
Wisconsin Legislative Council

Anne Sappenfield
Director



TO: REPRESENTATIVE TONY KURTZ AND SENATOR PATRICK TESTIN

FROM: Steve McCarthy, Senior Staff Attorney

RE: Comparison of Advanced Practice Registered Nurse Licensure Requirements Under 2023 Senate Bill 145 and 2025 LRB-1565/P3

DATE: May 2, 2025

This memorandum provides a brief overview of the general regulation of advanced practice registered nurses (APRNs) proposed in both 2023 Senate Bill 145, as engrossed, which was vetoed by the Governor last legislative session, and 2025 LRB-1565/P3. This memorandum also provides a comparison between the bill and bill draft for specific aspects of the proposed APRN licensure in each.

As described in more detail below, key differences between the bill and bill draft relate to the use of professional titles by nurses, requirements for an APRN to practice in collaboration with a physician or dentist to provide pain management services, and APRN malpractice liability insurance.

GENERAL REGULATION OF APRNs IN THE BILL AND BILL DRAFT

Both Senate Bill 145 and LRB-1565/P3 create a new system of licensure that allows a registered nurse (RN) to be licensed by the Board of Nursing as an APRN. Among other things, the bill and bill draft generally authorize an APRN to issue prescription orders, use the title “A.P.R.N.,” and delegate certain tasks to other clinically trained health care workers. The system of APRN licensure replaces certain authorities granted to a person who is certified under current law as an advanced practice nurse prescriber.

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

The bill and bill draft recognize four distinct APRN roles: certified nurse-midwife (CNM); certified registered nurse anesthetist (CRNA); clinical nurse specialist (CNS); and nurse practitioner (NP). The bill and bill draft require the board, upon granting a person an APRN license, to also grant the person one or more specialty designations corresponding to the recognized role or roles for which the person qualifies.

The bill and bill draft also require the board to promulgate administrative rules necessary to administer the newly created APRN law, including rules establishing certain criteria that an APRN must satisfy for licensure and defining the scope of practice of APRNs. The board may also promulgate rules to oversee

the continuing education requirements. However, the board may not promulgate rules that expand the scope of practice of an APRN beyond the practices within advanced practice registered nursing.

PROFESSIONAL TITLE PROTECTIONS

Senate Bill 145 specifies that a person who holds an APRN specialty designation may use the title and acronym associated with the person's APRN-recognized role.

LRB-1565/P3 allows the same use of APRN specialty designation acronyms, but also includes provisions that limit a person licensed by the Board of Nursing from using certain titles.

Specifically, the bill draft provides no person licensed by the board may use, assume, or append to his or her name any title that is not granted by the board 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 law of this state.

The bill draft provides that this limitation does not prohibit the following two things: (1) a person who holds a doctorate degree 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, though if any person to whom this applies uses, assumes, or appends to his or her name the title "doctor," the person must 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; or (2) a person who holds a bachelor's degree or master's degree 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.

LRB-1565/P3 also specifies an enforcement scheme that the board must follow if it finds a violation of the requirement that no person licensed by the board may use, assume, or append to his or her name any title that is not granted by the board. Specifically, the board must issue a written warning for a first violation, suspend the person's license for a second violation, and revoke the person's license for a third violation, though general limitations on the board's authority to reinstate a person whose license was revoked do not apply to a person whose license was revoked for a third violation of improper title usage.

GENERAL COLLABORATION REQUIREMENT

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

Senate Bill 145 provides that an APRN must practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse-midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill's requirements for independent practice is largely exempt from the collaboration requirement. Specifically, the bill allows independent practice if an APRN has completed 5,760 clinical hours of APRN practice while working with a physician or dentist during those hours of practice.

LRB-1565/P3 provides general APRN collaboration requirements that differ from Senate Bill 145, but are virtually identical to language included in the Governor's proposed 2025-27 biennial budget bill.¹

Specifically, LRB-1565/P3 requires an APRN to practice in collaboration with a physician or dentist, subject to two exceptions. First, a certified nurse midwife is fully exempt from the collaboration requirement, but must submit and follow a plan for births outside of a hospital. Second, an APRN who meets the bill draft's requirements for independent practice is largely exempt from the collaboration requirement. Specifically, the bill draft allows independent practice if an APRN has completed 3,840 hours of **professional nursing** in a clinical setting; at least 24 months have elapsed since the APRN first began completing the required hours of professional nursing in a clinical setting; the APRN has completed 3,840 clinical hours of **APRN practice** in that recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the actions of the APRN during those 3,840 hours of APRN practice; and at least 24 months have elapsed since the APRN first began practicing advanced practice registered nursing in that recognized role.

COLLABORATION REQUIREMENTS TO PROVIDE PAIN MANAGEMENT SERVICES

Additionally, the bill and bill draft both include additional provisions relating to independently practicing APRNs providing services relating to pain that differ in several respects.

Senate Bill 145 provides that an APRN may provide pain management services only while working in a collaborative relationship with a physician.

This requirement applies regardless of whether the APRN otherwise qualifies for independent practice, except that this collaborative relationship requirement does not apply to an APRN who is providing pain management services in a hospital or hospital clinic, and who has qualified for independent practice.

LRB-1565/P3 provides that an APRN may provide treatment of pain syndromes, as defined under current law, through the use of invasive techniques only while working in a collaborative relationship with a physician who, through education, training, and experience, specializes in pain management.

This requirement applies regardless of whether the APRN otherwise qualifies for independent practice, except that this collaborative relationship requirement does not apply to either of the following: (1) an APRN who is providing treatment of pain syndromes through the use of invasive techniques in a hospital or hospital clinic, and who has qualified for independent practice; or (2) an APRN who has qualified for independent practice and has hospital privileges to provide treatment of pain syndromes through the use of invasive techniques without a collaborative relationship with a physician.

Both the bill and bill draft contain provisions allowing an entity employing or with a relationship with an APRN to establish additional requirements for an APRN as a condition of employment or relationship.

¹The 2025-27 biennial budget bill has been introduced as companion bills 2025 Senate Bill 45 and 2025 Assembly Bill 50.

MALPRACTICE LIABILITY INSURANCE MINIMUMS

Senate Bill 145 specifies that an APRN must have malpractice liability insurance coverage in the minimum amounts required by a rule that must be promulgated by the board, unless the APRN's employer has coverage for the APRN in the amounts specified for participation in the Injured Patients and Families Compensation Fund (IPFCF).

LRB-1565/P3 similarly specifies that an APRN must have malpractice liability insurance coverage, but specifies that it must be in amounts not less than those established for participation in the IPFCF.

CERTAIN OTHER TECHNICAL DIFFERENCES

The bill and bill draft contain certain other technical differences as described below.

Military Medical Personnel Program

Current law allows several different health care providers, including a "registered professional nurse" and an "advance practice nurse prescriber" to supervise the Military Medical Personnel Program provided the provider retains responsibility for the care of the patient.

Senate Bill 145 makes a technical change to modify the term "advance practice nurse prescriber" to "APRN," but also deletes a "registered professional nurse's" authority to supervise the program.

LRB-1565/P3 only makes the technical change to include the new term "APRN," meaning that a registered professional nurse retains their authority to supervise the program as provided under current law under this bill draft.

Date Changes

Senate Bill 145 includes several references to the year 2024.

LRB-1565/P3 instead includes several references to the year 2026.

Please let me know if I can provide any further assistance.

SM:kp;rel