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Wisconsin's APRN Modernization Act – New Emergency Rules Chart the Path to Independent Practice

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For years, Wisconsin has been among a shrinking group of states that require advanced practice nurses to maintain a collaborative agreement with a physician or dentist in order to practice. That is about to change. On September 1, 2026, the APRN Modernization Act (Act 17) takes effect, moving Wisconsin from a system that certifies advanced practice nurse prescribers (APNPs) to one that licenses advanced practice registered nurses (APRNs) and, for qualifying nurses, permits independent practice for the first time. The Act is expected to improve access to care and help address provider shortages, particularly in rural areas, and brings Wisconsin in line with the majority of states that already allow some qualifying nurses to practice independently.

To implement the Act, the Wisconsin Board of Nursing recently adopted emergency rules overhauling Chapter N 8 of the Wisconsin Administrative Code, renaming it from "Certification of Advanced Practice Nurse Prescribers" to "Licensure of Advanced Practice Registered Nurses." The emergency rules fill in the details the statute leaves open: who qualifies for an APRN license, how current APNPs transition to the new credential, and what an APRN must do in order to practice without physician oversight. With the September 1 effective date approaching, and the Department of Safety and Professional Services (DSPS) expected to release an independent-practice application on or about August 1, 2026, clinicians, employers, and health systems should understand what is, and is not, changing.

Key Takeaways

Four recognized roles, one license. The Act and emergency rules recognize four APRN roles: nurse practitioner, certified nurse-midwife (CNM), clinical nurse specialist, and certified registered nurse anesthetist (CRNA). An APRN may issue orders and provide care only within the role and area of competence established by his or her education, training, and experience.

New licensure requirements. Under revised ch. N 8.03, an applicant for initial APRN licensure must, among other things, hold (or concurrently apply for) an active Wisconsin RN license or a multistate license; hold a graduate or postgraduate degree in nursing approved by the Board that prepared the applicant for practice in a recognized role; hold current national certification in that role; carry malpractice insurance as specified in Wis. Stat § 441.09(5); demonstrate the absence of an arrest or conviction record; and pass the jurisprudence examination. Applicants seeking prescriptive authority must also show completion of 45 contact hours in clinical pharmacology or therapeutics within the five years preceding application.

Current APNPs and nurse-midwives are grandfathered. Existing credential holders will not be left behind. The Board will grant an APRN license to any individual who holds an active Wisconsin APNP certificate before September 1, 2026. An APRN's specialty designation will appear on the face of the license. Likewise, individuals licensed as nurse-midwives before September 1, 2026 will receive an APRN license with a CNM specialty designation.

Independent practice is not automatic. This point is the most likely to be misunderstood. Neither licensure nor the September 1 effective date automatically confers the ability upon an APRN to practice independently. Under Wis. Admin. Code § N 8.046, an APRN must first complete 3,840 hours of professional nursing in a clinical setting (with at least 24 months elapsed since the nurse began the clinical hours required by a qualifying nursing program) and an additional 3,840 hours of advanced practice registered nursing in a recognized role while working with a physician or dentist who was immediately available for consultation and accepted responsibility for the APRN's actions (again, with at least 24 months having elapsed). The APRN must document these hours on a Board-approved verification form signed by an authorized individual, maintain malpractice insurance, pay into the Injured Patients and Families Compensation Fund (IPFCF), and pay the applicable DSPS fee.

Special rules for pain management and nurse-midwifery. An APRN may provide pain management through invasive techniques only while working in collaboration with a physician who specializes in pain management, subject to two narrow exceptions. APRNs who qualify for independent practice and who either provide the treatment in a hospital (or a clinic associated with a hospital) or have been granted the corresponding hospital privileges may provide pain management with invasive techniques. Separately, an APRN-CNM who intends to deliver babies outside a hospital setting must file a Board-approved "proactive plan" identifying the hospital or facility to which the patient and newborn will be transferred in an emergency, the designated emergency medical transport protocol, and the protocol for transferring prenatal and intrapartum records.

Prescribing and continuing education. An APRN may not issue prescription orders if a notation to that effect appears on the license. Additionally, all controlled-substance prescriptions must be transmitted electronically as permitted by state and federal law and must include the APRN's DEA number. Every APRN must complete 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the APRN's area of practice; those with prescriptive authority must complete at least 2 contact hours on responsible prescribing of controlled substances. Documentation of continuing education must be retained for at least four years and produced to the Board upon request.

What does not change. The Act does not displace employer policies, medical staff bylaws, credentialing and privileging standards, or payor requirements. Employers may continue to impose additional conditions, including a collaborative agreement, even for an APRN whom the Board has authorized to practice independently. And independent state licensure does not guarantee independent reimbursement: Medicare, for example, generally continues to require that nurse practitioner services be furnished in collaboration with a physician (see 42 C.F.R. § 410.75), with the exception of APRN-CNMs, who are not required to have a collaborating agreement as long as they meet the requirements under Wisconsin law.

Just like holding an active RN license is a requirement for an APNP certification, holding an active RN license will be a continuous requirement for obtaining and maintaining an APRN license. Act 17 modifies the renewal, so DSPS will create a single renewal for both credentials.

Preparing for September 1

The APRN Modernization Act is one of the most significant changes to nursing scope of practice in Wisconsin in decades, but its benefits come with conditions that are easy to overlook. Clinicians should confirm that they actually meet the hours-and-experience requirements before assuming they may drop a collaborative arrangement, and should begin assembling verification documentation now. Employers and health systems should review bylaws, policies, job descriptions, and employment contracts to reflect these changes; confirm the status of each APRN's certification and independent-practice eligibility before ending any collaborative agreement; and account for the billing and payor limitations that independent practice does not erase. The Board of Nursing has signaled that it will not take an “ask forgiveness, not permission” approach. An APRN who practices independently without the Board's authorization may face discipline, and ignorance of the requirements is not a defense. Providers with questions about how the new rules apply to their organization or practice should consult experienced health law counsel.

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