

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date 02/26/2024
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) N 6	
4. Subject Delegated Acts	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected s.20.165(1)(g)
7. Fiscal Effect of Implementing the Rule <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input checked="" type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input checked="" type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule Section N 6 contains the standards of practice for registered nurses and licensed practical nurses, which includes delegated acts. The Board of Nursing has reviewed and updated ch. N 6 with the following changes: <ul style="list-style-type: none">• Extension of the definition of “delegated acts”.• More general definition of “provider” to broaden the range of professionals who are authorized to delegate acts.• Addition of a definition of “unlicensed assistive personnel (UAP)”.• Inclusion of UAPs as staff who could be performing interventions under the directing or supervision of registered nurses.• <u>Replacement of the term “assignments” to “delegated acts” under standards of practice for licensed practical nurses..</u>	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. None.	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) DSPS estimates a total of \$4,250 in one-time costs for implementing the provisions of this rule. The estimated one-time costs include \$3,400 for the equivalent of a 0.1 limited term employee and associated overhead for activities including rulemaking, website, form, and reference document modifications. An additional \$850 is for 10 hours of credentialing system update work. The one-time costs cannot be absorbed in the currently appropriated agency budget.	
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule	

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The benefit of implementing this rule is that nurses will have more clarity about the delegation of nursing acts or activities to unlicensed assistive personnel.

16. Long Range Implications of Implementing the Rule

The long range implications of implementing this rule are improved practice standards for nurses in Wisconsin and better overall patient care.

17. Compare With Approaches Being Used by Federal Government

None.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois:

The Illinois Nurse Practice Act in their Compiled Statutes do not mention a definition of “delegated act”, “delegation”, or “unlicensed assistive personnel”. However, a definition of “delegation” can be found in the Illinois Administrative Code Section 1300.20, and it states that “‘delegation’ means transferring to a specific individual the authority to perform a specific nursing intervention, in a specific situation”. The section indicates that a registered nurse can delegate medication administration to other licensed nurses or to unlicensed personnel in community-based or in-home care settings as long as certain parameters established in the section have been met. The section also specifies the actions that are prohibited to delegate, such as delegating medication administration to unlicensed personnel in any institutional or long-term facility.

Iowa:

Neither Iowa’s Statutes nor Administrative Code contain a definition of “delegated acts” or “delegation”. The Administrative Code contains a definition of “unlicensed assistive personnel” as “an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse” [655 IAC 6.1(152)].

Iowa’s Administrative Code specifies the parameters that a registered nurse must comply with when delegating tasks to another registered nurse or licensed practical nurse. The Code also specifies that a registered nurse can delegate tasks to unlicensed assistive personnel (UAP) under certain circumstances, which include ensuring that the UAP has appropriate education and training and has demonstrated competency to perform the delegated tasks, that the task does not exceed the UAP scope of employment and that the tasks pose minimal risk to the patient [655 IAC 6.2(7)].

Michigan:

Michigan does not have a specific Nurse Practice Act in its Statutes. Instead, Michigan has an act that regulates the practice of nursing along with other health professions, which is part of the Michigan Public Health Code contained within the Statutes. In this act, there is a definition of “delegation” as “authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession” [333 MCL Section 16104]

Delegation parameters are detailed in the Michigan’s Administrative Code and state that a registered nurse may delegate tasks only within the registered nurse’s scope of practice and that the registered nurse holds ultimate responsibility for the delegated acts performed by the delegatee within the scope of the delegation. It also states that the registered nurse has to determine the qualifications, knowledge, and skills of the delegatee before the delegation, and that the registered nurse is responsible for supervising and evaluating the performance of the delegatee. [MI Admin. Code R 338.10104]

Minnesota:

The Minnesota Statutes contains the Nurse Practice Act that provides a definition of “delegation” as a “transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation” [MN Stats. 148.171 Subd. 7a.] and also provides a definition of “unlicensed assistive personnel” as “any unlicensed person to whom nursing tasks or activities may be delegated or assigned, as approved by the board”

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[MN Stats. 148.171 Subd. 24.] The Nurse Practice Act in Minnesota does not mention parameters for delegation outside of the basic practice standards of professional nurses, though the Statutes mention that “delegating or accepting delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care” is considered unprofessional conduct. [MN Stats. 148.261 (8)]

19. Contact Name

Sofia Anderson, Administrative Rules Coordinator

20. Contact Phone Number

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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
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4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
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