IPFCF
Injured Patients & Families Compensation Fund

Tony Evers, Governor of Wisconsin
Nathan Houdek, Commissioner of Insurance

Frequently Asked Questions

2025 Wisconsin Act 17

1. What changes when 2025 Wisconsin Act 17 goes into effect on September 1, 2026?

Act 17 deletes the term and definition of "nurse anesthetist" in Chapter 655 and adds "advanced practice registered nurse." An APRN is licensed under Wis. Stat. § 441.09, has qualified for independent practice in the recognized role under Wis. Stat. § 441.09(3m)(b), and practices outside a collaborative relationship with a physician or dentist or other employment relationship.

CRNA licensure *alone* will not be sufficient for direct participation in the Fund. Whether a CRNA has direct participation or employee-based coverage depends on the CRNA's licensure status and the specific practice arrangement.

A CRNA not satisfying the Act 17 definition of "advanced practice registered nurse" will be referred to as a "collaborating CRNA" for the purposes of this FAQ. Rather than participating directly, collaborating CRNAs will generally receive Fund coverage through their employment with another participating health care provider.

2. How will these changes impact CRNAs who have qualified for independent practice?

A CRNA who has qualified for independent and practices outside a collaborative relationship under Chapter 441 will continue to be a mandatory direct participant in the Fund. The Board understands that all CRNAs eligible for independent status may not have formally obtained this status with Board of Nursing as of September 1, 2026. Additionally, CRNAs may continue to transition to independent status on a rolling basis after September 1, 2026.

Information about obtaining or resuming direct participation in the Fund is available on OCI's website.

3. Does Act 17 eliminate Fund protection for collaborating CRNAs entirely?

No, Act 17 changes the pathway by which Fund coverage may apply. A collaborating CRNA will no longer be eligible for coverage based *solely* on the CRNA credential. A collaborating CRNA who is an employee of a participating health care provider may be covered for acts or omissions committed while providing health care services within the scope of employment.

4. How does employee coverage work?

Chapter 655 applies to qualifying claims against an employee of a health care provider when the employee was providing health care services within the scope of employment. The Fund provides excess coverage under Wis. Stat. § 655.27 for covered claims against participating health care providers and their covered employees, subject to the statute's terms, exclusions, and required underlying insurance or self-insurance.

5. What makes a collaborating CRNA/APRN eligible for employee coverage?

To be eligible for coverage, a CRNA must be an employee of a health care provider subject to or electing coverage under Chapter 655, the alleged act or omission must have occurred while the CRNA was providing health care services within the scope of employment, and the employer and applicable insurer or self-insurer complied with Chapter 655 requirements.

6. What health care providers may employ a collaborating CRNA to make them eligible for coverage under Chapter 655?

The employer must be a health care provider subject to or electing coverage under chapter 655. Such entity employers include:

- hospitals,
- ambulatory surgery centers,
- clinics, nursing homes, or other entities affiliated with a hospital,
- physician practice groups, and
- APRN practice groups.

7. Are collaborating CRNAs contracting to provide services at a hospital, ASC, clinic, or other facility covered by the Fund?

Collaborating CRNAs providing contracted services qualify as a borrowed employee of the mandatory health care provider Fund participant at whose facility their services are provided.

In *Phelps v. Physicians Insurance Company of Wisconsin,* the Wisconsin Supreme Court found the borrowed employee analysis – and Fund coverage – applied to a resident physician contracting to provide services at a hospital.

8. What CRNA practice groups are mandatory Fund participants?

Act 17 requires that any partnership, corporation, or organization or enterprise organized and operated in Wisconsin "for the primary purpose of providing the medical services of …advanced practice registered nurses" is a mandatory participant in the Fund.

9. Does the CRNA need to pay a separate Fund assessment when covered only as an employee?

Generally, no separate individual assessment is imposed merely because the CRNA receives employee coverage. Chapter 655 assessments for organizational participating providers take into account risk attributable to covered employees.

10. What if a CRNA works in more than one setting?

Independent CRNAs are mandatory direct participants in the Fund and as such must maintain their own, direct coverage and participation in the Fund.

For collaborating CRNAs, each practice arrangement should be evaluated separately. A collaborating CRNA could, for example, be covered as an employee of a hospital where they provide anesthesia services three days a week, and separately as an employee or a physician or APRN group for whom the collaborating CRNA provides anesthesia services in a non-hospital setting the remaining two days of the week. Coverage should not be assumed to transfer from one role, entity, or location to another.

11. Do I still need professional liability insurance if I am not a direct participant in the Fund?

Act 17 changes how some CRNAs participate in the Fund, but **all advanced practice registered nurses must continue to have personal liability coverage or coverage under a group liability policy providing individual coverage** in the amounts specified in Wis. Stat. s. 655.23(4).

Every CRNA should understand who provides their primary professional liability insurance for each practice setting in which they practice.

12. What should collaborating CRNAs do before the effective date?

All CRNAs should consider whether and when they may qualify for independent status based on the requirements of chapter 441 and the procedures established by the Board of Nursing. As there may be gaps or delays in obtaining independent status, all CRNAs should also confirm their continuing coverage with the Fund as a collaborating CRNA.

CRNAs should confirm with the various hospitals, clinics, ASCs, and physician and APRN practice groups with whom they practice and identify whether each arrangement is employment, contracting, or another relationship; confirm the employer's Chapter 655 participation; confer with primary insurance and verify primary insurance and endorsements; determine whether any separate direct enrollment or assessment is required; and promptly report material practice changes to the appropriate insurer and Fund administrator.

Illustrative examples

Hospital, ASC, or Clinic employee	A collaborating CRNA is employed by a hospital that participates in Chapter 655. The CRNA provides anesthesia services within assigned duties. The CRNA is generally not a direct participant, but employee coverage may apply through the hospital.
Physician/APRN Practice Group employee	A collaborating CRNA is employed by a Fund-participating physician or APRN practice group. The collaborating CRNA's services within the scope of employment receive employee coverage through that physician practice group.
Contracted services at a mandatory fund participant health care provider (i.e., hospital, ASC, clinic)	A collaborating CRNA contracts with an ambulatory surgery center and is not an employee. The CRNA should not assume that employee coverage applies. The parties should confirm primary and excess coverage before services begin.
Two practice roles	An independently qualified CRNA is employed by a hospital and maintains a separate independent, noncollaborative practice. The hospital work may be analyzed under employee coverage; the separate practice may be analyzed for direct participation.