

## **CO-SPONSORSHIP MEMORANDUM**

**TO: All Legislators**

**FROM: Sen. Patrick Testin, Sen. Rachael Cabral-Guevara and Sen. Kelda Roys**

**Rep. Tony Kurtz and Rep. Lisa Subeck**

**DATE: May 6<sup>th</sup>, 2025**

**RE: Co-Sponsorship of LRB-1565/1 and LRB-3063/1**, 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

**DEADLINE: Friday May 9<sup>th</sup>, 2025 at 4:00 pm**

Advanced Practice Registered Nurses (APRNs) are registered nurses with advanced knowledge, degrees and skill. They include Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives.

We have a serious provider shortage. In the APRN categories, vacancy rates vary between 6 and 8 percent, according to a 2025 study by the Wisconsin Hospital Association. This shortage is felt all throughout the state, but it is particularly difficult to cope with in rural areas, where healthcare providers are even scarcer.

The APRN Modernization Act will bring Wisconsin in line with the National Consensus Model of Advanced Nurse Licensure. It will provide clarity to the scope of practice of these important healthcare providers in comparison to other professionals in the state and their peers across state lines. APRNs are recognized in states all across the country, including our neighbors Minnesota and Illinois.

Current statutes require one of the four advanced practice roles, nurse midwives, to have collaboration agreements with a physician while administrative rules require collaboration for the other advanced practice nurse roles. In practice this has led to written agreements or other forms of documentation. The profession and other stakeholders argue this has become a barrier and a burdensome requirement - particularly in underserved areas of the state. Removing this requirement from statute and creating the APRN Modernization Act will help provide regulatory flexibility and assist with removing barriers to allow these qualified providers to practice within their scope in the areas where they are needed most.

Recognizing APRNs will help ease the provider shortage we feel all across our state and make Wisconsin a more attractive place for these professionals to practice.

Attached you will find a leg council memo comparing 2023 SB 145/AB 154 and the current version that we have worked on with the Governor's office.

If you'd like to be added as a co-sponsor of LRB 1565/1 and LRB 3063/1 please reply to this email or contact Christina in Sen. Testin's office at 6-3123 or Danielle in Rep. Kurtz's office at 9141.

### ***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, 2026, 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 verifies that the APRN has completed 3,840 hours of professional nursing in a clinical setting and 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 may count additional hours practiced as an APRN in collaboration with a physician or dentist towards the 3,840 required hours of professional nursing. 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. Regardless of whether an APRN has qualified to practice independently, the bill provides that an APRN may provide treatment of pain syndromes through the use of invasive techniques only while working in a collaborative relationship with any physician who, through education, training, and experience, specializes in pain management. Alternatively, if an APRN has qualified to practice independently, the APRN may provide treatment of pain syndromes through the use of invasive techniques in a hospital or clinic associated with a hospital. Further, an APRN may provide treatment of pain syndromes through the use of invasive techniques if the APRN has qualified to practice independently and has privileges in a hospital to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.*

*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. The bill further prohibits any person licensed by the board from using, assuming, or appending to his or her name any title that is not granted under the nursing statutes unless the person holds another credential that entitles the person to use, assume, or append to his or her name the title or the person is permitted to use, assume, or append to his or her name the title under any other law of the state. However, the bill provides that a person who is licensed by the board and holds a doctorate degree is not prohibited from using, assuming, or appending to his or her name the title “doctor” or any other words, letters, or abbreviations that represent that the person holds that doctorate degree or the field in which the degree was received. If a person who is licensed by the board uses, assumes, or appends to his or her name the title “doctor,” the*

*bill requires that person to also use, assume, or append to his or her name words, letters, or abbreviations that represent the field in which the person received the doctorate degree. Further, the bill provides that a person who holds a bachelor's degree or master's degree is not prohibited from using, assuming, or appending to his or her name any words, letters, or abbreviations that represent that the person holds that degree or the field in which the degree was received.*

*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 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 of Nursing, 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 of Nursing 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, 2026, 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 coverage evidenced by personal liability coverage in the amounts specified under current law for physicians and nurse anesthetists or coverage under a group liability policy providing individual coverage for the APRN in the amounts specified under current law for physicians and nurse anesthetists. Additionally, the bill requires APRNs who have qualified to practice independently and who practice outside a collaborative or employment relationship 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.*

