



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Governor Scott Walker Secretary Dave Ross

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: <http://dsps.wi.gov>

Voice: 608-266-2112 • FAX: 608-267-0644 • TTY: 608-267-2416

MEDICAL EXAMINING BOARD MEETING
Room 121A, 1400 E. Washington Avenue, Madison
DRL Contact: Tom Ryan (608) 261-2378
JUNE 20, 2012

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting items may be removed from the agenda. Please consult the meeting minutes for a summary of the actions and deliberations of the Board.

8:00 A.M.

OPEN SESSION

- 1. Call to Order – Roll Call**
- 2. Declaration of Quorum**
- 3. Introduction of New Board Member(s)**
- 4. Recognition of Board Member(s)**
- 5. Adoption of the Agenda (insert) (1-6)**
- 6. Approval of Minutes of May 16, 2012 (insert) (7-16)**
- 7. Case Presentations**

Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s) in the Matter of:

- a. George Pfaltzgraff, MD - 11 MED 125 **(71-76)**
 - Attorney Susan Gu
 - Case Advisor – Sheldon Wasserman
- b. Jerome E. Hutchens, MD – 11 MED 133 **(77-84)**
 - Attorney Susan Gu
 - Case Advisor – Jude Genereaux
- c. Naiyer Imam, MD – 11 MED 323 **(85-92)**
 - Attorney Susan Gu
 - Case Advisor – LaMarr Franklin
- d. Christina D. Jackson, RCP – 12 MED 064 **(93-98)**
 - Attorney Susan Gu
 - Case Advisor – Jude Genereaux
- e. Leon Cass Terry, MD – 10 MED 169 **(99-104)**
 - Attorney Arthur Thexton
 - Case Advisors – Carolyn Bronston and Gene Musser

- f. Robert C. Turner, MD – 10 MED 324 **(105-126)**
 - Attorney Arthur Thexton
 - Case Advisor – Sridhar Vasudevan
- g. Marta C. Muller, MD – 11 MED 131 **(127-132)**
 - Attorney Arthur Thexton
 - Case Advisor – Raymond Mager

8. Executive Director Matters

9. Items Received After Mailing of Agenda

- a. Presentation of Proposed Stipulations and Final Decisions and Orders
- b. Presentation of Proposed Decisions
- c. Presentation of Interim Orders
- d. Petitions for Re-hearing
- e. Petitions for Summary Suspension
- f. Petitions for Extension of Time
- g. Petitions for Assessments
- h. Petitions to Vacate Orders
- i. Requests for Disciplinary Proceeding Presentations
- j. Motions
- k. Appearances from Requests Received or Renewed
- l. Speaking Engagement, Travel and Public Relation Requests
- m. Application Issues
- n. Examination Issues
- o. Continuing Education Issues
- p. Practice Questions

10. Items for Board Discussion

- a. DOE Policy Regarding Screening – **APPEARANCE 8:35 A.M. – JEANETTE LYTLE, DOE ATTORNEY SUPERVISOR (insert) (17-18)**
- b. FSMB Matters
- c. Maintenance of Licensure
- d. Chapter MED 8 Update
- e. Chapter MED 10 Update
- f. Legislative Report
- g. Drug Overdoses **(insert) (19-22)**
- h. FAQ – Physician Delegation of Tasks Constituting the Practice of Radiography **(insert) (23-24)**
- i. Medical Board Newsletter
- j. Board Outreach

11. Screening Panel Report

12. Informational Item(s) (insert) (25-26)

13. Public Comment(s)

14. New/Other Business

CLOSED SESSION

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. § 19.85 (1) (a)); consider closing disciplinary investigation(s) with administrative warning(s) (Wis. Stat. § 19.85 (1) (b), and Wis. Stat. § 440.205); consider individual histories or disciplinary data (Wis. Stat. § 19.85 (1) (f)); and to confer with legal counsel (Wis. Stat. § 19.85 (1) (g)).

CS-1 Full Board Oral Examination – 9:20 a.m. – Jennifer M. Sabatier, MD (insert) (27-70)

CS-2 Deliberation of Stipulation(s), Final Decision(s) and Order(s) in the Matter of:

- a. George Pfaltzgraff, MD - 11 MED 125 (insert) (71-76)
 - o Attorney Susan Gu
- b. Jerome E. Hutchens, MD – 11 MED 133 (insert) (77-84)
 - o Attorney Susan Gu
- c. Naiyer Imam, MD – 11 MED 323 (insert) (85-92)
 - o Attorney Susan Gu
- d. Christina D. Jackson, RCP – 12 MED 064 (insert) (93-98)
 - o Attorney Susan Gu
- e. Leon Cass Terry, MD – 10 MED 169 (insert) (99-104)
 - o Attorney Arthur Thexton
- f. Robert C. Turner, MD – 10 MED 324 (insert) (105-126)
 - o Attorney Arthur Thexton
- g. Marta C. Muller, MD – 11 MED 131 (insert) (127-132)
 - o Attorney Arthur Thexton

CS-3 Deliberation of Proposed Administrative Warning(s)

- a. 11 MED 162 (M.R., MD) (insert) (133-134)
 - o Attorney Arthur Thexton
 - o Case Advisor – Jude Genereaux
- b. 11 MED 162 (A.R.R., MD) (insert) (135-136)
 - o Attorney Arthur Thexton
 - o Case Advisor – Jude Genereaux
- c. 11 MED 387 (V.M.K., MD) (insert) (137-138)
 - o Attorney Arthur Thexton
 - o Case Advisor – Carolyn Bronston

CS-4 Consideration of Complaint(s)

- a. 09 MED 197, 09 MED 305, 09 MED 335 and 09 MED 399 (W.B.L., MD) (insert) (139-146)

CS-5 Deliberation of Respondents' Objections to ALJ Orders Denying Motions to Dismiss in the Disciplinary Proceedings Against Iftekhar H. Bader, MD and Paul J. Berce, MD (insert) (147-214)

CS-6 Monitoring (insert) (215-216)

- a. Frank J. Salvi, MD – Request to Reconsider Final Decision and Order (insert) (217-456) - APPEARANCE 9:50 A.M. – FRANK J SALVI, MD AND ATTORNEY LESTER PINES

CS-7 Case Closings (insert) (157-458)

CS-8 Consulting with Legal Counsel

Deliberation of Items Received in the Bureau after Preparation of Agenda

- a. Proposed Stipulations
- b. Proposed Decisions and Orders
- c. Proposed Interim Orders
- d. Objections and Responses to Objections
- e. Complaints
- f. Petitions for Summary Suspension
- g. Remedial Education Cases
- h. Petitions for Extension of Time
- i. Petitions for Assessments
- j. Petitions to Vacate Orders
- k. Motions
- l. Administrative Warnings
- m. Matters Relating to Costs
- n. Appearances from Requests Received or Renewed
- o. Examination Issues
- p. Continuing Education Issues
- q. Application Issues
- r. Monitoring Cases
- s. Professional Assistance Procedure Cases

Division of Enforcement – Meeting with Individual Board Members

Division of Enforcement – Case Status Reports and Case Closings

Ratifying Licenses and Certificates

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session if Voting is Appropriate

New/Other Business

ADJOURNMENT

12:45 PM

CLOSED SESSION

Examination of 2 Candidates for Licensure – Drs. Kailas, Musser, Osborn and Swan

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**MEDICAL EXAMINING BOARD
MINUTES
MAY 16, 2012**

PRESENT: Carolyn Bronston; Rodney Erickson, MD; LaMarr Franklin; Jude Genereaux; Sujatha Kailas, MD; Raymond Mager, DO; Gene Musser, MD; Sandra Osborn, MD; Kenneth Simons, MD; Timothy Swan, MD; Sridhar Vasudevan, MD; Sheldon Wasserman, MD

EXCUSED: Suresh Misra, MD

STAFF: Tom Ryan, Executive Director; Sandy Nowack, Legal Counsel; Karen Rude-Evans, Bureau Assistant; other DSPS staff

GUESTS: Mark Grapentine, Wisconsin Medical Society; Anne Hletko, Council on Physician Assistants; Jeremy Levin, RWHC; Scott Becher, Becher Group; David Wahlberg, WI State Journal

CALL TO ORDER

Dr. Sheldon Wasserman, Chair, called the meeting to order at 8:00 a.m. A quorum of twelve (12) members was confirmed.

INTRODUCTION OF NEW BOARD MEMBER(S)

Sheldon Wasserman welcomed Rodney Erickson to the Board. Dr. Erickson gave a brief history of his background.

ADOPTION OF AGENDA

Amendments:

- Item 11a, FSMB Matters, add:
 2. FSMB Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice
 3. MEB Pain Policy/FSMB Pain Policy Workgroup
- Item 11d. Chapter MED 10 Update, add:
 3. MED 10 Additional Concepts
- Item 11e1, Legislative Report - Criminal Background Check Law, insert additional information
- Item 13, Informational Items, add:
 - a. State Journal Article, *Effort to Streamline Enforcement of Licensed Professionals Worries Some*
- Item 16-ADD “New Business”
- Item CS-6, Monitoring:
 - b. DELETE - David Buchanan, MD – Request for Extension of Time to Complete CE

d. ADD - John Hoffmann, MD – Request for Extension of Time to Complete and Pass SPEX

- Case Status Report – insert at the end of the agenda in closed session

MOTION: Gene Musser moved, seconded by LaMarr Franklin, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 18, 2012

Corrections:

- On page 4, under MEDICAL EXAMINING BOARD NEWSLETTER, in the second sentence, delete “will draft” and insert “drafted”
- On page 11, the first sentence on that page, delete “No” and insert “The”
- On page 15, under OTHER BUSINESS, the last sentence in the first motion, delete “unanimously” and add “Sridhar Vasudevan opposed.”

MOTION: Sandra Osborn moved, seconded by Sridhar Vasudevan, to approve the minutes of April 18, 2012 as corrected. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 1, 2012 TELECONFERENCE

Correction:

- On page 2, under ITEMS VOTED ON DURING CLOSED SESSION, in the second motion, Timothy Swan abstained.

MOTION: Sujatha Kailas moved, seconded by LaMarr Franklin, to approve the minutes of the May 1, 2012 teleconference as corrected. Motion carried unanimously.

PRESENTATION OF PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

DOE Attorneys presented Proposed Stipulations, Final Decisions and Orders in the following disciplinary proceedings:

Linda D. Meehan, DO	11 MED 372
Guy R. Powell, MD	10 MED 187
Jesse O. Vegafria, MD	11 MED 041
Marc L. Smith, MD	08 MED 364
Bradley T. Bodner, PA	09 MED 198
Dale Sinnett, MD	11 MED 163
Michael G. O’Mara, MD	10 MED 165

These items will be deliberated in closed session.

EXECUTIVE DIRECTOR MATTERS

Tom Ryan introduced Executive Director Mojgan Hall. Ms. Hall will be observing the meeting.

ITEMS FOR BOARD DISCUSSION

FSMB Matters

1. Report from FSMB Annual Meeting – Sheldon Wasserman, LaMarr Franklin and Kenneth Simons

Sheldon Wasserman stated the Wisconsin Medical Examining Board was one of the charter members of the FSMB. Dr. Wasserman presented a plaque to Tom Ryan from the FSMB acknowledging the MEB's long term affiliation with their organization.

LaMarr Franklin and Kenneth Simons spoke regarding Maintenance of Licensure (MOL). Every state has its own requirements and this will be a long term project. Opiate prescribing was another covered at the meeting.

Sheldon Wasserman stated the FSMB Annual Meeting was informative. Dr. Wasserman was elected to the FSMB Nominating Committee, and he thanked Sujatha Kailas and Gene Musser for their encouragement.

2. FSMB Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

The Board reviewed this information. Sheldon Wasserman said this important information and relates to MED 10. Dr. Wasserman will include mention of social media guidelines in the "Chair's Corner" of the MEB Newsletter.

Sheldon Wasserman, Carolyn Bronston and Gene Wasserman stated the FSMB meetings are valuable and encourage the Department to allow the Executive Director to attend future meetings.

3. MEB Pain Policy/FSMB Pain Policy Workgroup

Sridhar Vasudevan reviewed the current FSMB pain policy guidelines. FSMB is reworking the guidelines and the new recommendations are due to be published in 2013.

MOTION: Sridhar Vasudevan moved, seconded by Jude Genereaux, to have Dr. Vasudevan provide an article for the MEB Newsletter referencing the brochure *Responsible Opioid Prescribing – A Clinician's Guide*, and to add a link to the brochure on the DSPS website. Motion carried unanimously.

Maintenance of Licensure

The Board discussed maintenance of licensure and long term goals. This issue requires more discussion and the Board will devote more time to discuss MOL at a future meeting.

Wis. Admin. Code Med 8 Update

Gene Musser reviewed Chapter Med 8 updates with the Board. Anne Hletko, Council on Physician Assistants, addressed the Board regarding administrative supervision and clinical supervision. This is still a work in progress.

Wis Admin. Code Chapter MED 10 Update1. Review Currency of MED 10.02(2)(s) Pertaining to Prescribing Amphetamines

The standard of care has evolved pertaining to amphetamine therapy.

MOTION: Kenneth Simons moved, seconded by Sridhar Vasudevan, that the Board has determined that it will not pursue prosecutions for alleged violations of MED 10.02(2)(s) when amphetamines are prescribed within the applicable standard of care. Motion carried unanimously.

2. MED 10 Project Plan Timeline

This item was noted and reviewed.

3. MED 10 Additional Concepts

This item was noted and reviewed.

Legislative Report**Criminal Background Check Law and MEB/DSPS Access to the National Crime Information Center (NCIC)**

Gene Musser gave a brief history of this rule and reviewed some options for background checks.

MOTION: Sridhar Vasudevan moved, seconded by Gene Musser, to have DSPS staff gather background check rules from other states and to bring this information to a future Board meeting for review. Motion carried unanimously.

Informed Consent and Review of WI Supreme Court Decision

The Board reviewed and discussed The WI Supreme Court Decision Jandre v. Wisconsin Injured Patients and Families Compensation Fund. The Wisconsin Medical Society and the Wisconsin Hospital Association are working together to resolve the informed consent issue through legislation. Carolyn Bronston stated she felt the decision in this case was warranted.

Review of PDMP Rule

The PDMP rule will be up for a public hearing next week before the Assembly Health Committee. The Veterinary Examining Board is against the rule and asked for revisions. Any revisions would require re-sending the rule to the legislature. The MEB is on record as supporting the bill as written.

Medical Examining Board Newsletter

The MEB Newsletter draft should be ready in July, with publication in early fall.

Board Outreach

Sandra Osborn has been asked to talk to the faculty at the Department of Pediatrics and the UW Medical School regarding maintenance of licensure. Sujatha Kailas will assist Dr. Osborn with this presentation. No date has been set at this time.

Sheldon Wasserman spoke to the graduating class at the Medical College of Wisconsin.

SCREENING PANEL REPORT

LaMarr Franklin reported thirty two (32) cases were screened. Eight (8) cases were opened, one (1) ten-day letter was sent and twenty three (23) cases were closed.

INFORMATIONAL ITEMS

State Journal Article, *Effort to Streamline Enforcement Of Licensed Professionals Worries Some*
This article was noted by the Board.

PUBLIC COMMENTS

None.

OTHER BUSINESS

None.

NEW BUSINESS

Kenneth Simons stated the Board needs to have a policy in place regarding a disclaimer as to whether or not a Board member is speaking on behalf of the Board or as an individual.

Jude Genereaux stated there should be bullet points given to new Board members to assist them with Board business and policies.

RECESS TO CLOSED SESSION

MOTION: Sandra Osborn moved, seconded by LaMarr Franklin, to convene to closed session to deliberate on cases following hearing (Wis. Stat. § 19.85 (1) (a)); consider closing disciplinary investigation(s) with administrative warning(s) (Wis. Stat. § 19.85 (1) (b), and Wis. Stat. § 440.205); consider individual histories or disciplinary data (Wis. Stat. § 19.85 (1) (f)); and to confer with legal counsel (Wis. Stat. § 19.85 (1) (g)). Roll call: Carolyn Bronston-yes; Rodney Erickson-yes; LaMarr Franklin-yes; Jude Genereaux-yes; Sujatha Kailas-yes; Raymond Mager-yes; Gene Musser-yes; Sandra Osborn-yes; Kenneth Simons-yes; Timothy Swan-yes; Sridhar Vasudevan-yes; Sheldon Wasserman-yes. Motion carried unanimously.

Open session recessed at 10:26 a.m.

RECONVENE IN OPEN SESSION

MOTION: Timothy Swan moved, seconded by Jude Genereaux, to reconvene in open session. Motion carried unanimously.

Open session reconvened at 1:48 p.m.

ITEMS VOTED ON DURING CLOSED SESSION

FULL BOARD ORAL EXAMINATIONS

MOTION: Raymond Mager moved, seconded by Sridhar Vasudevan, to deny the application for licensure for **Thomas J. Byrne, MD**, as he has not satisfied the Board that he meets the requirements for licensure. Motion carried unanimously.

MOTION: Kenneth Simons moved, seconded by Sridhar Vasudevan, to deny the application for licensure for **Saman K. Jayasinghe, MD**, as he has not satisfied the Board that he meets the requirements for licensure. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Sujatha Kailas moved, seconded by Timothy Swan, to reject the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against **Linda D. Meehan, DO (11 MED 372)**. Motion carried unanimously.

MOTION: Kenneth Simons moved, seconded by Timothy Swan, to close case **11 MED 372 for prosecutorial discretion**. Motion carried unanimously.

MOTION: Sujatha Kailas moved, seconded by Timothy Swan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Guy R. Powell, MD (10 MED 187)**. Motion carried unanimously.

MOTION: Carolyn Bronston moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Jesse O. Vegafria, MD (11 MED 041)**. Motion carried unanimously.

MOTION: Kenneth Simons moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Marc L. Smith, DO (08 MED 364)**. Motion carried. Raymond Mager abstained.

MOTION: Sujatha Kailas moved, seconded by Sandra Osborn, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Bradley T. Bodner, PA (09 MED 198)**. Motion carried unanimously.

MOTION: Carolyn Bronston moved, seconded by Raymond Mager, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Dale Sinnett, MD (11 MED 163)**. Motion carried unanimously.

MOTION: Raymond Mager moved, seconded by Sujatha Kailas, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the disciplinary proceedings against **Michael G. O'Mara, MD (10 MED 165)**. Motion carried unanimously.

PROPOSED ADMINISTRATIVE WARNING(S)

MOTION: Sujatha Kailas moved, seconded by Sridhar Vasudevan, to issue the Administrative Warning in case **11 MED 267 against respondent D.W., MD**. Motion carried unanimously.

MOTION: Sujatha Kailas moved, seconded by Sridhar Vasudevan, to issue the Administrative Warning in case **11 MED 183 against respondent C.J.M., MD**. Motion carried. Timothy Swan opposed.

MOTION: Jude Genereaux moved, seconded by Sandra Osborn, to issue the Administrative Warning in case **11 MED 070 against respondent M.G., MD**. Motion carried unanimously.

CONSIDERATION OF COMPLAINT(S)

MOTION: Raymond Mager moved, seconded by Kenneth Simons, to find probable cause to issue a complaint in the matter of **11 MED 101**. Motion carried unanimously.

MONITORING

MOTION: Sujatha Kailas moved, seconded by Raymond Mager, to grant the request from **Dale T. Bertram, MD**, for a reduction in drug screens to twenty eight (28) per year. Motion carried unanimously.

Jene VanDenHout, RCP, and Attorney Karen Julian appeared before the Board.

MOTION: Carolyn Bronston moved, seconded by Sridhar Vasudevan, to grant the request from **Jene VanDenHout, RCP**, for a stay of suspension, a reduction in therapy to once every four (4) weeks, a reduction of drug

screens to twenty eight (28) per year and to eliminate the requirement for an annual personal appearance before the Board. Motion carried. Kenneth Simons and Timothy Swan opposed.

John Gregory Hoffmann, MD, and Attorney Jack Williams appeared before the Board.

MOTION: Gene Musser moved, seconded by Jude Genereaux, to grant the request from **John Gregory Hoffmann, MD**, for a three (3) month extension of time to complete and pass SPEX. Motion carried. Sandra Osborn and Sridhar Vasudevan opposed.

CASE CLOSINGS

MOTION: Carolyn Bronston moved, seconded by Sridhar Vasudevan, to close case **09 MED 363 for prosecutorial discretion (P7)**. Motion carried unanimously.

MOTION: Sujatha Kailas moved, seconded by Sandra Osborn, to close case **11 MED 403 for no jurisdiction (L1)**. Motion carried unanimously.

MOTION: Carolyn Bronston, moved, seconded Raymond Mager, to close case **11 MED 266 for no violation**. Motion carried unanimously.

MOTION: Gene Musser, moved, seconded Raymond Mager, to close case **11 MED 364 for no violation**. Motion carried unanimously.

MOTION: Raymond Mager, moved, seconded Sandra Osborn, to close case **10 MED 322 for no violation**. Motion carried unanimously.

MOTION: Sujatha Kailas, moved, seconded Raymond Mager, to close case **09 MED 306 for insufficient evidence**. Motion carried unanimously.

MOTION: Jude Genereaux, moved, seconded Gene Musser, to close case **11 MED 265 for prosecutorial discretion (P3)**. Motion carried unanimously.

MOTION: Sridhar Vasudevan, moved, seconded Jude Genereaux, to close case **09 MED 198 for no violation against respondent P.L.J.** Motion carried unanimously.

MOTION: Sujatha Kailas, moved, seconded Kenneth Simons, to close case **11 MED 242 for insufficient evidence**. Motion carried unanimously.

MOTION: Gene Musser, moved, seconded Sandra Osborn, to close case **11 MED 377 for insufficient evidence**. Motion carried unanimously.

RATIFY ALL LICENSES AND CERTIFICATES

MOTION: Sujatha Kailas moved, seconded by Sandra Osborn, to ratify all licenses and certificates as issued. Motion carried unanimously.

OTHER BUSINESS

Legal Counsel Sandy Nowack noted that all stipulations were adopted with the exception of the stipulation in the matter of Linda D. Meehan, DO.

Sandra Osborn acknowledged Bureau Assistant Karen Rude-Evans for her recent donation to the charitable organization “Locks of Love.”

ADJOURNMENT

MOTION: Sridhar Vasudevan moved, seconded by Sujatha Kailas to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:50 p.m.

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**State of Wisconsin
Department of Regulation and Licensing**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jeanette Lytle		Date When Request Submitted: May 30, 2012	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	
Name of Board, Committee, Council: Medical Examining Board			
Board Meeting Date: June 20, 2012	Attachments: Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Discussion of DOE policy regarding screening.	
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? X Yes by Jeanette Lytle (name) <input type="checkbox"/> No	Name of Case Advisor(s), if required:	
Describe the issue and action the Board should address: DOE will discuss screening policy and answer any questions the board may have regarding screening protocols.			
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Documents submitted to the agenda must be single-sided. 3. Only copies of the original document will be accepted. 4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.			
Authorization:			
 Signature of person making this request		5/30/12 Date	
Supervisor signature (if required)		Date	
Bureau Director signature (indicates approval to add late items to agenda)		Date	

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dr. John Frey, UW Addiction Medicine Fellowship Program		2) Date When Request Submitted:	
		Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: June 20, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Drug Overdoses	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board Discussion			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

From: Randy Brown [mailto:Randy.Brown@FAMMED.WISC.EDU]
Sent: Wednesday, February 08, 2012 3:01 PM
To: DSPS OfficeOfTheSecretary
Subject: Website Email Request ATTN: Dr. Musser

Hello, Dr. Musser

Dr. John Frey recommended I present this to you.

I am contacting you as an Addiction Medicine physician who collaborates with the AIDS Resource Center of Wisconsin's LifePoint needle exchange.

Opioid overdose deaths in Dane County are up 600+% since 2001. This tragic loss of young life is preventable. Lives are already being saved every day through the hard work of the needle exchange in training users in CPR and naloxone administration.

Unfortunately, there are still barriers to the expansion of this program. A supportive statement from the State Medical Board would be a wonderful first step.

I have copied such a statement from the Medical Board of North Carolina below. The website for that state's overdose prevention program is: <http://www.projectlazarus.org/>

I have also attached a description of a similar highly regarded program in New Mexico.

I would welcome the opportunity to discuss this program with you further, and hope that you and the Board will openly support ARCW's efforts to prevent further loss of life due to overdose in Wisconsin.

The North Carolina Medical Board has endorsed Project Lazarus, including the prescribing of naloxone to prevent opioid overdoses.

"The Board is concerned about the three-fold rise in overdose deaths over the past decade in the State of North Carolina as a result of both prescription and non-prescription drugs. The Board has reviewed, and is encouraged by, the efforts of Project Lazarus, a pilot program in Wilkes County that is attempting to reduce the number of drug overdoses by making the drug naloxone* and an educational program on its use available to those persons at risk of suffering a drug overdose.

The prevention of drug overdoses is consistent with the Board's statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to cooperate with programs like Project Lazarus in their efforts to make naloxone available to persons at risk of suffering opioid drug overdose.

Randy Brown, MD, PhD
Assistant Professor, Dept of Family Medicine
Director, Center for Addictive Disorders, UW Hospitals & Clinics
Director, UW Addiction Medicine Fellowship Program
Center Scientist, Center for Health Enhancement Systems Studies
University of Wisconsin School of Medicine and Public Health
randy.brown@fammed.wisc.edu
phone: (608) 263-6558
fax: (608) 263-5813
1100 Delaplaine Ct.
Madison, WI 53715

Subject: Promoting Prevention of Fatal Opioid Overdose

Whereas, According to the National Center for Health Statistics, the number of fatal poisonings involving opioid analgesics more than tripled from 4,000 to 13,800 between 1999 and 2006; and

Whereas, opioid analgesics were involved in almost 40% of all poisoning deaths in 2006; and

Whereas, Naloxone is a drug that can be prescribed to reverse the effects of opioid overdose;

and

Whereas, a 2010 study conducted by the Drug Overdose Prevention and Education (DOPE) Project in San Francisco, found that, when properly administered during an overdose, naloxone reversed the effects of 89% of opioid overdoses; and

Whereas, Our Society recognizes the great burden that opiate addiction and abuse has on users and society; therefore be it

RESOLVED, that our Wisconsin Medical Society encourages the development of programs directed towards opioid overdose treatment with naloxone; and be

it further RESOLVED, That our Society encourage the education of health care workers and opioid users about the use of naloxone in preventing opioid overdose fatalities.

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sandy Nowack Board Legal Counsel		2) Date When Request Submitted: June 6, 2012 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: June 20, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? PHYSICIAN DELEGATION OF TASKS CONSTITUTING THE PRACTICE OF RADIOGRAPHY	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input checked="" type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: FAQ LIASIONS MEB: Dr. Tim Swan, Dr. Ray Mager Radigraphy Examining Board, Dr. Greg Bogost	
10) Describe the issue and action that should be addressed: <p>With the creation of the Radiography Examining Board, the legislature authorized new licensing requirements for radiography technicians and permit requirements for limited scope x-ray operators. Although credentials are generally required for practice in the field of radiography, the new law did not divest physicians of their authority to delegate medical acts per sec. 448.03(2). The Department has received multiple questions concerning delegation of medical acts that also constitute the practice of radiography. It is currently possible to avoid credentialing and continue to perform under the delegation and supervision of a physician. The Radiography Examining Board has expressed serious concern about the safety of this practice</p> <p>To address the frequently asked question, the FAQ liasions from the MEB and the Radiography Examining Board worked together to draft this advisory FAQ/admonishment.</p> <p>The Board will review, discuss and potentially vote on whether or not to recommend the Department adopt the FAQ, post it to the website, amend it, and or publicize it in the newsletter.</p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Carolyn Bronston, Public Member		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: June 20, 2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item: WHERE ARE THE DOCTORS?	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Informational item.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

Where are the doctors?

By Marcia Angell and Michael Greene

Women's reproductive rights were hard-won decades ago, and while there have been encroachments and threats to them over the years, they have generally been supported by the law. And women have availed themselves of those rights in large numbers.

Since the choice to terminate an unwanted pregnancy was established by the U.S. Supreme Court in 1973 in *Roe v. Wade*, almost one in three women have had abortions. The legality of contraception was established even earlier, in 1965, in *Griswold v. Connecticut*, and tens of millions of women use some form of artificial contraception.

But there is now an unprecedented and sweeping legal assault on women's reproductive rights. New legislation is being introduced, and sometimes passed, in state after state that would roll back access to abortion and contraception, mainly by intruding on the relationship between doctor and patient.

Women have reacted strongly, as evidenced by a growing disaffection among female voters with the Republican Party and its candidates; there is now a double-digit "gender gap." But where are the doctors? They have been strangely silent about this legal assault, even though it directly interferes with medical practice.

A lengthening list

Consider some of the new laws:

► Nine states require doctors to perform ultrasound examinations on women seeking an abortion, and to encourage women to view the images. (This requirement was justified by Alabama Sen. Clay Scofield in his deeply patronizing comment, "This bill just allows them to see the child inside of them, so it's not just out of sight, out of mind.") Three of these states also require women to listen to a description of the fetus.

► Counseling is now mandated in 35 states to dissuade women from having abortions.

► Five states require doctors to tell women that a link might exist between abortion and breast cancer, despite the fact that careful studies have not found any such link.

► Similarly, eight states require doctors to tell women that abortion could cause psychological problems, despite evidence to the contrary.

► Arizona is considering a bill that would hold doctors harmless from lawsuits if they intentionally withhold information from a woman, such as the presence of major fetal abnormalities, because they believe the information might cause



By Brendan Hoffman, Getty Images

Abortion legislation: Five states require doctors to tell women that a link might exist between abortion and breast cancer, though studies have not found any such link.

As states use medically dubious tactics to roll back access to contraception and abortion, the medical profession stands mute.

the woman to seek an abortion.

In short, legislatures are ordering doctors to lie about the medical evidence, the patient's condition and their own medical judgment.

Even more regressive than obstructing the right to abortion is the recent effort to block access to contraception. The current attempt to turn the clock back nearly a half-century is cloaked in high-flown rhetoric about the rights of employers and insurers to deny coverage for contraception if it violates their conscience (it also saves them money).

But employers and insurers are not doctors, and should not be permitted to decline to pay for a category of medical services that they disapprove of. Appealing to conscience does not change the fact that employers and insurers, regardless of their own beliefs, do not belong in decisions about what constitutes good medical care.

Legislators vs. physicians

The unspoken assumption by state legislators seems to be that doctors will, of course, acquiesce with these new laws, that they are simply neutral agents who will comply with whatever the state orders. Physicians, however, have ethical commitments to patients that they cannot and should not be required by state law to set aside.

Prominent among them is the responsibility to place the welfare of their patients above all other considerations. In light of this, requiring doctors to perform procedures that are not medically indicated, or

to provide false information about medical evidence, doesn't just violate women's rights. It also leaves doctors with an untenable dilemma: Violate state law, or betray their professional obligations to patients.

Physicians, both as individuals and as a profession, should stand with their patients. They should make it clear that they will not perform procedures, such as ultrasound examinations, unless they are medically indicated and desired by their patients. And they should refuse to provide inaccurate information about the consequences of abortion, or to follow any other prepared script in counseling their patients, particularly when it involves treating women like children.

Such acts of civil disobedience by individual doctors should be only the starting point. The profession as a whole, as represented by its professional organizations, needs to become involved, so that physicians are not left to fend for themselves.

It is time for the American Medical Association and, particularly, the American College of Obstetricians and Gynecologists to take a public position on behalf of the patients they are pledged to serve, and to support their members in doing so.

Marcia Angell, MD, is senior lecturer in social medicine at Harvard Medical School and a former editor in chief of The New England Journal of Medicine. Michael Greene, MD, is professor of obstetrics, gynecology and reproductive biology at Harvard Medical School and chief of obstetrics at Massachusetts General Hospital.