioner.

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

106.30 (1) **DEFINITION.** In this section, “nurse” means a registered nurse
licensed under s. 441.06 or permitted under s. 441.08, a licensed practical nurse
licensed or permitted under s. 441.10, or an advanced practice registered nurse
prescriber certified under s. 441.16 (2), or a nurse-midwife licensed under s. 441.15
441.09.

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

118.15 (3) (a) Any child who is excused by the school board because the child
is temporarily not in proper physical or mental condition to attend a school program
but who can be expected to return to a school program upon termination or
abatement of the illness or condition. The school attendance officer may request the
parent or guardian of the child to obtain a written statement from a licensed
physician, naturopathic doctor, dentist, chiropractor, optometrist, psychologist,
physician assistant, or nurse practitioner, as defined in s. 255.06 (1) (d), or certified
advanced practice registered nurse prescriber, or registered nurse described under
s. 255.06 (1) (f) 1, or Christian Science practitioner living and residing in this state,
who is listed in the Christian Science Journal, as sufficient proof of the physical or
mental condition of the child. An excuse under this paragraph shall be in writing and
shall state the time period for which it is valid, not to exceed 30 days.

**SECTION 32.** 118.25 (1) (a) of the statutes is amended to read:
118.25 (1) (a) “Practitioner” means a person licensed as a physician, naturopathic doctor, or physician assistant in any state or licensed as an advanced practice registered nurse or certified as an advanced practice registered nurse prescriber in any state. In this paragraph, “physician” has the meaning given in s. 448.01 (5).

SECTION 33. 118.29 (1) (e) of the statutes is amended to read:

118.29 (1) (e) “Practitioner” means any physician, naturopathic doctor, dentist, optometrist, physician assistant, advanced practice registered nurse prescriber with prescribing authority, or podiatrist licensed in any state.

SECTION 34. 118.2925 (1) (b) of the statutes is repealed.

SECTION 35. 118.2925 (3) of the statutes is amended to read:

118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant may prescribe epinephrine auto-injectors or prefilled syringes in the name of a school that has adopted a plan under sub. (2) (a), to be maintained by the school for use under sub. (4).

SECTION 36. 118.2925 (4) (c) of the statutes is amended to read:

118.2925 (4) (c) Administer an epinephrine auto-injector or prefilled syringe to a pupil or other person who the school nurse or designated school personnel in good faith believes is experiencing anaphylaxis in accordance with a standing protocol from a physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant, regardless of whether the pupil or other person has a prescription for an epinephrine auto-injector or prefilled syringe. If the pupil or other person does not have a prescription for an epinephrine auto-injector or prefilled syringe, or the person who administers the
epinephrine auto-injector or prefilled syringe does not know whether the pupil or other person has a prescription for an epinephrine auto-injector or prefilled syringe, the person who administers the epinephrine auto-injector or prefilled syringe shall, as soon as practicable, report the administration by dialing the telephone number “911” or, in an area in which the telephone number “911” is not available, the telephone number for an emergency medical service provider.

SECTION 37. 118.2925 (5) of the statutes is amended to read:

118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF MEDICINE. A school and its designated school personnel, and a physician, an advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2), or a physician assistant who provides a prescription or standing protocol for school epinephrine auto-injectors or prefilled syringes, are not liable for any injury that results from the administration or self-administration of an epinephrine auto-injector or prefilled syringe under this section, regardless of whether authorization was given by the pupil’s parent or guardian or by the pupil’s physician, physician assistant, or advanced practice registered nurse prescriber, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under s. 895.48.

SECTION 38. 146.615 (1) (a) of the statutes is amended to read:

146.615 (1) (a) “Advanced practice clinician” means a physician assistant or an advanced practice registered nurse, including a nurse practitioner, certified nurse-midwife, clinical nurse specialist, or certified registered nurse anesthetist licensed under s. 441.09.

SECTION 39. 146.82 (3) (a) of the statutes is amended to read:
146.82 (3) (a) Notwithstanding sub. (1), a physician, a naturopathic doctor, a limited-scope naturopathic doctor, a physician assistant, or an advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09 who treats a patient whose physical or mental condition in the physician's, naturopathic doctor's, limited-scope naturopathic doctor's, physician assistant's, or advanced practice nurse prescriber’s registered nurse’s judgment affects the patient’s ability to exercise reasonable and ordinary control over a motor vehicle may report the patient’s name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

**SECTION 40.** 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, naturopathic doctor under ch. 466, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, an optometrist under ch. 449, a physician assistant under subch. IX of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

**SECTION 41.** 146.89 (1) (r) 3. of the statutes is renumbered 146.89 (1) (r) 5e. and amended to read:

146.89 (1) (r) 5e. A registered nurse practitioner, as defined in s. 255.06 (1) (d) who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a party state, as defined in s. 441.51 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, dentist, podiatrist, or advanced practice registered nurse.

**SECTION 42.** 146.89 (1) (r) 8. of the statutes is repealed.

**SECTION 43.** 146.89 (6) of the statutes is amended to read:
146.89 (6) (a) While serving as a volunteer health care provider under this section, an advanced practice registered nurse who has a certificate to issue prescription orders under s. 441.16 (2) is considered to meet the requirements of s. 655.23, if required to comply with s. 655.23.

(b) While serving as a volunteer health care provider under this section, an advanced practice registered nurse who has a certificate to issue prescription orders under s. 441.16 (2) is not required to maintain in effect malpractice insurance.

SECTION 44. 154.01 (1g) of the statutes is amended to read:

154.01 (1g) “Advanced practice registered nurse” means a nurse an individual licensed under ch. 441 who is currently certified by a national certifying body approved by the board of nursing as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist s. 441.09.

SECTION 45. 155.01 (1g) (b) of the statutes is repealed and recreated to read:

155.01 (1g) (b) An individual who is licensed as an advanced practice registered nurse and possesses a nurse practitioner specialty designation under s. 441.09.

SECTION 46. 251.01 (1c) of the statutes is repealed and recreated to read:

251.01 (1c) “Advanced practice registered nurse” means an individual licensed under s. 441.09.

SECTION 47. 252.01 (1c) of the statutes is repealed.

SECTION 48. 252.07 (8) (a) 2. of the statutes is amended to read:

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

SECTION 49. 252.07 (9) (c) of the statutes is amended to read:
252.07 (9) (c) If the court orders confinement of an individual under this subsection, the individual shall remain confined until the department or local health officer, with the concurrence of a treating physician, physician assistant, or advanced practice registered nurse prescriber, determines that treatment is complete or that the individual is no longer a substantial threat to himself or herself or to the public health. If the individual is to be confined for more than 6 months, the court shall review the confinement every 6 months.

SECTION 50. 252.10 (7) of the statutes is amended to read:

252.10 (7) Drugs necessary for the treatment of mycobacterium tuberculosis shall be purchased by the department from the appropriation account under s. 20.435 (1) (e) and dispensed to patients through the public health dispensaries, local health departments, physicians, or advanced practice nurse prescribers, registered nurses who may issue prescription orders under s. 441.09 (2).

SECTION 51. 252.11 (2), (4), (5) and (7) of the statutes are amended to read:

252.11 (2) An officer of the department or a local health officer having knowledge of any reported or reasonably suspected case or contact of a sexually transmitted disease for which no appropriate treatment is being administered, or of an actual contact of a reported case or potential contact of a reasonably suspected case, shall investigate or cause the case or contact to be investigated as necessary. If, following a request of an officer of the department or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician, physician assistant, or advanced practice registered nurse prescriber or treatment, an officer of the department or a local health officer may proceed to have the person committed under sub. (5) to an institution or system of care for examination, treatment, or observation.
(4) If a person infected with a sexually transmitted disease ceases or refuses treatment before reaching what in a physician’s, physician assistant’s, or advanced practice nurse prescriber’s registered nurse’s opinion is the noncommunicable stage, the physician, physician assistant, or advanced practice registered nurse prescriber shall notify the department. The department shall without delay take the necessary steps to have the person committed for treatment or observation under sub. (5), or shall notify the local health officer to take these steps.

(5) Any court of record may commit a person infected with a sexually transmitted disease to any institution or may require the person to undergo a system of care for examination, treatment, or observation if the person ceases or refuses examination, treatment, or observation under the supervision of a physician, physician assistant, or advanced practice registered nurse prescriber. The court shall summon the person to appear on a date at least 48 hours, but not more than 96 hours, after service if an officer of the department or a local health officer petitions the court and states the facts authorizing commitment. If the person fails to appear or fails to accept commitment without reasonable cause, the court may cite the person for contempt. The court may issue a warrant and may direct the sheriff, any constable, or any police officer of the county immediately to arrest the person and bring the person to court if the court finds that a summons will be ineffectual. The court shall hear the matter of commitment summarily. Commitment under this subsection continues until the disease is no longer communicable or until other provisions are made for treatment that satisfy the department. The certificate of the petitioning officer is prima facie evidence that the disease is no longer communicable or that satisfactory provisions for treatment have been made.
(7) Reports, examinations and inspections, and all records concerning sexually transmitted diseases are confidential and not open to public inspection, and may not be divulged except as may be necessary for the preservation of the public health, in the course of commitment proceedings under sub. (5), or as provided under s. 938.296 (4) or 968.38 (4). If a physician, physician assistant, or advanced practice registered nurse prescriber has reported a case of sexually transmitted disease to the department under sub. (4), information regarding the presence of the disease and treatment is not privileged when the patient, physician, physician assistant, or advanced practice registered nurse prescriber is called upon to testify to the facts before any court of record.

SECTION 52. 252.11 (10) of the statutes is amended to read:

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

SECTION 53. 252.15 (3m) (d) 11. b. and 13., (5g) (c), (5m) (d) 2. and (e) 2. and 3. and (7m) (intro.) and (b) of the statutes are amended to read:

252.15 (3m) (d) 11. b. The coroner, medical examiner, or appointed assistant is investigating the cause of death of the subject of the HIV test and has contact with the body fluid of the subject of the HIV test that constitutes a significant exposure,
if a physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the coroner, medical examiner, or appointed assistant has had a contact that constitutes a significant exposure and if the certification accompanies the request for disclosure.

13. If the subject of the HIV test has a positive HIV test result and is deceased, by the subject’s attending physician, physician assistant, or advanced practice registered nurse prescriber, to persons, if known to the physician, physician assistant, or advanced practice registered nurse prescriber, with whom the subject had sexual contact or shared intravenous drug use paraphernalia.

(5g) (c) A physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the person has had contact that constitutes a significant exposure. The certification shall accompany the request for HIV testing and disclosure. If the person is a physician, physician assistant, or advanced practice registered nurse prescriber, he or she may not make this determination or certification. The information that is provided to a physician, physician assistant, or advanced practice registered nurse prescriber to document the occurrence of the contact that constitutes a significant exposure and the physician’s, physician assistant’s, or advanced practice nurse prescriber’s registered nurse’s certification that the person has had contact that constitutes a significant exposure, shall be provided on a report form that is developed by the department of safety and professional services under s. 101.02 (19) (a) or on a report form that the department of safety and professional
services determines, under s. 101.02 (19) (b), is substantially equivalent to the report form that is developed under s. 101.02 (19) (a).

(5m) (d) 2. A physician, physician assistant, or advanced practice registered nurse prescriber, based on information provided to the physician, physician assistant, or advanced practice registered nurse prescriber, determines and certifies in writing that the contact under subd. 1. constitutes a significant exposure. A health care provider who has a contact under subd. 1. c. may not make the certification under this subdivision for himself or herself.

(e) 2. If the contact occurs as provided under par. (d) 1. b., the attending physician, physician assistant, or advanced practice registered nurse prescriber of the funeral director, coroner, medical examiner, or appointed assistant.

3. If the contact occurs as provided under par. (d) 1. c., the physician, physician assistant, or advanced practice registered nurse prescriber who makes the certification under par. (d) 2.

(7m) Reporting of Persons Significantly Exposed. (intro.) If a positive, validated HIV test result is obtained from a test subject, the test subject’s physician, physician assistant, or advanced practice registered nurse prescriber who maintains a record of the HIV test result under sub. (4) (c) may report to the state epidemiologist the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to have had contact with body fluid of the test subject that constitutes a significant exposure, only after the physician, physician assistant, or advanced practice registered nurse prescriber has done all of the following:

(b) Notified the HIV test subject that the name of any person known to the physician, physician assistant, or advanced practice registered nurse prescriber to
have had contact with body fluid of the test subject that constitutes a significant
exposure will be reported to the state epidemiologist.

**SECTION 54.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

252.16 (3) (c) (intro.) Has submitted to the department a certification from a
physician, as defined in s. 448.01 (5), physician assistant, or advanced practice

registered nurse prescriber of all of the following:

**SECTION 55.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

252.17 (3) (c) (intro.) Has submitted to the department a certification from a
physician, as defined in s. 448.01 (5), physician assistant, or advanced practice

registered nurse prescriber of all of the following:

**SECTION 56.** 253.07 (4) (d) of the statutes is amended to read:

253.07 (4) (d) In each fiscal year, $31,500 as grants for employment in

communities of licensed registered nurses, licensed practical nurses, certified

nurse-midwives licensed advanced practice registered nurses, or licensed physician

assistants who are members of a racial minority.

**SECTION 57.** 253.115 (1) (f) of the statutes is created to read:

253.115 (1) (f) “Nurse-midwife” means an individual who is licensed as an

advanced practice registered nurse and possesses a certified nurse-midwife

specialty designation under s. 441.09.

**SECTION 58.** 253.115 (4) of the statutes is amended to read:

253.115 (4) SCREENING REQUIRED. Except as provided in sub. (6), the physician,
nurse-midwife licensed under s. 441.15, or certified professional midwife licensed
under s. 440.982 who attended the birth shall ensure that the infant is screened for
hearing loss before being discharged from a hospital, or within 30 days of birth if the
infant was not born in a hospital.
SECTION 59. 253.115 (7) (a) (intro.) of the statutes is amended to read:

253.115 (7) (a) (intro.) The physician, nurse-midwife licensed under s. 441.15, or certified professional midwife licensed under s. 440.982 who is required to ensure that the infant is screened for hearing loss under sub. (4) shall do all of the following:

SECTION 60. 253.13 (1) of the statutes is renumbered 253.13 (1) (b) and amended to read:

253.13 (1) (b) The attending physician or nurse licensed under s. 441.15 nurse-midwife shall cause every infant born in each hospital or maternity home, prior to its discharge therefrom, to be subjected to tests for congenital and metabolic disorders, as specified in rules promulgated by the department. If the infant is born elsewhere than in a hospital or maternity home, the attending physician, nurse licensed under s. 441.15 nurse-midwife, or birth attendant who attended the birth shall cause the infant, within one week of birth, to be subjected to these tests.

SECTION 61. 253.13 (1) (a) of the statutes is created to read:

253.13 (1) (a) In this subsection, “nurse-midwife” means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

SECTION 62. 253.15 (1) (em) of the statutes is created to read:

253.15 (1) (em) “Nurse-midwife” means an individual who is licensed as an advanced practice registered nurse and possesses a certified nurse-midwife specialty designation under s. 441.09.

SECTION 63. 253.15 (2) of the statutes is amended to read:

253.15 (2) INFORMATIONAL MATERIALS. The board shall purchase or prepare or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to shaken baby syndrome and impacted babies. The materials shall include
information regarding the identification and prevention of shaken baby syndrome and impacted babies, the grave effects of shaking or throwing on an infant or young child, appropriate ways to manage crying, fussing, or other causes that can lead a person to shake or throw an infant or young child, and a discussion of ways to reduce the risks that can lead a person to shake or throw an infant or young child. The materials shall be prepared in English, Spanish, and other languages spoken by a significant number of state residents, as determined by the board. The board shall make those written and audiovisual materials available to all hospitals, maternity homes, and nurse-midwives licensed under s. 441.15 that are required to provide or make available materials to parents under sub. (3) (a) 1., to the department and to all county departments and nonprofit organizations that are required to provide the materials to child care providers under sub. (4) (d), and to all school boards and nonprofit organizations that are permitted to provide the materials to pupils in one of grades 5 to 8 and in one of grades 10 to 12 under sub. (5). The board shall also make those written materials available to all county departments and Indian tribes that are providing home visitation services under s. 48.983 (4) (b) 1. and to all providers of prenatal, postpartum, and young child care coordination services under s. 49.45 (44). The board may make available the materials required under this subsection to be made available by making those materials available at no charge on the board’s Internet site.

SECTION 64. 255.06 (1) (d) of the statutes is renumbered 255.06 (1) (f) (intro.) and amended to read:

255.06 (1) (f) (intro.) “Nurse practitioner,” “Women’s health nurse clinician” means any of the following:
1. A registered nurse who is licensed under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), and whose practice of professional nursing under s. 441.001 (4) includes performance of delegated medical services under the supervision of a physician, naturopathic doctor, dentist, or podiatrist, or advanced practice registered nurse.

SECTION 65. 255.06 (1) (f) 2. of the statutes is created to read:

255.06 (1) (f) 2. An advanced practice registered nurse.

SECTION 66. 255.06 (2) (d) of the statutes is amended to read:

255.06 (2) (d) Specialized training for rural colposcopic examinations and activities. Provide not more than $25,000 in each fiscal year as reimbursement for the provision of specialized training of nurse practitioners, women’s health nurse clinicians to perform, in rural areas, colposcopic examinations and follow-up activities for the treatment of cervical cancer.

SECTION 67. 255.07 (1) (d) of the statutes is amended to read:

255.07 (1) (d) “Health care practitioner” means a physician, a physician assistant, or an advanced practice registered nurse who is certified to may issue prescription orders under s. 441.16 441.09 (2).

SECTION 68. 257.01 (5) (a) and (b) of the statutes are amended to read:

257.01 (5) (a) An individual who is licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a naturopathic doctor under ch. 466, licensed as a registered nurse, licensed practical nurse, or nurse-midwife advanced practice registered nurse under ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448.
(b) An individual who was at any time within the previous 10 years, but is not currently, licensed as a physician, a physician assistant, or a podiatrist under ch. 448, licensed as a naturopathic doctor under ch. 466, licensed as a registered nurse, licensed practical nurse, or nurse-midwife, advanced practice registered nurse under ch. 441, licensed as a nurse-midwife under ch. 441, 2021 stats., licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary technician under ch. 89, or certified as a respiratory care practitioner under ch. 448, if the individual’s license or certification was never revoked, limited, suspended, or denied renewal.

SECTION 69. 341.14 (1a), (1e) (a), (1m) and (1q) of the statutes are amended to read:

341.14 (1a) If any resident of this state, who is registering or has registered an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, submits a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying to the department that the resident is a person with a disability that limits or impairs the ability to walk, the department shall procure, issue and deliver to the disabled person plates of a special design in lieu of plates which ordinarily would be issued
for the vehicle, and shall renew the plates. The plates shall be so designed as to
readily apprise law enforcement officers of the fact that the vehicle is owned by a
nonveteran disabled person and is entitled to the parking privileges specified in s.
346.50 (2a). No charge in addition to the registration fee shall be made for the
issuance or renewal of such plates.

(1e) (a) If any resident of this state, who is registering or has registered a
motorcycle, submits a statement once every 4 years, as determined by the
department, from a physician licensed to practice medicine in any state, from an
advanced practice registered nurse licensed to practice nursing in any state, from a
public health nurse certified or licensed to practice in any state, from a physician
assistant licensed or certified to practice in any state, from a podiatrist licensed to
practice in any state, from a chiropractor licensed to practice chiropractic in any
state, from a Christian Science practitioner residing in this state and listed in the
Christian Science journal, or from the U.S. department of veterans affairs certifying
to the department that the resident is a person with a disability that limits or impairs
the ability to walk, the department shall procure, issue and deliver to the disabled
person a plate of a special design in lieu of the plate which ordinarily would be issued
for the motorcycle, and shall renew the plate. The statement shall state whether the
disability is permanent or temporary and, if temporary, the opinion of the physician,
advanced practice registered nurse, public health nurse, physician assistant,
podiatrist, chiropractor, practitioner, or U.S. department of veterans affairs as to the
duration of the disability. The plate shall be so designed as to readily apprise law
enforcement officers of the fact that the motorcycle is owned by a disabled person and
is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition
to the registration fee may be made for the issuance or renewal of the plate.
(1m) If any licensed driver submits to the department a statement once every 4 years, as determined by the department, from a physician licensed to practice medicine in any state, from a public health nurse certified or licensed to practice in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying that another person who is regularly dependent on the licensed driver for transportation is a person with a disability that limits or impairs the ability to walk, the department shall issue and deliver to the licensed driver plates of a special design in lieu of the plates which ordinarily would be issued for the automobile or motor truck, dual purpose motor home or dual purpose farm truck having a gross weight of not more than 8,000 pounds, farm truck having a gross weight of not more than 12,000 pounds or motor home, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is operated by a licensed driver on whom a disabled person is regularly dependent and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plates. The plates shall conform to the plates required in sub. (1a).

(1q) If any employer who provides an automobile, or a motor truck, dual purpose motor home or dual purpose farm truck which has a gross weight of not more than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000 pounds or a motor home, for an employee’s use submits to the department a statement once every 4 years, as determined by the department, from a physician
licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal certifying that the employee is a person with a disability that limits or impairs the ability to walk, the department shall issue and deliver to such employer plates of a special design in lieu of the plates which ordinarily would be issued for the vehicle, and shall renew the plates. The plates shall be so designed as to readily apprise law enforcement officers of the fact that the vehicle is operated by a disabled person and is entitled to the parking privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may be made for the issuance or renewal of the plates. The plates shall conform to the plates required in sub. (1a).

SECTION 70. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, advanced practice registered nurse prescriber certified under s. 441.16 (2) licensed under s. 441.09, or optometrist under s. 146.82
(3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with assessment or the driver safety plan, the department shall revoke the person’s operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 71. 343.51 (1) of the statutes is amended to read:

343.51 (1) Any person who qualifies for registration plates of a special design under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits or impairs the ability to walk may request from the department a special identification card that will entitle any motor vehicle parked by, or under the direction of, the person, or a motor vehicle operated by or on behalf of the organization when used to transport such a person, to parking privileges under s. 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined by the department, upon submission by the applicant, if the applicant is an individual rather than an organization, of a statement from a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a public health nurse certified or licensed to
practice in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state and listed in the Christian Science journal that the person is a person with a disability that limits or impairs the ability to walk. The statement shall state whether the disability is permanent or temporary and, if temporary, the opinion of the physician, advanced practice registered nurse, public health nurse, physician assistant, podiatrist, chiropractor, or practitioner as to the duration of the disability. The department shall issue the card upon application by an organization on a form prescribed by the department if the department believes that the organization meets the requirements under this subsection.

SECTION 72. 343.62 (4) (a) 4. of the statutes is amended to read:

343.62 (4) (a) 4. The applicant submits with the application a statement completed within the immediately preceding 24 months, except as provided by rule, by a physician licensed to practice medicine in any state, from an advanced practice registered nurse licensed to practice nursing in any state, from a physician assistant licensed or certified to practice in any state, from a podiatrist licensed to practice in any state, from a chiropractor licensed to practice chiropractic in any state, or from a Christian Science practitioner residing in this state, and listed in the Christian Science journal certifying that, in the medical care provider’s judgment, the applicant is physically fit to teach driving.

SECTION 73. 440.03 (13) (b) 3. of the statutes is repealed.

SECTION 74. 440.03 (13) (b) 39m. of the statutes is created to read:

440.03 (13) (b) 39m. Nurse, advanced practice registered.

SECTION 75. 440.03 (13) (b) 42. of the statutes is repealed.
SECTION 76. 440.077 (1) (a) of the statutes is amended to read:

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440.077 (1) (a) “Advanced practice registered nurse prescriber” means an advanced practice registered nurse prescriber certified licensed under s. 441.16 (2)
441.09.
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SECTION 77. 440.077 (2) (c) of the statutes is amended to read:

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440.077 (2) (c) Under the program under par. (a), a participating military medical personnel shall be supervised by a physician, physician assistant, podiatrist, registered professional nurse, or advanced practice registered nurse prescriber. The supervising physician, physician assistant, podiatrist, registered professional nurse, or advanced practice registered nurse prescriber shall retain responsibility for the care of the patient.
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SECTION 78. 440.08 (2) (a) 4m. of the statutes is repealed.

SECTION 79. 440.08 (2) (a) 47r. of the statutes is created to read:

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440.08 (2) (a) 47r. Nurse, advanced practice registered: March 1 of each even-numbered year.
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SECTION 80. 440.08 (2) (a) 50. of the statutes is repealed.

SECTION 81. 440.094 (1) (c) 1. of the statutes is amended to read:

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440.094 (1) (c) 1. A registered nurse, licensed practical nurse, or nurse midwife licensed under ch. 441, or an advanced practice registered nurse prescriber certified licensed under ch. 441.
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SECTION 82. 440.094 (2) (a) (intro.) of the statutes is amended to read:

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440.094 (2) (a) (intro.) Notwithstanding ss. 441.06 (4), 441.15 (2), 441.16, 441.09 (3) (b), 446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61, 448.76, 448.961 (1) and (2), 449.02 (1), 450.03 (1), 451.04 (1), 455.02 (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care provider
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may provide services within the scope of the credential that the health care provider
holds and the department shall grant the health care provider a temporary
credential to practice under this section if all of the following apply:

**SECTION 83.** 440.981 (1) of the statutes is amended to read:

440.981 (1) No person may use the title “licensed midwife,” describe or imply
that he or she is a licensed midwife, or represent himself or herself as a licensed
midwife unless the person is granted a license under this subchapter or is licensed
as a nurse-midwife under s. 441.15 an advanced practice registered nurse and
possesses a certified nurse-midwife specialty designation under s. 441.09.

**SECTION 84.** 440.982 (1) of the statutes is amended to read:

440.982 (1) No person may engage in the practice of midwifery unless the
person is granted a license under this subchapter, is granted a temporary permit
pursuant to a rule promulgated under s. 440.984 (2m), or is licensed as a nurse-midwife under s. 441.15 an advanced practice registered nurse and possesses
a certified nurse-midwife specialty designation under s. 441.09.

**SECTION 85.** 440.987 (2) of the statutes is amended to read:

440.987 (2) One member who is licensed as a nurse-midwife under s. 441.15
an advanced practice registered nurse and possesses a certified nurse-midwife
specialty designation under s. 441.09 and who practices in an out-of-hospital
setting.

**SECTION 86.** 441.001 (1c) of the statutes is created to read:

441.001 (1c) Advanced practice registered nursing. “Advanced practice
registered nursing” means the practice of a certified nurse-midwife, the practice of
a certified registered nurse anesthetist, the practice of a clinical nurse specialist, and
the practice of a nurse practitioner.
SECTION 87. 441.001 (3c) of the statutes is created to read:

441.001 (3c) Practice of a certified nurse-midwife. “Practice of a certified nurse-midwife” means 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 its successor.

SECTION 88. 441.001 (3g) of the statutes is created to read:

441.001 (3g) Practice of a certified registered nurse anesthetist. “Practice of a certified registered nurse anesthetist” means providing anesthesia care, pain management care, and care related to anesthesia and pain management for persons across their lifespan, whose health status may range from healthy through all levels of acuity, including persons with immediate, severe, or life-threatening illness or injury, in diverse settings, including hospitals, ambulatory surgery centers, outpatient clinics, medical offices, and home health care settings.

SECTION 89. 441.001 (3n) of the statutes is created to read:

441.001 (3n) Practice of a clinical nurse specialist. “Practice of a clinical nurse specialist” means providing advanced nursing care, primarily in health care facilities, including the diagnosis and treatment of illness for identified specific populations based on a specialty.

SECTION 90. 441.001 (3r) of the statutes is created to read:

441.001 (3r) Practice of a nurse practitioner. “Practice of a nurse practitioner” means practice in ambulatory, acute, long-term, or other health care settings as a primary or specialty care provider who provides health services, including assessing, diagnosing, treating, or managing acute, episodic, and chronic illnesses.
SECTION 91. 441.001 (3w) of the statutes is created to read:

441.001 (3w) PRESCRIPTION ORDER. “Prescription order” has the meaning given in s. 450.01 (21).

SECTION 92. 441.001 (5) of the statutes is created to read:

441.001 (5) RECOGNIZED ROLE. “Recognized role” means one of the following roles:

(a) Certified nurse-midwife.
(b) Certified registered nurse anesthetist.
(c) Clinical nurse specialist.
(d) Nurse practitioner.

SECTION 93. 441.01 (3) of the statutes is amended to read:

441.01 (3) The board may promulgate rules to establish minimum standards for schools for professional nurses and schools for licensed practical nurses, and schools for advanced practice registered nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

SECTION 94. 441.01 (4) of the statutes is amended to read:

441.01 (4) The board shall direct that those schools that qualify be placed on a list of schools the board has approved for professional nurses or of schools the board has approved for licensed practical nurses, or of schools the board has approved for advanced practice registered nurses on application and proof of qualifications, and the board shall make a study of nursing education and initiate rules and policies to improve it.
**SECTION 95.** 441.01 (7) (a) (intro.) of the statutes is amended to read:

441.01 (7) (a) (intro.) The board shall require each applicant for the renewal of a registered nurse or licensed practical nurse, or advanced practice registered nurse license issued under this chapter to do all of the following as a condition for renewing the license:

**SECTION 96.** 441.01 (7) (b) of the statutes is amended to read:

441.01 (7) (b) The board may not renew a registered nurse or licensed practical nurse, or advanced practice registered nurse license under this chapter unless the renewal applicant has completed the nursing workforce survey to the satisfaction of the board. The board shall establish standards to determine whether the survey has been completed. The board shall, by no later than June 30 of each odd-numbered year, submit all completed nursing workforce survey forms to the department of workforce development.

**SECTION 97.** 441.01 (7) (c) of the statutes is created to read:

441.01 (7) (c) An applicant who is renewing both a registered nurse and advanced practice registered nurse license under s. 441.09 (1) (c) is only required to pay a single fee under par. (a) 2.

**SECTION 98.** 441.06 (title) of the statutes is repealed and recreated to read:

441.06 (title) **Registered nurses; civil liability exemption.**

**SECTION 99.** 441.06 (3) of the statutes is amended to read:

441.06 (3) Except as provided in s. 441.09 (1) (c), a registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the nursing workforce
survey and fee required under s. 441.01 (7) and the applicable renewal fee
determined by the department under s. 440.03 (9) (a).

**SECTION 100.** 441.06 (4) of the statutes is amended to read:

441.06 (4) Except as provided in ss. 257.03 and 440.077, no person may practice
or attempt to practice professional nursing, nor use the title, letters, or anything else
to indicate that he or she is a registered or professional nurse unless he or she is
licensed under this section. Except as provided in ss. 257.03 and 440.077, no person
not so licensed may use in connection with his or her nursing employment or vocation
any title or anything else to indicate that he or she is a trained, certified or graduate
nurse. This subsection does not apply to any registered nurse who holds a multistate
license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state,
that has adopted the nurse licensure compact under s. 441.51.

**SECTION 101.** 441.06 (7) of the statutes is renumbered 441.09 (7) and amended
to read:

441.09 (7) **Civil Liability.** No person certified licensed as an advanced practice
registered nurse prescriber under s. 441.16 (2) this section is liable for civil damages
for any of the following:

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

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

**SECTION 102.** 441.07 (1g) (intro.), (a), (c) and (e) of the statutes are amended to read:

441.07 (1g) (intro.) Subject to the rules promulgated under s. 440.03 (1), the board may deny an initial license or revoke, limit, suspend, or deny the renewal of a license of a registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse; deny an initial certificate or revoke, limit, suspend, or deny the renewal of a certificate to prescribe drugs or devices granted under s. 441.16; or reprimand a registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse, if the board finds that the applicant or licensee committed any of the following:

(a) Fraud in the procuring or renewal of the certificate or license.

(c) Acts which show the registered nurse, nurse-midwife advanced practice registered nurse, or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs, or mental incompetency.

(e) A violation of any state or federal law that regulates prescribing or dispensing drugs or devices, if the person has a certificate to prescribe drugs or devices under s. 441.16 may issue prescription orders under s. 441.09 (2).

**SECTION 103.** 441.09 of the statutes is created to read:

441.09 Advanced practice registered nurses; civil liability exemption.

(1) License. (a) An applicant who satisfies all of the following requirements may apply to the board for initial licensure by the board as an advanced practice registered nurse:

1. The applicant satisfies one of the following criteria:
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1. The applicant holds a valid license to practice as a registered nurse issued under s. 441.06 (1), (1c), or (1m).

   a. The applicant applies concurrently for a license under s. 441.06 (1), (1c), or (1m) with the application for a license under this paragraph.
   
   b. The applicant is a registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact.

2. The applicant provides evidence satisfactory to the board that he or she satisfies one of the following criteria:

   a. The applicant has completed a graduate-level or postgraduate-level education program that is approved by the board and that prepares the applicant for the practice of advanced practice registered nursing in one of the 4 recognized roles, and the applicant holds a current certification by a national certifying body approved by the board.
   
   b. On January 1, 2024, the applicant was licensed as a registered nurse in this state and was practicing in a recognized role, and the applicant satisfies additional criteria established by the board by rule under sub. (6) (a) 3. relating to practice, education, or certification.

3. The applicant pays the fee specified under s. 440.05 (1).

4. The applicant provides to the board evidence of any malpractice liability insurance coverage required under sub. (5).

5. If the applicant is applying to receive a certified nurse-midwife specialty designation under par. (b) 1., the applicant does all of the following:

   a. Provides evidence satisfactory to the board that the applicant is currently certified by the American Midwifery Certification Board or its successor.
b. Files with the board any plan required under sub. (3m) (f).

6. The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335.

7. The applicant meets any other criteria established by the board by rule under sub. (6) (a) 3. relating to the education, training, or experience required for each recognized role.

(b) 1. a. Subject to subd. 3. and s. 441.07 (1g), the board shall grant an advanced practice registered nurse license to an applicant the board determines meets the requirements under par. (a). The board shall also grant a person who is granted a license under this subd. 1. a. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person’s qualifications under par. (a).

b. The board shall grant an advanced practice registered nurse license to each individual who, on the day before the effective date of this subd. 1. b. .... [LRB inserts date], was certified to issue prescription orders under s. 441.16, 2021 stats. The board shall also grant a person who is granted a license under this subd. 1. b. one or more specialty designations corresponding to the recognized roles for which the board determines that the person qualifies based on the person’s qualifications.

c. The board shall grant an advanced practice registered nurse license to each individual who, on the day before the effective date of this subd. 1. c. .... [LRB inserts date], was licensed as a nurse-midwife under s. 441.15, 2021 stats. The board shall also grant a person who is granted a license under this subd. 1. c. a nurse-midwife specialty designation.

2. Each specialty designation granted under subd. 1. shall appear on the person’s advanced practice registered nurse license.
3. The board may not grant an advanced practice registered nurse license to a person applying concurrently for a license under s. 441.06 (1), (1c), or (1m), unless the board also grants the person the license under s. 441.06 (1), (1c), or (1m).

4. The board may place specific limitations on a person licensed as an advanced practice registered nurse as a condition of licensure.

5. If all of the following apply to a person, a notation indicating that the person may not issue prescription orders shall appear on the person’s advanced practice registered nurse license:

   a. The person is granted an advanced practice registered nurse license under subd. 1. a. and satisfies only par. (a) 2. b. but not par. (a) 2. a., or the person is granted an advanced practice registered nurse license under subd. 1. c.

   b. On January 1, 2024, the person did not hold a certificate under s. 441.16 (2), 2021 stats.

   (c) On or before the applicable renewal date specified under s. 440.08 (2) (a), an advanced practice registered nurse shall submit to the board on a form furnished by the board a statement giving his or her name and residence, the nursing workforce survey and fee required under s. 441.01 (7), evidence of having satisfied the continuing education requirements under sub. (4), evidence of any malpractice liability insurance coverage required under sub. (5), any plan required under sub. (3m) (f), current evidence that the person satisfies each of the requirements under par. (a) 1., 2., 5. a., and 7. that apply with respect to the person, and any other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). The board shall grant to a person who satisfies the requirements under this paragraph the renewal of his or her advanced practice registered nurse license and specialty designations granted under
par. (b) 1. and shall, if the person holds a license under s. 441.06 (1), (1c), or (1m), also
grant the renewal of that license.

(2) Prescribing Authority. (a) Except as provided in par. (b), an advanced
practice registered nurse may issue prescription orders, subject to the rules
promulgated under sub. (6) (a) 1. and 4., and may provide expedited partner therapy
in the manner described in s. 441.092.

(b) An advanced practice registered nurse may not issue prescription orders if
a notation under sub. (1) (b) 5. indicating that the advanced practice registered nurse
may not issue prescription orders appears on the advanced practice registered
nurse’s license.

(3) License Required; Use of Titles. (a) 1. The holder of a license issued under
this section is an “advanced practice registered nurse,” may append to his or her
name the title “A.P.R.N.,” and is authorized to practice advanced practice registered
nursing.

2. The holder of a specialty designation for a recognized role granted under sub.
(1) (b) 1. may append to his or her name the title and an abbreviation corresponding
to that recognized role.

(b) 1. Except as provided in sub. (3m) (e) and s. 257.03, no person may practice
or attempt to practice advanced practice registered nursing, nor use the title
“advanced practice registered nurse,” the title “A.P.R.N.,” or anything else to indicate
that he or she is an advanced practice registered nurse unless he or she is licensed
under this section.

2. Except as provided in s. 257.03, no person may do any of the following:
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1 a. Use the title “certified nurse-midwife,” the title “C.N.M.,” or anything else
to indicate that he or she is a certified nurse-midwife unless he or she has been
granted a certified nurse-midwife specialty designation under sub. (1) (b) 1.

b. Use the title “certified registered nurse anesthetist,” the title “C.R.N.A.,” or
anything else to indicate that he or she is a certified registered nurse anesthetist
unless he or she has been granted a certified registered nurse anesthetist specialty
designation under sub. (1) (b) 1.

c. Use the title “clinical nurse specialist,” the title “C.N.S.,” or anything else to
indicate that he or she is a clinical nurse specialist unless he or she has been granted
a clinical nurse specialist specialty designation under sub. (1) (b) 1.

d. Use the title “nurse practitioner,” the title “N.P.,” or anything else to indicate
that he or she is a nurse practitioner unless he or she has been granted a nurse
practitioner specialty designation under sub. (1) (b) 1.

(3m) Practice requirements and limitations. (a) 1. An advanced practice
registered nurse licensed under this section may, except as provided in subd. 2. and
par. (b), practice advanced practice registered nursing only in collaboration with a
physician or dentist.

2. Subdivision 1. does not apply to an advanced practice registered nurse with
a certified nurse-midwife specialty designation.

(b) 1. An advanced practice registered nurse to whom par. (a) 1. applies may,
except as provided in pars. (bg) 1. and (c), practice advanced practice registered
nursing in a recognized role without being supervised by or collaborating with, and
independent of, a physician or dentist if the board verifies, upon application of the
advanced practice registered nurse, that the advanced practice registered nurse has
completed 3,840 clinical hours of advanced practice registered nursing practice in
that recognized role while working with a physician or dentist during those 3,840
hours of practice. For purposes of this subdivision, during the completion of these
hours, the advanced practice registered nurse must have continuously satisfied all
of the following requirements:

a. Maintained a mutual, professional relationship with at least one physician
or dentist.

b. Maintained, and provided to the board upon request, documentation
indicating the relationships the advanced practice registered nurse had with one or
more physicians or dentists to deal with issues outside of his or her licensed scope
of practice.

c. Maintained evidence that he or she was subject to a quality assurance
program, peer review process, or other similar program or process that was
implemented for and designed to ensure the provision of competent and quality
patient care and that also included participation by a physician or dentist. Such a
program or process may include a program or process administered through the
advanced practice registered nurse’s employer, hospital, ambulatory surgery center,
clinic, or other outpatient facility.

2. For purposes of subd. 1., hours of advanced practice registered nursing
practice may include the lawful practice of advanced practice registered nursing
outside this state or the lawful practice of advanced practice registered nursing in
this state prior to the effective date of this subdivision .... [LRB inserts date].

(bg) 1. An advanced practice registered nurse may provide pain management
services only while working in a collaborative relationship with a physician. Except
as provided in subd. 2., this subdivision applies regardless of whether the advanced
practice registered nurse has qualified for independent practice under par. (b).
2. Except as provided in par. (c), subd. 1. does not apply to an advanced practice registered nurse who is providing pain management services in a hospital, as defined in s. 50.33 (2), or a clinic associated with a hospital, and who has qualified for independent practice under par. (b).

(bm) For purposes of pars. (a) 1. and (bg) 1., a collaborative relationship is a process in which an advanced practice registered nurse is working with a physician or dentist, in each other’s presence when necessary, to deliver health care services within the scope of the advanced practice registered nurse’s training, education, and experience. The advanced practice registered nurse shall document such a collaborative relationship.

(c) Nothing in this section prohibits an entity employing or with a relationship with an advanced practice registered nurse from establishing additional requirements for an advanced practice registered nurse as a condition of employment or relationship.

(d) An advanced practice registered nurse shall adhere to professional standards when managing situations that are beyond the advanced practice registered nurse’s expertise. If a particular patient’s needs are beyond the advanced practice registered nurse’s expertise, the advanced practice registered nurse shall, as warranted by the patient’s needs, consult or collaborate with or refer the patient to at least one of the following:

1. A physician licensed under ch. 448.

2. Another health care provider for whom the advanced practice registered nurse has reasonable evidence of having a scope of practice that includes the authorization to address the patient’s needs.
(e) An advanced practice registered nurse licensed under this section may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the advanced practice registered nurse’s practice, the advanced practice registered nurse is competent to perform the task or issue the order, and the advanced practice registered nurse has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances.

(f) An advanced practice registered nurse with a certified nurse-midwife specialty designation may not offer to deliver babies outside of a hospital setting unless the advanced practice registered nurse files with the board, and the board approves, a proactive plan for ensuring appropriate care or care transitions conforming with professional standards for patients with higher acuity or emergency care needs that exceed the advanced practice registered nurse’s scope of practice. An advanced practice registered nurse who offers to deliver babies outside of a hospital setting shall file a plan under this paragraph when applying for an initial license under this section or a renewal of a license under this section, shall keep the plan current with the board, and shall follow the plan.

(4) CONTINUING EDUCATION. Every advanced practice registered nurse shall submit to the board evidence of having completed at least 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice registered nurse’s area of practice. The board may promulgate rules regarding the continuing education requirements under this subsection.

(5) MALPRACTICE LIABILITY INSURANCE. Except for a person whose employer has in effect malpractice liability insurance that provides coverage for the person in the amounts specified under s. 655.23 (4), no person may practice advanced practice
registered nursing unless he or she at all times has in effect malpractice liability
insurance coverage in the minimum amounts required by the rules of the board. An
advanced practice registered nurse shall submit evidence of that coverage to the
board when applying for an initial license under this section or a renewal of a license
under this section. An advanced practice registered nurse shall also submit such
evidence to the board upon request of the board.

(6) RULES. (a) The board shall promulgate rules necessary to administer this
section, including rules for all of the following:

1. Further defining the scope of practice of an advanced practice registered
nurse, practice of a certified nurse-midwife, practice of a certified registered nurse
anesthetist, practice of a nurse practitioner, and practice of a clinical nurse specialist
and defining the scope of practice within which an advanced practice registered
nurse may issue prescription orders under sub. (2).

2. Determining acceptable national certification for purposes of sub. (1) (a) 2.
a.

3. Establishing the appropriate education, training, or experience
requirements that a registered nurse must satisfy in order to be an advanced practice
registered nurse and to obtain each specialty designation corresponding to the
recognized roles.

4. Specifying the classes of drugs, individual drugs, or devices that may not be
prescribed by an advanced practice registered nurse under sub. (2).

5. Specifying the conditions to be met for registered nurses to do the following:
a. Administer a drug prescribed by an advanced practice registered nurse.
b. Administer a drug at the direction of an advanced practice registered nurse.
6. Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice registered nurse must at all times have in effect for purposes of sub. (5). The board shall promulgate rules under this subdivision in consultation with the commissioner of insurance.

7. Establishing standards of professional conduct for advanced practice registered nurses generally and for practicing in each recognized role.
   (am) The board may promulgate rules to implement sub. (3m) (b).
   (b) The board may not promulgate rules that expand the scope of practice of an advanced practice registered nurse beyond the practices within advanced practice registered nursing.

**SECTION 104.** 441.092 of the statutes is created to read:

441.092 Expedited partner therapy. (1) In this section:
   (b) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).
   (c) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).
   (2) Notwithstanding the requirements of s. 448.9785, an advanced practice registered nurse who may issue prescription orders under s. 441.09 (2) may provide expedited partner therapy if a patient is diagnosed as infected with a chlamydia infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydia infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The advanced practice registered nurse shall attempt to obtain the name of the patient’s sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient’s sexual partner, if known. If the advanced practice registered nurse is unable to obtain the name of the
patient’s sexual partner, the prescription order shall include, in ordinary, bold-faced
capital letters, the words, “expedited partner therapy” or the letters “EPT.”

(3) The advanced practice registered nurse shall provide the patient with a
copy of the information sheet prepared by the department of health services under
s. 46.03 (44) and shall request that the patient give the information sheet to the
person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), an advanced practice registered nurse is
immune from civil liability for injury to or the death of a person who takes any
antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished
under this section and if expedited partner therapy is provided as specified under
this section.

(b) The immunity under par. (a) does not extend to the donation, distribution,
furnishing, or dispensing of an antimicrobial drug by an advanced practice
registered nurse whose act or omission involves reckless, wanton, or intentional
misconduct.

SECTION 105. 441.10 (7) of the statutes is amended to read:

441.10 (7) No license is required for practical nursing, but, except as provided
in s. 257.03, no person without a license may hold himself or herself out as a licensed
practical nurse or licensed attendant, use the title or letters “Trained Practical
Nurse” or “T.P.N.”, “Licensed Practical Nurse” or “L.P.N.”, “Licensed Attendant” or
“L.A.”, “Trained Attendant” or “T.A.”, or otherwise seek to indicate that he or she is
a licensed practical nurse or licensed attendant. No licensed practical nurse or
licensed attendant may use the title, or otherwise seek to act as a registered, licensed,
graduate or professional nurse. Anyone violating this subsection shall be subject to
the penalties prescribed by s. 441.13. The board shall grant without examination a
license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant. This subsection does not apply to any licensed practical nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact under s. 441.51.

**SECTION 106.** 441.11 (title) of the statutes is repealed.

**SECTION 107.** 441.11 (1) of the statutes is repealed.

**SECTION 108.** 441.11 (2) of the statutes is renumbered 441.09 (5m) and amended to read:

> 441.09 (5m) LICENSURE EXEMPTION. The provisions of s. 448.04 (1) (g) 448.03 (1) (d) do not apply to an advanced practice registered nurse licensed under this section who possesses a certified registered nurse anesthetist specialty designation under sub. (1) (b) 1, or to a person who engages in the practice of a nurse anesthetist while performing official duties for the armed services or federal health services of the United States.

**SECTION 109.** 441.11 (3) of the statutes is repealed.

**SECTION 110.** 441.15 of the statutes is repealed.

**SECTION 111.** 441.16 of the statutes is repealed.

**SECTION 112.** 441.18 (2) (a) (intro.) of the statutes is amended to read:

> 441.18 (2) (a) (intro.) An advanced practice registered nurse certified to who may issue prescription orders under s. 441.16 441.09 (2) may do any of the following:

**SECTION 113.** 441.18 (2) (b) of the statutes is amended to read:

> 441.18 (2) (b) An advanced practice registered nurse who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual
undergoing an opioid-related overdose and that the person demonstrates the
capacity to ensure that any individual to whom the person further delivers the opioid
antagonist has or receives that knowledge and training.

**SECTION 113.** 441.18 (3) of the statutes is amended to read:

441.18 (3) An advanced practice registered nurse who, acting in good faith,
prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting
in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall
be immune from criminal or civil liability and may not be subject to professional
discipline under s. 441.07 for any outcomes resulting from prescribing, delivering,
or dispensing the opioid antagonist.

**SECTION 114.** 441.19 of the statutes is repealed.

**SECTION 115.** 448.03 (2) (a) of the statutes is amended to read:

448.03 (2) (a) Any person lawfully practicing within the scope of a license,
permit, registration, certificate, or certification granted to practice midwifery under
subch. XIII of ch. 440, to practice professional or practical, or advanced practice
registered nursing or nurse-midwifery under ch. 441, to practice chiropractic under
ch. 446, to practice dentistry or dental hygiene or as an expanded function dental
auxiliary under ch. 447, to practice optometry under ch. 449, to practice as a
physician assistant under subch. IX, to practice acupuncture under ch. 451 or under
any other statutory provision, to practice naturopathic medicine under ch. 466, or as
otherwise provided by statute.

**SECTION 116.** 448.035 (1) (a) of the statutes is repealed.

**SECTION 117.** 448.035 (2) to (4) of the statutes are amended to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician or
certified advanced practice nurse prescriber may provide expedited partner therapy
if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician or certified advanced practice nurse prescriber shall attempt to obtain the name of the patient’s sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient’s sexual partner, if known. If the physician or certified advanced practice nurse prescriber is unable to obtain the name of the patient’s sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, “expedited partner therapy” or the letters “EPT.”

(3) The physician or certified advanced practice nurse prescriber shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), a physician or certified advanced practice nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician or certified advanced practice nurse prescriber whose act or omission involves reckless, wanton, or intentional misconduct.

**SECTION 119.** 448.56 (1) and (1m) (b) of the statutes are amended to read:
448.56 (1) **Written referral.** Except as provided in this subsection and s. 448.52, a person may practice physical therapy only upon the written referral of a physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2). Written referral is not required if a physical therapist provides services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant to rules promulgated by the department of public instruction; provides services as part of a home health care agency; provides services to a patient in a nursing home pursuant to the patient’s plan of care; provides services related to athletic activities, conditioning, or injury prevention; or provides services to an individual for a previously diagnosed medical condition after informing the individual’s physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber certified under s. 441.16 (2) who made the diagnosis. The examining board may promulgate rules establishing additional services that are excepted from the written referral requirements of this subsection.

(1m) (b) The examining board shall promulgate rules establishing the requirements that a physical therapist must satisfy if a physician, naturopathic doctor, physician assistant, chiropractor, dentist, podiatrist, or advanced practice registered nurse prescriber makes a written referral under sub. (1). The purpose of the rules shall be to ensure continuity of care between the physical therapist and the health care practitioner.

**SECTION 120.** 448.62 (2m) of the statutes is amended to read:

448.62 (2m) An advanced practice registered nurse who is certified to issue prescription orders under s. 441.16 and who is providing nonsurgical patient services
as directed, supervised, and inspected by a podiatrist who has the power to direct, decide, and oversee the implementation of the patient services rendered.

SECTION 121. 448.67 (2) of the statutes is amended to read:

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

SECTION 122. 448.956 (1m) of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training to an individual without a referral, except that a licensee may not provide athletic training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation setting unless the licensee has obtained a written referral for the individual from a practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter; under ch. 446; or under s. 441.16 (2) 441.09 or from a practitioner who holds a compact privilege under subch. XI or XII of ch. 448.

SECTION 123. 450.01 (1m) of the statutes is repealed.

SECTION 124. 450.01 (16) (h) 2. of the statutes is amended to read:
450.01 (16) (h) 2. The patient’s advanced practice registered nurse prescriber, if the advanced practice registered nurse prescriber has entered into a written agreement to collaborate with a physician may issue prescription orders under s. 441.09 (2).

**SECTION 125.** 450.01 (16) (hr) 2. of the statutes is amended to read:

450.01 (16) (hr) 2. An advanced practice registered nurse prescriber who may issue prescription orders under s. 441.09 (2).

**SECTION 126.** 450.03 (1) (e) of the statutes is amended to read:

450.03 (1) (e) Any person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice as a pharmacy technician under s. 450.068, to provide home medical oxygen under s. 450.076, to practice professional or practical, or advanced practice registered nursing or nurse-midwifery under ch. 441, to practice dentistry or dental hygiene or as an expanded function dental auxiliary under ch. 447, to practice medicine and surgery under ch. 448, to practice optometry under ch. 449, to practice naturopathic medicine under ch. 466, or to practice veterinary medicine under ch. 89, or as otherwise provided by statute.

**SECTION 127.** 450.11 (1g) (b) of the statutes is amended to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 441.092, 448.035, or 448.9725, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner’s patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules
promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic to or develops signs of an allergic reaction to the antimicrobial drug.

**SECTION 128.** 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice registered nurse prescriber under s. 441.18 (2) (a) 1., of a physician under s. 448.037 (2) (a) 1., or of a physician assistant under s. 448.9727 (2) (a) 1. that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice registered nurse prescriber under s. 441.18 (2) (a) 2., of a physician under s. 448.037 (2) (a) 2., or of a physician assistant under s. 448.9727 (2) (a) 2. that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered.

**SECTION 129.** 450.11 (1i) (b) 2. b. of the statutes is amended to read:

450.11 (1i) (b) 2. b. An advanced practice registered nurse prescriber may only deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

**SECTION 130.** 450.11 (7) (b) of the statutes is amended to read:
450.11 (7) (b) Information communicated to a physician, physician assistant, 
or advanced practice registered nurse prescriber in an effort to procure unlawfully 
a prescription drug or the administration of a prescription drug is not a privileged 
communication.

**SECTION 131.** 450.11 (8) (e) of the statutes is amended to read:

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

**SECTION 132.** 450.13 (5) (b) of the statutes is amended to read:

450.13 (5) (b) The patient’s advanced practice registered nurse prescriber, if the advanced practice registered nurse prescriber has entered into a written agreement to collaborate with a physician may issue prescription orders under s. 441.09 (2).

**SECTION 133.** 450.135 (7) (b) of the statutes is amended to read:

450.135 (7) (b) The patient’s advanced practice registered nurse prescriber, if the advanced practice registered nurse prescriber has entered into a written agreement to collaborate with a physician may issue prescription orders under s. 441.09 (2).

**SECTION 134.** 462.04 of the statutes, as affected by 2021 Wisconsin Act 251, is amended to read:

**462.04 Prescription or order required.** A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a naturopathic doctor licensed under s. 466.04 (1), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice registered nurse certified licensed under s. 441.16 (2) 441.09, a physician
assistant licensed under s. 448.974, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. XI of ch. 448.

**SECTION 135.** 655.001 (1) of the statutes is renumbered 655.001 (1r).

**SECTION 136.** 655.001 (1g) of the statutes is created to read:

655.001 (1g) “Advanced practice registered nurse” means an individual who is licensed under s. 441.09, who has qualified to practice independently in his or her recognized role under s. 441.09 (3m) (b), and who practices advanced practice registered nursing, as defined under s. 441.001 (1c), outside of a collaborative relationship with a physician or dentist, as described under s. 441.09 (3m) (a) 1., or other employment relationship. “Advanced practice registered nurse” does not include an individual who only engages in the practice of a certified nurse-midwife, as defined under s. 441.001 (3c).

**SECTION 137.** 655.001 (7t) of the statutes is amended to read:

655.001 (7t) “Health care practitioner” means a health care professional, as defined in s. 180.1901 (1m), who is an employee of a health care provider described in s. 655.002 (1) (d), (e), (em), or (f) and who has the authority to provide health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist advanced practice registered nurse.

**SECTION 138.** 655.001 (9) of the statutes is repealed.

**SECTION 139.** 655.002 (1) (a) of the statutes is amended to read:

655.002 (1) (a) A physician or nurse anesthetist an advanced practice registered nurse for whom this state is a principal place of practice and who practices his or her profession in this state more than 240 hours in a fiscal year.
**SECTION 140.** 655.002 (1) (b) of the statutes is amended to read:

655.002 (1) (b) A physician or nurse anesthetist an advanced practice registered nurse for whom Michigan is a principal place of practice, if all of the following apply:

1. The physician or nurse anesthetist advanced practice registered nurse is a resident of this state.

2. The physician or nurse anesthetist advanced practice registered nurse practices his or her profession in this state or in Michigan or a combination of both more than 240 hours in a fiscal year.

3. The physician or nurse anesthetist advanced practice registered nurse performs more procedures in a Michigan hospital than in any other hospital. In this subdivision, “Michigan hospital” means a hospital located in Michigan that is an affiliate of a corporation organized under the laws of this state that maintains its principal office and a hospital in this state.

**SECTION 141.** 655.002 (1) (c) of the statutes is amended to read:

655.002 (1) (c) A physician or nurse anesthetist an advanced practice registered nurse who is exempt under s. 655.003 (1) or (3), but who practices his or her profession outside the scope of the exemption and who fulfills the requirements under par. (a) in relation to that practice outside the scope of the exemption. For a physician or nurse anesthetist an advanced practice registered nurse who is subject to this chapter under this paragraph, this chapter applies only to claims arising out of practice that is outside the scope of the exemption under s. 655.003 (1) or (3).

**SECTION 142.** 655.002 (1) (d) of the statutes is amended to read:
655.002 (1) (d) A partnership comprised of physicians or nurse anesthetists, advanced practice registered nurses and organized and operated in this state for the primary purpose of providing the medical services of physicians or nurse anesthetists, advanced practice registered nurses.

SECTION 143. 655.002 (1) (e) of the statutes is amended to read:

655.002 (1) (e) A corporation organized and operated in this state for the primary purpose of providing the medical services of physicians or nurse anesthetists, advanced practice registered nurses.

SECTION 144. 655.002 (1) (em) of the statutes is amended to read:

655.002 (1) (em) Any organization or enterprise not specified under par. (d) or (e) that is organized and operated in this state for the primary purpose of providing the medical services of physicians or nurse anesthetists, advanced practice registered nurses.

SECTION 145. 655.002 (2) (a) of the statutes is amended to read:

655.002 (2) (a) A physician or nurse anesthetist, advanced practice registered nurse for whom this state is a principal place of practice but who practices his or her profession fewer than 241 hours in a fiscal year, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession.

SECTION 146. 655.002 (2) (b) of the statutes is amended to read:

655.002 (2) (b) Except as provided in sub. (1) (b), a physician or nurse anesthetist, advanced practice registered nurse for whom this state is not a principal place of practice, for a fiscal year, or a portion of a fiscal year, during which he or she practices his or her profession in this state. For a health care provider who elects to be subject to this chapter under this paragraph, this chapter applies only to claims
arising out of practice that is in this state and that is outside the scope of an exemption under s. 655.003 (1) or (3).

Section 147. 655.003 (1) of the statutes is amended to read:

655.003 (1) A physician or a nurse anesthetist an advanced practice registered nurse who is a state, county or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, and who is acting within the scope of his or her employment or contractual duties.

Section 148. 655.003 (3) of the statutes is amended to read:

655.003 (3) Except for a physician or nurse anesthetist advanced practice registered nurse who meets the criteria under s. 146.89 (5) (a), a physician or a nurse anesthetist an advanced practice registered nurse who provides professional services under the conditions described in s. 146.89, with respect to those professional services provided by the physician or nurse anesthetist advanced practice registered nurse for which he or she is covered by s. 165.25 and considered an agent of the department, as provided in s. 165.25 (6) (b).

Section 149. 655.005 (2) (a) of the statutes is amended to read:

655.005 (2) (a) An employee of a health care provider if the employee is a physician or a nurse anesthetist an advanced practice registered nurse or is a health care practitioner who is providing health care services that are not in collaboration with a physician under s. 441.15 (2) (b) or under the direction and supervision of a physician or nurse anesthetist advanced practice registered nurse.

Section 150. 655.005 (2) (b) of the statutes is amended to read:

655.005 (2) (b) A service corporation organized under s. 180.1903 by health care professionals, as defined under s. 180.1901 (1m), if the board of governors determines that it is not the primary purpose of the service corporation to provide the medical
services of physicians or nurse anesthetists advanced practice registered nurses.

The board of governors may not determine under this paragraph that it is not the primary purpose of a service corporation to provide the medical services of physicians or nurse anesthetists advanced practice registered nurses unless more than 50 percent of the shareholders of the service corporation are neither physicians nor nurse anesthetists advanced practice registered nurses.

SECTION 151. 655.23 (5m) of the statutes is amended to read:

655.23 (5m) The limits set forth in sub. (4) shall apply to any joint liability of a physician or nurse anesthetist advanced practice registered nurse and his or her corporation, partnership, or other organization or enterprise under s. 655.002 (1) (d), (e), or (em).

SECTION 152. 655.27 (3) (a) 4. of the statutes is amended to read:

655.27 (3) (a) 4. For a health care provider described in s. 655.002 (1) (d), (e), (em), or (f), risk factors and past and prospective loss and expense experience attributable to employees of that health care provider other than employees licensed as a physician or nurse anesthetist advanced practice registered nurse.

SECTION 153. 655.27 (3) (b) 2m. of the statutes is amended to read:

655.27 (3) (b) 2m. In addition to the fees and payment classifications described under subds. 1. and 2., the commissioner, after approval by the board of governors, may establish a separate payment classification for physicians satisfying s. 655.002 (1) (b) and a separate fee for nurse anesthetists advanced practice registered nurses satisfying s. 655.002 (1) (b) which take into account the loss experience of health care providers for whom Michigan is a principal place of practice.

SECTION 154. 655.275 (2) of the statutes is amended to read:
655.275 (2) APPOINTMENT. The board of governors shall appoint the members of the council. Section 15.09, except s. 15.09 (4) and (8), does not apply to the council. The board of governors shall designate the chairperson, who shall be a physician, the vice chairperson, and the secretary of the council and the terms to be served by council members. The council shall consist of 5 or 7 persons, not more than 3 of whom are physicians who are licensed and in good standing to practice medicine in this state and one of whom is a nurse anesthetist an advanced practice registered nurse who is licensed and in good standing to practice nursing in this state. The chairperson or another peer review council member designated by the chairperson shall serve as an ex officio nonvoting member of the medical examining board and may attend meetings of the medical examining board, as appropriate.

SECTION 155. 655.275 (5) (b) 2. of the statutes is amended to read:

655.275 (5) (b) 2. If a claim was paid for damages arising out of the rendering of care by a nurse anesthetist an advanced practice registered nurse, with at least one nurse anesthetist advanced practice registered nurse.

SECTION 156. 961.01 (19) (a) of the statutes is amended to read:

961.01 (19) (a) A physician, advanced practice registered nurse, dentist, veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.975 (1) (b), a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

SECTION 157. 961.395 of the statutes is amended to read:

961.395 Limitation on advanced practice registered nurses. (1) An advanced practice registered nurse who is certified may issue prescription orders

...
under s. 441.16 441.09 (2) may prescribe controlled substances only as permitted by the rules promulgated under s. 441.16 (3) 441.09 (6) (a) 4.

(2) An advanced practice registered nurse certified under s. 441.16 who may issue prescription orders under s. 441.09 (2) shall include with each prescription order the advanced practice nurse prescriber certification license number issued to him or her by the board of nursing.

(3) An advanced practice registered nurse certified under s. 441.16 who may issue prescription orders under s. 441.09 (2) may dispense a controlled substance only by prescribing or administering the controlled substance or as otherwise permitted by the rules promulgated under s. 441.16 (3) 441.09 (6) (a) 4.

SECTION 158. Nonstatutory provisions.

(1) Using the procedure under s. 227.24, the board of nursing may promulgate rules under ch. 441 that are necessary to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. A rule under this subsection may take effect no later than the date specified in SECTION 159 (intro.) of this act. Notwithstanding s. 227.24 (1) (c) and (2), a rule promulgated under this subsection is effective for 2 years after its promulgation, or until permanent rules take effect, whichever is sooner, and the effective period of a rule promulgated under this subsection may not be further extended under s. 227.24 (2).

(2) (a) In this subsection, the definitions under s. 441.001 apply.
(b) Notwithstanding s. 441.09 (3), an individual who, on January 1, 2024, is licensed as a registered nurse in this state and is practicing in a recognized role may continue to practice advanced practice registered nursing and the corresponding recognized role in which he or she is practicing and may continue to use the titles corresponding to the recognized roles in which he or she is practicing during the period before which the board takes final action on the person’s application under s. 441.09. This paragraph does not apply after the first day of the 13th month beginning after the effective date of this paragraph.

SECTION 159. Effective dates. This act takes effect on the first day of the 13th month beginning after publication, except as follows:

(1) SECTION 158 (1) of this act takes effect on the day after publication.