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Governor Scott Walker Secretary Dave Ross

MEDICAL EXAMINING BOARD
Room 121C, 1400 E. Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
April 24, 2013

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 description of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-6)

B. Approval of Minutes

1. March 20, 2013 (7-14)

C. Administrative Updates

1. Spring Newsletter (15-32)
2. Budget Report Follow-up (33-42)
3. Staff Updates

D. DLSC Matters

E. Education and Examination Matters

1. **8:15 A.M. APPEARANCE – Office of Education and Examinations Staff – Discussion and Consideration of Continuing Education Audit (43-44)**
2. Discussion and Consideration of ACGME Post-Graduate Education Requirement

F. 8:30 A.M. APPEARANCE – Attorney Steven Sager & DLSC Attorney Kim Kluck. Presentation of Petition for Review of Order Denying Motion for Summary Judgment in Case Number 11 MED 123, Peri L. Aldrich, M.D.

- Case Advisor: **Mary Jo Capodice, D.O.**

G. Legislative/Administrative Rule Matters:

1. Discussion and Consideration of Wis. Admin. Code Chapter MED 10 Clearinghouse Revisions **(45-52)**
2. Wis. Admin. Code Chapter MED 10 Review of the Definitions of Supervision **(53-54)**
3. Wis. Admin. Code Chapter MED 8
4. Assembly Bill 139 **(55-58)**

H. Administrative License for Physicians – Discussion and Consideration

I. Practice Matters

J. PDMP Update

K. FSMB Matters

1. Consider FSMB Request for Dr. Kenneth Simons to Serve as Chair of FSMB Committee

L. Discussion and Consideration of Aurora Sinai Medical Center Request for Variance of PA: Physician Ratio (59-60)

M. Request for Speaker – Wisconsin Society of Health Care Risk Management – April 26 – Madison, WI (61-62)

N. Discussion and Consideration of Physician Supervision in Retail Clinics – Timothy Swan (63-66)

O. Discussion and Consideration of Use of Expired Medications – Timothy Westlake (67-68)

P. Informational Items

Q. Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Executive Director Matters
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Disciplinary Matters
- 7) Legislation/Administrative Rule Matters
- 8) Informational Items
- 9) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 10) Presentation of Proposed Decision(s)
- 11) Presentation of Interim Order(s)
- 12) Petitions for Re-Hearing
- 13) Petitions for Summary Suspension
- 14) Petitions for Assessments
- 15) Petitions to Vacate Orders
- 16) Petitions for Designation of Hearing Examiner
- 17) Requests for Disciplinary Proceeding Presentations
- 18) Motions
- 19) Petitions
- 20) Appearances from Requests Received or Renewed
- 21) Speaking Engagement, Travel, and Public Relation Requests

R. Screening Panel Report

S. Public Comments

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

T. Credentialing Matters

1. **10:30 A.M. APPEARANCE – Yücel Yankol, M.D. – Oral Interview for Visiting Professor Licensure (69-114)**
2. **Esin Çakmakçı, Midia, M.D. – Seeking ACGME Equivalency (115-168)**

U. Monitoring Matters(169-170)

1. **11:00 P.M. APPEARANCE – Dale Thomas Bertram, M.D. – Requesting Full Licensure (171-190)**
2. **11:15 P.M. APPEARANCE – Donald Eugene Riemer, M.D. – Consideration of Evaluation Results (191-206)**

V. Deliberation of Petition for Review of Order Denying Motion for Summary Judgment in Case Number 11 MED 123, Peri L. Aldrich, M.D. (207-390)

- Case (stet.)Advisor: **Mary Jo Capodice, D.O.**

W. Presentation and Deliberation of Items from DLSC Attorney Kim Kluck

1. **Proposed Stipulation and Order for Dismissal (Without Prejudice) in the Matter of Case Number 12 MED 140, Peri L. Aldrich, M.D. (391-394)**
 - Case Advisor: **Mary Jo Capodice, D.O.**
2. **Petition for Mental Examination in Case Number 11 MED 294, Michael D. Plooster, M.D. (395-424)**
 - Case Advisor: **Rodney Erickson, M.D.**
3. **Administrative Warnings**
 - a. **12 MED 419, T.J.L. (425-426)**
 - Case Advisor: **Timothy Swan, M.D.**
 - b. **12 MED 436, J.A.C. (427-428)**
 - Case Advisor: **Mary Jo Capodice, D.O.**

X. Presentation and Deliberation of Items from DLSC Attorney Arthur Thexton

1. **Proposed Stipulations, Final Decisions and Orders**
 - a. **Michael J. Panzer, M.D. – 11 MED 312 (429-436)**
 - Case Advisor: **Ms. Jude Genereaux**
 - b. **Barbara G. Nelson, M.D. – 12 MED 418 (437-442)**
 - Case Advisor: **Mary Jo Capodice, M.D.**
2. **Administrative Warnings**
 - a. **12 MED 030, S.B.B. (443-444)**
 - Case Advisor: **Kenneth Simons, M.D.**

Y. Presentation and Deliberation of Items from DLSC Attorney Sandra Nowack

1. **Administrative Warnings**
 - a. **13 MED 021, N.J.M. (445-446)**
 - Case Advisor: **Gene Musser, M.D.**

Z. DLSC Matters:

- 1) **Case Status Report (447-452)**
- 2) **Case Closing(s)**
 - a. **12 MED 168 – N.H. (443-462)**

AA. Consulting with Legal Counsel

- BB. Deliberation of Items Added After Preparation of the Agenda
- 1) Disciplinary Matters
 - 2) Education and Examination Matters
 - 3) Credentialing Matters
 - 4) Proposed Stipulations, Final Decisions and Orders
 - 5) Proposed Decisions
 - 6) Proposed Interim Orders
 - 7) Complaints
 - 8) Petitions for Summary Suspension
 - 9) Remedial Education Cases
 - 10) Petitions for Extension of Time
 - 11) Petitions for Assessments and Evaluations
 - 12) Petitions to Vacate Orders
 - 13) Motions
 - 14) Administrative Warnings
 - 15) Matters Relating to Costs
 - 16) Appearances from Requests Received or Renewed
 - 17) Monitoring Matters
 - 18) Professional Assistance Procedure (PAP) Matters
 - 19) Case Status Report
 - 20) Case Closings

CC. Ratifying Licenses and Certificates

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- DD. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- EE. Open Session Items Noticed Above not Completed in the Initial Open Session

ADJOURNMENT

NEXT MEDICAL EXAMINING BOARD MEETING: 5/15/2013

1:45 P.M.

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE – ROOM 121A,B,C, AND 199B

CLOSED SESSION – Reviewing applications and conducting oral examinations of seven (7) candidates for licensure – Drs. Wasserman, Westlake, Simons, and Misra

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**MEDICAL EXAMINING BOARD
MEETING MINUTES
MARCH 20, 2013**

PRESENT: James Barr; Sridhar Vasudevan, MD; Kenneth Simons, MD; Jude Genereaux; Sandra Osborn, MD; Greg Collins; Sheldon Wasserman, MD; Timothy Westlake, MD; Rodney Erickson, MD; Suresh Misra, MD, Timothy Swan, MD; Mary Jo Capodice, DO

ABSENT: Gene Musser, MD

STAFF: Tom Ryan, Executive Director; Matthew C. Niehaus, Bureau Assistant; Pamela Stach, Legal Counsel (*Closed Session*); and other Department Staff

CALL TO ORDER

Dr. Sheldon Wasserman, Chair, called the meeting to order at 8:07 a.m. A quorum of twelve (12) members was present.

ADOPTION OF AGENDA

- **Item Q (closed session) – REMOVE “Q-1: Yücel Yankol, M.D. – Oral Interview for Visiting Professor Licensure”**
- **Item U (closed session) – REMOVE “U.2.a: Petition for Review of Order Denying Motion for Summary Judgment in Case Number 11 MED 123, Peri L. Aldrich, M.D.”**
- **Item U (closed session) – ADD “U.3.e: Jesse J. Van Brommel, M.D. (12 MED 330)”**
- **Item U (closed session) – ADD “U.3.f: Dorothy A. Novak, M.D. (12 MED 303)”**

MOTION: Dr. Suresh Misra moved, seconded by Dr. Kenneth Simons, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 20, 2013

MOTION: Dr. Kenneth Simons moved, seconded by, Dr. Suresh Misra to approve the minutes of February 20, 2013 as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 5, 2013

MOTION: Dr. Timothy Swan moved, seconded by, Dr. Mary Jo Capodice to approve the minutes of March 5, 2013 as published. Motion carried unanimously.

EXECUTIVE DIRECTOR MATTERS

Spring Newsletter Content Review

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Swan, to approve the Spring Newsletter content as amended and to designate Dr. Sheldon Wasserman to approve the final draft of the Spring Newsletter on behalf of the Board. Motion carried unanimously.

DISCUSSION AND CONSIDERATION OF CONTINUING EDUCATION AUDIT

MOTION: Dr. Kenneth Simons moved, seconded by Mr. Greg Collins, to request DSPS staff appear before the Board at the April 24, 2013 meeting to discuss an audit of continuing medical education. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Med 10 Public Hearing

MOTION: Dr. Sridhar Vasudevan moved, seconded by Dr. Kenneth Simons, to remove the comma after panel in MED 10.03(2)(a), paragraph 1 and change the reference of 655.02 to 655.42. Motion carried unanimously.

MOTION: Dr. Sridhar Vasudevan moved, seconded by Dr. Suresh Misra, to adopt the Clearinghouse suggestion to move 10.03(2)(g)(4) to its own subsection, rather than a fourth subdivision.. Motion carried unanimously.

MOTION: Ms. Jude Genereaux moved, seconded by Dr. Suresh Misra, to change MED 10.03(2)(L) to specifically refer to physicians. Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Swan, to change the language in 10.03(3)(c) from “adverse action” to “adverse determination”. Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Swan, to interpret the language from MED 10.03(3)(i) to apply to other states as well as Wisconsin. Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Suresh Misra, to accept Clearinghouse language in 10.03(3)(i)(1) . Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Rodney Erickson, to accept all Clearinghouse recommendations except those already acted upon and those regarding supervisory roles and definitions. Motion carried unanimously.

Revision of Physician’s Duty to Report Law Summary

MOTION: Dr. Timothy Swan moved, seconded by Dr. Suresh Misra, to adopt the Physician’s Duty to Report Law Summary and post it to the DSPS website. Motion carried unanimously.

SCREENING PANEL REPORT

Mr. Jim Barr reported fifteen (15) cases were closed. Nine (9) cases were opened.

CLOSED SESSION

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Dr. Sheldon Wasserman read the language of the motion. The vote of each member was ascertained by voice vote. James Barr-yes; Jade Genereaux-yes; Russell Yale, MD-yes; Greg Collins-yes; Timothy Westlake, MD-yes; Rodney Erickson, MD-yes; Suresh Misra, MD-yes; Timothy Swan, MD-yes; Kenneth Simons, MD-yes; Mary Jo Capodice, DO-yes; and Sheldon Wasserman, MD-yes. Motion carried unanimously.

The Board convened into Closed Session at 12:15 p.m.

CREDENTIALING MATTERS

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Suresh Misra, to find that Nike Mourikes, M.D.'s post-graduate training is equivalent to a year of ACGME accredited training and grants a license after all other requirements are met. Motion carried unanimously.

MOTION: Dr. Jude Genereaux moved, seconded by Dr. Kenneth Simons, to reject the stipulation in the matter of Ahmad A. Farid, M.D. Motion carried unanimously.

MONITORING MATTERS

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Jude Genereaux, to terminate the limitations and restore full licensure in the matter of Eugene C. Rigstad, M.D. Motion carried unanimously.

Dr. Suresh Misra left the meeting at 1:28 P.M.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to deny the request of John M. Hale for interruption in drug screens. **Reason for Denial:** Non-compliance with and insufficient time under Board Order. Motion carried unanimously.

MOTION: Dr. Sridhar Vasudevan moved, seconded by Dr. Timothy Westlake, to grant the request of Bradley J. Schingen, M.D. for full licensure. Motion carried unanimously.

COMPLAINTS OF PROBABLE CAUSE

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Sridhar Vasudevan, to find probable cause to believe that Respondent is guilty of unprofessional conduct and to issue a complaint in the matter of 12 MED 339 – L.G. Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Swan, to find probable cause to believe that Respondent is guilty of unprofessional conduct and to issue a complaint in the matter of 12 MED 245 – D.H. Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Mary Jo Capodice, to find probable cause to believe that Respondent is guilty of unprofessional conduct and to issue a complaint in the matter of 13 MED 005 – D.S. Motion carried unanimously.

DELIBERATION OF PROPOSED STIPULATIONS AND INTERIM DECISIONS AND ORDERS

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Westlake, to accept the stipulation and issue the Interim Decision and Order in case number 12 MED 289 – Levi Leong, M.D. Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Rodney Erickson, to accept the stipulation and issue the Interim Decision and Order in case number 13 MED 005 – D.S. Motion carried unanimously.

DELIBERATION OF PROPOSED STIPULATIONS AND FINAL DECISIONS AND ORDERS

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Westlake, to reject the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against William B. Lyles, M.D. (09 MED 197.) The Board requests all terms remain the same and the reprimand be replaced with a suspension. Motion carried.

Drs. Mary Jo Capodice, Sridhar Vasudevan, Timothy Swan, and Rodney Erickson voted nay in the matter of William B. Lyles, M.D. (09 MED 197)

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Therese J. Gesteland, M.D. (12 MED 163.) Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Kevin A. Weidman, M.D. (12 MED 165.) Motion carried.

Dr. Sheldon Wasserman recused himself and left the room during deliberation and voting in the matter of Kevin A. Weidman, M.D. (12 MED 165). Dr. Kenneth Simons acted as Chair.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against James Turek, M.D. (12 MED 167.) Motion carried unanimously.

MOTION: Dr. Sridhar Vasudevan moved, seconded by Dr. Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against John W. Zwiacher., M.D. (12 MED 187.) Motion carried.

Dr. Timothy Swan Voted Nay in the matter of John W. Zwiacher, M.D. (12 MED 187).

MOTION: Dr. Timothy Westlake moved, seconded by Mr. Greg Collins, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Amit Waghay, M.D. (12 MED 240.) Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Charlotte E. Hovey, M.D. (12 MED 290.) Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders on reconsideration of the stipulation signed on January 16, 2013 in the matter of disciplinary proceedings against Dorothy A. Novak, M.D. (12 MED 303.) Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Jesse J. Van Brommel, M.D. (12 MED 330.) Motion carried.

Dr. Kenneth Simons recused himself and left the room during deliberation and voting in the matter of Jesse J. Van Brommel, M.D. (12 MED 330).

MOTION: Dr. Kenneth Simons moved, seconded by Mr. James Barr, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Gerard N. Kiernan, M.D. (12 MED 367.) Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Mr. James Barr, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Orders in the disciplinary proceedings against Morgan Budde, M.D. (12 MED 387.) Motion carried unanimously.

DELIBERATION OF ADMINISTRATIVE WARNINGS

MOTION: Dr. Sridhar Vasudevan moved, seconded by Mr. James Barr, to issue an administrative warning in the matter of case number 12 MED 253. Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to issue an administrative warning in the matter of case number 12 MED 296. Motion carried unanimously.

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Westlake, to issue an administrative warning in the matter of case number 12 MED 393. Motion carried.

Mary Jo Capodice, D.O. recused herself and left the room from deliberation and voting in 12 MED 393.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Timothy Westlake, to issue an administrative warning in the matter of case number 12 MED 412. Motion carried.

Mary Jo Capodice, D.O. recused herself and left the room from deliberation and voting in 12 MED 412.

CASE CLOSINGS

MOTION: Ms. Jude Genereaux moved, seconded by Dr. Kenneth Simons, to close the case #13 MED 002 for No Violation (NV). Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Timothy Swan, to close the case #11 MED 044 for Prosecutorial Discretion (P6). Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Mr. Greg Collins, to close the case #12 MED 246 (D.O.) for No Violation (NV). Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Russell Yale, to close the case #12 MED 247 (M.M.) for No Violation (NV). Motion carried unanimously.

MOTION: Ms. Jude Genereaux moved, seconded by Dr. Russell Yale, to close the case #12 MED 343 for No Violation (NV). Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to close the case #12 MED 304 for No Violation (NV). Motion carried unanimously.

RATIFY ALL LICENSES AND CERTIFICATES

MOTION: Dr. Kenneth Simons moved, seconded by Mr. James Barr, to ratify all licenses and certificates as issued. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Dr. Timothy Swan moved, seconded by Dr. Russell Yale, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:26 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Dr. Timothy Swan moved, seconded by Dr. Timothy Westlake, to affirm all motions made in closed session. Motion carried unanimously.

ADJOURNMENT

MOTION: Dr. Timothy Swan moved, seconded by Dr. Timothy Westlake, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:26 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew C. Niehaus, Bureau Assistant		2) Date When Request Submitted: 4/11/2013	
		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: 4/24/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Spring Newsletter	
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? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review of Medical Examining Board Newsletter			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 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 Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



Med Board Newsletter

A publication of the Wisconsin Medical Examining Board

April 2013

Wisconsin Prescription Drug Monitoring Program

Wisconsin will soon have a powerful new tool for healthcare professionals, the Wisconsin Prescription Drug Monitoring Program (PDMP). The PDMP is a statewide program that collects information about the dispensing of certain controlled substances and Tramadol to patients in Wisconsin. The PDMP database makes the information available to legally authorized individuals, such as physicians, physician assistants, dentists, advanced practice nurse prescribers, pharmacists, and other healthcare professionals. The primary purpose of the PDMP is to improve patient care and to reduce the abuse and diversion of prescription drugs in Wisconsin while still ensuring patients with a legitimate medical need for the drugs are not adversely affected. Studies show that PDMPs are a valuable tool for reducing prescription drug diversion and improving clinical



decision-making.

Development of the PDMP began in June 2010, when the Legislature passed a bill directing the Pharmacy Examining Board (PEB) to create the PDMP. Since the law became effective, the Department of Safety and Professional Services (DSPS) has been overseeing the operations of the PDMP under the direction of the PEB.

Beginning on June 1, 2013, users will be able to create accounts with the PDMP. By creating accounts, healthcare professionals and their delegates will be authorized to query the PDMP database in order to gain immediate access to prescription histories for patients in their care, which will help them determine appropriate treatment and referral needs.

Please see *PDMP*, page 2

Chair's Corner

By Sheldon A. Wasserman, MD

When I was first appointed to the Wisconsin Medical Examining Board in early 2009, one important item signaled a needed change -- the administrative rules governing unprofessional conduct. The regulations were last revised in 1976, and many of them did not cover more modern standards and developments within the practice of medicine.

So when I began my first term as Chair of the Board in January, 2012, I made it a high priority to update the professional conduct rules, which are located in Wis. Admin. Code MED Chapter 10, Unprofessional Conduct. Hundreds



Dr. Sheldon Wasserman

Please see *Chair*, page 3

Medical Board Membership and Staff Assignments

The Medical Examining Board (MEB) consists of 13 members. The members are appointed by the Governor and approved by the Senate.

MEB Members:

Sheldon Wasserman, MD, Chair (Milwaukee)
Kenneth Simons, MD, Vice-Chair (Milwaukee)
Jude Genereaux, Secretary, Public Member (Ellison Bay)
James Barr, Public Member (Chetek)
Mary Jo Capodice, MD (Sheboygan)
Greg Collins, Public Member (De Pere)
Rodney Erickson, MD (Tomah)
Suresh Misra, MD (Milwaukee)
Gene Musser, MD, Vice-Chair, (Madison)
Timothy Swan, MD (Marshfield)
Sridhar Vasudevan, MD (Belgium)
Timothy Westlake, MD (Hartland)
Russell Yale, MD (South Milwaukee)

Department of Safety and Professional Services (DSPS)

Administrative Staff:

Tom Ryan, Executive Director
Matt Niehaus, Bureau Assistant
Shawn Leatherwood, Advanced Paralegal

Executive Staff:

Dave Ross, Secretary
Bill Wendle, Deputy Secretary
Greg Gasper, Executive Assistant

The MEB meets monthly, usually the third Wednesday of the month. Dates and times are announced on the DSPS website at www.dsps.wi.gov. Meeting agendas are posted about one week prior to the meeting and identify open and closed session agenda items.



Medical Examining Board members. Front row, left to right: Mary Jo Capodice; Suresh Misra; Kenneth Simons; Jude Genereaux; Sridhar Vasudevan, James Barr. Back row, left to right: Russell Yale; Timothy Westlake; Rodney Erickson, Timothy Swan, Gregory Collins; Sheldon Wasserman. Not pictured: Gene Musser.

PDMP

Continued from Page 1

Pharmacies and practitioners who dispense the monitored drugs have been compiling information about each dispensing of monitored drugs since January 1, 2013, the date on which the administrative rules creating the PDMP became effective. The PDMP database will therefore contain six months worth of data when it becomes fully operational on June 1.

By establishing the PDMP, Wisconsin is joining 48 other states that use PDMPs as part of their effort to curb the national prescription drug epidemic. To further enhance the PDMP, the PEB requested that the DSPS join the National Association of Boards of Pharmacy (NABP) PMP InterConnect, which will allow dispensers and practitioners to request data from other state prescription monitoring programs that are participating in the PMP InterConnect. To that end, the DSPS is currently negotiating a memorandum of understanding with the NABP.

For more information about the PDMP, visit the program's website, <http://dsps.wi.gov/pdmp> or e-mail questions to pdmp@wisconsin.gov.

Chair's Corner

Continued from Page 1

of hours of time were put in by Board members, both physicians and non physicians, as well as staff members of the Department of Safety and Professional Services (DSPA) to revise the rules. Several others were involved in the process. We even invited the Wisconsin Medical Society and the Wisconsin Hospital Association to the table from time to time as the Board discussed the policies underlying the rules and changes that would govern the future of our profession.

As I worked with DSPA staff, more questions arose about rules that were so outdated compared to the current practice of medicine, the specialization of care delivery, and evolving standards of decency. The rule simply has not kept pace with the rapid changes the profession has witnessed in recent times, with new diagnosis, care and treatment methods emerging almost daily. This proposed rule overhauls the present version of the rules, intro-

duces new areas of oversight, deletes outdated language, and augments existing regulations.

The new version of the Unprofessional Conduct Chapter is divided into four sections: 1) Definitions; 2) Physician Dishonesty and Character; 3) Direct Patient Care Violations; 4) Law Violations, Adverse Action and Required Reports to the Board. In these four sections we bring the rule current with contemporary standards. Here are some of the highlights:

1. Improved language relating to sexual misconduct, inappropriate prescribing, and reporting of criminal acts;
2. A provision that specifically addresses wrong site, wrong patient and wrong procedure surgery;
3. New guidance regarding negligent practice reports received by the Board;
4. Further clarification of patient abandonment;
5. More direction about informed consent; and
6. A means to address disruptive behavior.

The current rule draft can be located on line by [clicking here](#).

We are in the final stages of rolling out Wisconsin's new Chapter 10. Much of the groundwork has been laid. A public hearing took place on March 20, 2013 during the Medical Examining Board's monthly meeting. The Board plans to send the rule to the Governor and Legislature for review and approval after the hearing. When all reviews are complete, the Board will consider the rule for final approval.

I am proud of the work the Board, Department staff, and all the major stakeholders have put into this project. Wisconsin has first rate physicians and we will soon have updated rules that reflect modern practice.

Sheldon A. Wasserman M.D.
Chair



The Medical Examining Board conducting business at its first "paperless" meeting on March 20, 2013.

Enforcement Actions of the Medical Examining Board

Disciplinary options available to the Board include:

Reprimand—A public warning of the licensee for a violation. This is reported to the National Practitioners Data Bank (NPDB).

Limitation of License—Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of the practice, or both. This is reported to the NPDB.

Suspension—Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential. This is reported to the NPDB.

Revocation—To completely and absolutely terminate the credential and all rights, privileges and authority previously conferred by the credential. This is reported to the NPDB.

Non-disciplinary options available to the Board include:

Administrative Warning—Issued if a violation is of a minor nature, a first occurrence and the warning will adequately protect the public. Not reported to the NPDB. The content of the warning is confidential.

Remedial Education Order—Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public. This is not reported to the NPDB.

Administrative Warnings

From July 2012 to February 2013 the Board issued two administrative warnings. In the past three years, the conduct most often underlying administrative warnings has included record-keeping violations and minor issues in prescriptive practices. Health care professionals are advised to insure timely, accurate and complete patient health care records are created for every patient contact, and particularly where a prescription order is issued.

Board Orders

July 2012

Bradley A. Bourkland, Physician, Rhinelander, WI

The Medical Examining Board imposed an **indefinite suspension** on the license of Dr. Bradley Bourkland for reporting to work under the influence of alcohol. Dr. Bourkland's blood alcohol level was 0.274 GM/DL. After 90 days of his suspension, Dr. Bourkland may request a stay of the suspension if he provides proof of compliance with the conditions of the Order including: continuing in drug and alcohol treatment; attending AA/NA meetings; and submitting to drug and alcohol screens.

Dated: July 18, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001929-00007604.pdf>

Michael E. Brouette, Physician Assistant, Pardeeville, WI

The Medical Examining Board **reprimanded** Mr. Michael Brouette for failing to order a head imaging scan and failing to consult with his supervising physician while treating his patient. The patient initially presented with soreness in the chest, in the knee and numbness in the left hand as a result of a car accident. Later there was some dispute as to whether the patient had a subdural hematoma while in Mr. Brouette's care. The Board also limited Mr. Brouette's license by requiring him to complete 10 hours of continuing education.

Dated: July 18, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001927-00007602.pdf>

James David Hanna, Physician, La Crosse, WI

The Medical Examining Board **suspended** the license and registration of Dr. James David Hanna for reporting to work under the influence of alcohol. Dr. Hanna's blood alcohol level was 0.212% by weight. The suspension may be stayed and the renewal of the registration may be permitted if Dr. Hanna petitions the Board and provides proof that he is in compliance with the conditions which have been imposed. The conditions include: drug and alcohol treatment; attending AA/NA meetings; and submitting to drug and alcohol screens.

Dated: July 18, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001486-00007611.pdf>

Terrance Moe, Physician, Eagle River, WI

The Medical Examining Board **reprimanded** Dr. Terrance Moe for treating a patient for back pain by prescribing oxycontin, methadone, Norco and Duragesic patches because he: a) failed to document a physical exam to support the diagnosis; b) prescribed medications for the diagnosis that weren't indicated for the diagnosis; and c) prescribed opiate pain medications even after he became aware that the patient had overdosed on opiates. Dr. Moe acted similarly with at least three other patients. The Board imposed an indefinite limitation on Dr. Moe's license in that he must retain a professional mentor for prescription records. Dr. Moe is also prohibited from prescribing Schedule I and II medications unless he is in the emergency department or on call at the hospital where he works and no other licensed prescriber is available to administer or prescribe the needed medication.

Dated: July 18, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001485-00007610.pdf>

Marta Muller, Physician, Oconomowoc

The Medical Examining Board **limited the license** of Dr. Marta Muller for failure to record her initial psychiatric intake notes, failure to document meetings with patients, and failure to document communications

between herself and the primary care practitioner for her patients. Dr. Muller may not practice clinically until she demonstrates satisfactory completion of a course in medical recordkeeping.

Dated: July 18, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001930-00007605.pdf>

August 2012

Edwin E. Ferguson, Jr., Physician, Delafield, WI

The Medical Examining Board **reprimanded** Dr. Edwin E. Ferguson, Jr. and ordered a 60-day suspension of his license to practice medicine and surgery. In the summer of 2006, Dr. Ferguson became acquainted with Patient A, who had been diagnosed with inflammatory polyarthritis/reactive arthritis. Over the following three years, Dr. Ferguson prescribed Patient A opioids in an unusual and unjustified amount. He also prescribed benzodiazepines, corticosteroids, anti-inflammatories, antibiotics, sulfa medications and other medications. Dr. Ferguson did not keep patient health care records concerning his prescriptions for Patient A. Dr. Ferguson claimed that he saw Patient A at least monthly at Patient A's home and that on those occasions he took Patient A's blood pressure and performed an appropriate, focused examination. Dr. Ferguson did not keep any patient health care records of those encounters. During the same time period Dr. Ferguson took guitar lessons from Patient A, co-signed a loan for Patient A, and loaned Patient A money. The Board limited Dr. Ferguson's license in that he must complete a class on professional boundaries and he may not order, prescribe, dispense, or administer any controlled substance until he has completed a Board-approved course on appropriate prescribing of controlled substances.

Dated: August 15, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001967-00007672.pdf>

Gope Hotchandani, Physician, Green Bay, WI

The Medical Examining Board **reprimanded** Dr. Gope Hotchandani for conduct which fell below the minimum standards in the medical profession when he failed to properly perform facial hair removal by laser procedure on a patient with Fitzpatrick VI skin type resulting in the unacceptable risk of burns to the patient's face on the right side. The Board also **limited** Dr. Hotchandani's license by restricting him from performing any laser hair removal on persons with Fitzpatrick VI skin type.

Dated: August 15, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001966-00007671.pdf>

Mark E. Mc Dade, Physician, Janesville, WI

The Medical Examining Board **reprimanded** Dr. Mark E. Mc Dade for his care of a patient presenting with a hernia repair. On June 19, 2008, the patient arrived for surgery as she was recovering from a sinus infection. Dr. Mc Dade wrote in the record that the patient's head, ears, eyes, nose and throat were within normal limits. Dr. Mc Dade performed an incisional hernia repair with mesh as a day surgery. During the course of the patient's recovery the mesh became infected. Dr. Mc Dade removed the mesh. The Board found that moving forward with an elective surgery when the patient had an active infection in her body fell below the minimum standard within the profession; that Dr. Mc Dade should have known that there was an infection; and that it would increase the risk of infection in and around the mesh.

Dated: August 15, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001971-00007676.pdf>

Eileen M. Reardon, Physician, Oakdale, MN

The Medical Examining Board **reprimanded** Dr. Eileen M. Reardon for care she provided to two patients during their pregnancies. Specifically, Patient A, a 25 year-old obese female with a history of gestational diabetes, presented to Dr. Reardon at 12 weeks gestation for her first obstetrics and lab exam. Patient A had a history

of large babies resulting in difficult deliveries with severe shoulder dystocia. Dr. Reardon failed to perform an amniocentesis on Patient A at anytime during the pregnancy and failed to document that an amniocentesis had been attempted but failed. Dr. Reardon performed an elective cesarean section prior to term of 37 weeks in a patient with a history of diabetes. Dr. Reardon performed a colposcopy examination and biopsy on Patient B, a 29 year-old female. The biopsy showed a high grade dysplasia squamous intraepithelial lesion in the cervical region. The baby was delivered by cesarean section. The Board found that Dr. Reardon failed to monitor Patient B's cervical lesion during her pregnancy and should have evaluated it every trimester and performed repeat colposcopies. The Board also found Dr. Reardon failed to document adequate justification for doing an elective cesarean section.

Dated: August 15, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0001968-00007673.pdf>

September 2012

Amjad Butt, Physician, Haverton, PA

The Medical Examining Board **reprimanded** Dr. Amjad Butt for having an adverse action taken against his license to practice medicine and surgery by the Iowa Board of Medicine. On July 7, 2011, the Iowa Board held a hearing and concluded that Dr. Butt had engaged in unprofessional conduct and sexual harassment in the practice of medicine. On August 25, 2011, the Iowa Board issued a Findings of Fact, Conclusions of Law, Final Decision and Order. The Wisconsin Medical Examining Board also imposed **limitations** on Dr. Butt's license, requiring him to maintain compliance with all terms and conditions imposed by the Iowa Board, and if Dr. Butt ever applies for reinstatement of his expired Wisconsin license, he must provide proof that he is in compliance with the Iowa Board's Order. The Wisconsin Medical Examining Board imposed this discipline as a default judgment due to Dr. Butt's failure to answer the underlying complaint, failure to provide a telephone number where he could be reached for the telephonic pre-hearing conference, and failure to appear at the prehearing conference.

Dated: September 19, 2012
[http://online.drl.wi.gov/decisions/2012/
ORDER0002062-00007804.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002062-00007804.pdf)

Rodrigo A. Castillo, Physician, Janesville, WI

The Medical Examining Board **reprimanded** Dr. Rodrigo A. Castillo for prescribing Duragesic patches to his patient for abdominal pain from approximately July 2002 until October 2006 without seeing the patient for reevaluation of her medical condition or determining the continuing need of the medication. Dr. Castillo **voluntarily stopped** providing treatment to chronic pain patients and referred chronic pain patients to other practitioners. The Board recognized Dr. Castillo's 22 hours of education in the area of pain management.

Dated: September 19, 2012
[http://online.drl.wi.gov/decisions/2012/
ORDER0002059-00007801.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002059-00007801.pdf)

Bruce K. Jacobson, Physician, Rhinelander, WI

The Medical Examining Board **accepted the voluntary surrender** of Dr. Bruce K. Jacobson's license to practice medicine and surgery in Wisconsin as a result of his conviction for possessing child pornography.

Dated: September 19, 2012
[http://online.drl.wi.gov/decisions/2012/
ORDER0002056-00007798.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002056-00007798.pdf)

Paul E. Mannino, Physician, Clinton, WI

The Medical Examining Board **reprimanded** Dr. Paul E. Mannino for conduct that fell below the standard of care while treating two patients. Dr. Mannino's physical examinations were insufficient to support his diagnosis in each patient or justify an increase in pain medications prescribed to each patient. Dr. Mannino failed to obtain both patients' medical records and he failed to require that both patients receive pain medication from one medical provider and fill their prescriptions at one pharmacy. The Board recognized Dr. Mannino's completion of 7.25 continuing education

credits in initiating, documenting, monitoring, and discontinuing opioid therapy.

Dated: September 19, 2012
[http://online.drl.wi.gov/decisions/2012/
ORDER0002052-00007794.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002052-00007794.pdf)

Behram Pastakia, Physician, Bethesda, MD

The Medical Examining Board **reprimanded** Dr. Behram Pastakia for his review of a barium esophagram. Dr. Pastakia reviewed the radiographs post surgically but did not identify the retained sponge that was left in his patient's left abdomen or the significant abscess in the bowel. By failing to recognize the presence of the retained sponge and the bowel abscess, Dr. Pastakia exposed the patient to the risk that the patient's condition would not be diagnosed and treated in a timely manner. The Board also imposed a **limitation** on Dr. Pastakia's license by requiring him to complete continuing education in CT interpretation and radiographic interpretation.

Dated: September 19, 2012
[http://online.drl.wi.gov/decisions/2012/
ORDER0002058-00007800.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002058-00007800.pdf)

Roger A. Pellmann, Physician, Morgantown, WV

The Medical Examining Board **indefinitely suspended** the license of Dr. Roger A. Pellmann to practice medicine and surgery. Dr. Pellmann was convicted in federal court of ten counts of possession with intent to distribute, distributing fentanyl outside his medical practice and not for a legitimate purpose in violation of 21 U.S.C. § 841 (a)(1), and six counts of knowingly obtaining morphine sulfate by misrepresentation, fraud and deception in violation of 21 U.S.C. §843 (1)(3).

Dated: September 19, 2012
[http://online.drl.wi.gov/decisions/2012/
ORDER0002065-00007807.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002065-00007807.pdf)

Donald Eugene Riemer, Physician, Eau Claire, WI

The Medical Examining Board **reprimanded** Dr. Donald Eugene Riemer for repeatedly prescribing controlled substances over several months for chronic conditions

without adequate medical histories or physical examinations to persons he should have known were not legitimate patients. Dr. Riemer also inappropriately issued prescriptions to himself in order to obtain a supply of zolpidem for general office dispensing. This occurred approximately between the dates of May 2010 until January 2011. The Board imposed several **limitations** on Dr. Riemer's license including but not limited to a neuropsychological evaluation, completion of courses in boundaries, making and keeping health records and professional ethics. The Board also imposed a **permanent limitation** on Dr. Riemer's license in that he may not prescribe, dispense, administer, or order any controlled substances.

Dated: September 19, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002060-00007802.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002060-00007802.pdf)

Anatol Stankevych, Physician, Green Bay, WI

The Medical Examining Board **reprimanded** Dr. Anatol Stankevych for his treatment of two patients. With regard to Patient A, Dr. Stankevych failed to perform and document an adequate physical examination of either of Patient A's eyes via gonioscopy, he failed to adequately describe the lens and cataract in Patient A's eye, and he failed to perform visual field tests on more than one occasion. With regard to Patient B, Dr. Stankevych performed a phacoemulsification procedure and a trabeculectomy procedure which was not indicated based on the patient's intraocular pressures, visual field tests and cup to disc ratios. The Board also imposed two limitations: a) Dr. Stankevych must refrain from performing surgical procedures due to his hand injury until the Board grants permission to resume his surgical practice; and b) he may not apply any of the completed continuing education hours to satisfy the biennial training CE requirement for licensure.

Dated: September 19, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002054-00007796.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002054-00007796.pdf)

Chinelo S. Ude, Physician, Andover, MN

The Medical Examining Board **imposed an indefinite suspension** on Dr. Chinelo S. Ude's license to practice medicine and surgery. On September 10, 2011 the Minnesota Board of Medical Practice suspended Dr. Ude's license to practice medicine and surgery in the state of Minnesota until she complied with the Order for Mental and Physical Examination dated August 22, 2011 and demonstrated the ability to resume the competent practice of medicine with reasonable skill and safety to patients. The Board imposed the discipline as a default judgment due to Dr. Ude's failure to answer the complaint, failure to provide a telephone number where she could be reached for the telephone pre-hearing conference, and failure to appear at the prehearing conference.

Dated: September 19, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002064-00007806.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002064-00007806.pdf)

October 2012

Stephanie Boyer, Physician, Milwaukee, WI

The Medical Examining Board **reprimanded** Dr. Stephanie Boyer for failing to identify that her patient needed a slit lamp examination and an intraocular pressure after the patient presented with symptoms of angle closure glaucoma. By failing to properly identify the patient's condition, Dr. Boyer created the risk that the patient's condition would not be properly diagnosed and treated in a timely manner thereby creating the additional risk of partial or total permanent vision loss.

Dated: October 17, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002092-00007858.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002092-00007858.pdf)

Evan K. Saunders, Physician, Milwaukee, WI

The Medical Examining Board **accepted the voluntary surrender** of Evan K. Saunders' license to practice medicine and surgery following his conviction of four counts of fourth-degree sexual assault and four counts of

disorderly conduct in Milwaukee County Case Number 2011CM005751.

Dated: October 17, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0000856-00007861.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0000856-00007861.pdf)

Thomas H. Kowalski, Physician, Greendale WI

The Medical Examining Board **accepted the voluntary surrender** of Dr. Thomas H. Kowalski's license to practice medicine and surgery. On or about 2005, Dr. Kowalski admitted that during the 1970's he had sexual contact with an adolescent patient. In a separate incident, which occurred in approximately 1987, Dr. Kowalski was suspended from his position as a volunteer camp doctor by the Milwaukee County Council of the Boy Scouts of America for masturbating while fondling the genitals of two junior staff members. The Board further **limited** Dr. Kowalski's license in that he is indefinitely restricted from applying for any credential in Wisconsin.

Dated: October 30, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002111-00007897.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002111-00007897.pdf)

November 2012

Donald R. Beaver, Physician, Wauwatosa WI

The Medical Examining Board **reprimanded** Dr. Donald R. Beaver, for conduct which fell below the minimum standards for the profession. While treating patients A, B, C and D, during a time period from July 2010 up to and including March 2012, Dr. Beaver failed to conduct or document physical examinations to support the diagnoses given to each of the patients and failed to justify the medication prescribed. The Board also imposed a **limitation** on Dr. Beaver's license. He is prohibited from prescribing, dispensing, administering, or ordering controlled substances in any schedule; and he must take and complete a multi-day education program addressing controlled substances management.

Dated: November 14, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002140-00007954.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002140-00007954.pdf)

George P. Boyum, Physician, Stillwater, MN

The Medical Examining Board **reprimanded** Dr. George P. Boyum for being disciplined by the Minnesota Board of Medical Practice. The Minnesota Board disciplined Dr. Boyum after he admitted that between January 2009 and September 2010, he authorized a series of prescriptions for family members and himself. Dr. Boyum also admitted that he failed to refer family members to other treatment providers for specialized care, failed to provide adequate monitoring, and failed to document the prescriptions in a clinic record. The Board concluded that Dr. Boyum's acts constituted a danger to the health, welfare, or safety of his patients and that he failed to maintain patient health care records in accordance with Wis. Admin Code Chapter Med 21. The Board **limited** Dr. Boyum's license in that he must comply with the terms of the Minnesota Board Order.

Dated: November 14, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002144-00007959.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002144-00007959.pdf)

Mark Fantauzzi, Physician, Circleville, OH

The Medical Examining Board **revoked** Dr. Mark Fantauzzi's license to practice medicine and surgery for being disciplined by the State Medical Board of Ohio. The Ohio Board revoked Dr. Fantauzzi's license as a result of his making a false statement to the Ohio State Board of Pharmacy on his application for registration as a Distributor of Dangerous Drugs. The United States Department of Justice, Drug Enforcement Administration (DEA) subsequently issued an Order to Show Cause and Immediate Suspension of Registration as a practitioner in Schedule II-V based on allegations concerning Dr. Fantauzzi raised by the Ohio Board of Pharmacy. On September 14, 2011, Dr. Fantauzzi voluntarily surrendered his DEA controlled substances privileges. On October 11, 2011, Dr. Fantauzzi entered into an agreement to surrender his license to practice osteopathic medicine and surgery in Ohio with a consent to revocation.

Dated: November 14, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002138-00007952.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002138-00007952.pdf)

John M. Hale, Physician, Green Bay, WI

The Medical Examining Board **indefinitely suspended** the license of Dr. John M. Hale. It may be stayed after 90 days as long as certain conditions are met. Dr. Hale admitted that he had smoked marijuana and ingested morphine. The morphine was obtained from a supply of medications that was intended for a medical mission trip to Haiti. By obtaining a controlled substance other than in the course of legitimate professional practice, Dr. Hale committed unprofessional conduct. The Board may grant a stay of the suspension provided Dr. Hale is in compliance with certain conditions including but not limited to the following: entering into a drug and alcohol treatment program; attending alcoholic and narcotic anonymous meetings; and submitting to urinalysis screens as well as a neuropsychological examination.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002143-00007957.pdf>

Gerhard K. Kraske, Physician, Middleton, WI

The Medical Examining Board **reprimanded** Dr. Gerhard K. Kraske for being disciplined by the Virginia Board of Medicine. The Virginia Board disciplined Dr. Kraske for failing to obtain a comprehensive patient history, failing to obtain treatment records from prior physicians before prescribing Tazodone for insomnia and Prozac for anxiety and depression. Dr. Kraske also failed to perform a physical exam, evaluation or assessment and failed to obtain prior records for the patient's shoulder pain prior to prescribing Dilaudid and continued to prescribe Dilaudid in varying strengths for approximately eight months without an examination and without monitoring his patient's pain levels or the medication as prescribed. The Board also imposed a **limitation**. Dr. Kraske must complete a minimum of 12 hours of education on the topic of appropriate prescribing within 9 months of the date of the Board's Order.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002141-00007955.pdf>

Kevin D. Krembs, Physician, Munster, IN

The Medical Examining Board **reprimanded** Dr. Kevin Krembs for being disciplined by the Licensing Board of Indiana. The Indiana Board disciplined Dr. Krembs for prescribing medications to patients without a physical examination. During 2007, Dr. Krembs worked for a variety of telemedicine companies. While employed with these companies, Dr. Krembs wrote prescriptions for patients based on a review of medical files and phone conversations with patients and no physical examinations. Dr. Krembs voluntarily discontinued the unprofessional practice.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002142-00007956.pdf>

Richard M. Roach, Physician, Minocqua, WI

The Medical Examining Board **reprimanded** Dr. Richard M. Roach for conduct which tended to constitute a danger to the health, welfare, and safety of a patient. In September of 2009, Patient A presented to Dr. Roach for consultation in regard to her bilateral hydronephrosis. Dr. Roach thoroughly explained complications of the surgical procedure. However, Dr. Roach did not obtain or document obtaining informed consent from Patient A regarding the use of contrast dye even though an allergy to contrast was noted in Patient A's allergies and alerts. In October of 2009, Patient A presented to Dr. Roach for surgery. During the procedure Dr. Roach used contrast for high-pressure balloon dilation to correct a stricture. During the procedure, Patient A experienced an anaphylactic reaction secondary to extravasated contrast at the high-pressure balloon dilated UPJ stricture site. Dr. Roach's conduct created an unacceptable risk that Patient A would have an adverse reaction. As a result, the Board imposed an education **limitation** requiring Dr. Roach to take 2 hours of medical education on management of allergic reactions and anaphylactic shock within 4 months of the Board's Order.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002146-00007961.pdf>

Edward J. Rosenthal, Physician, Glendale, WI

The Medical Examining Board **reprimanded** and imposed a limitation on Dr. Edward J. Rosenthal based on the following conduct. From approximately March of 2009 until approximately June 2010, Dr. Rosenthal treated a patient for a gross hematuria. On or about May 2009, Dr. Rosenthal performed a cystoscopy on this patient and followed up with the patient on several occasions, closely monitoring the patient's PSA levels. However, he failed to conduct a digital rectal exam or other diagnostics during this time. Dr. Rosenthal also failed to inform the patient of the availability of all alternative, viable medical modes of treatment and about the benefits and risks of the treatment. Lastly, Dr. Rosenthal failed to respond to the Board's request for information. The Board imposed an education **limitation** requiring 4 hours in appropriate monitoring and evaluation including further diagnostics, after an increase in free PSA levels and 2 hours of education in informed consent.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002145-00007960.pdf>

Alan C. Schold, Physician, Glendale, AZ

The Medical Examining Board **reprimanded** Dr. Alan C. Schold for being disciplined by the Commonwealth of Kentucky Examining Board of Medical Licensure. Dr. Schold and the Kentucky Board entered into an Agreed Order of Indefinite Restriction limiting his license for inappropriate prescribing practices while working for Central Kentucky Bariatric and Pain Management. The Board imposed the following **limitations**: he may practice medicine in the specialty of anesthesiology in a perioperative practice environment only; he may only dispense or otherwise professionally utilize controlled substances on patients undergoing surgical or diagnostic procedures; he must maintain compliance with the requirements of the Kentucky Order; and he must provide the Board with any documents issued by the Kentucky Board.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002137-00007951.pdf>

David A. Van De Loo, Physician, Eau Claire, WI

The Medical Examining Board issued an interim order **suspending** Dr. David A. Van De Loo's license to practice medicine and surgery while the Board continues to investigate allegations that on or about August 30, 2012, Dr. Van De Loo inappropriately touched his 16-year-old patient's genitals while conducting a physical examination. The Board has not made a final determination as to the validity of the above allegations. The suspension shall remain in effect until the Board issues a Final Decision and Order.

Dated: November 14, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002093-00007958.pdf>

December 2012

Floyd O. Anderson, Physician, Golden Valley, MN

The Medical Examining Board indefinitely **suspended** the license to practice medicine and surgery of Dr. Floyd O. Anderson for having his license to practice medicine and surgery suspended by the Minnesota Board of Medical Practice. The Minnesota Board took action against Dr. Anderson's license due to his repeated arrests related to driving under the influence of alcohol and marijuana and his initial refusal to participate in a voluntary monitoring program. The Board stayed the indefinite suspension and imposed the **limitation** that Dr. Anderson must remain in compliance with the Minnesota Board Order.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002202-00008037.pdf>

Sean M. Cashin, Physician, Wisconsin Rapids, WI

The Medical Examining Board **reprimanded** Dr. Sean M. Cashin's license for conduct that fell below the minimum standards of competence within the profession. During a laparoscopic cholecystectomy for acute acalculous cholecystitis, Dr. Cashin failed to properly identify the cystic duct, consequently leaving part of

the gall bladder in the patient. The patient continuously complained of pain after the surgery but Dr. Cashin did not order a HIDA scan or ultrasound in order to identify the source of the pain in a timely manner. The Board also imposed a **limitation** requiring Dr. Cashin to complete 4 hours of education on laproscopic gallbladder surgery.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002205-00008040.pdf>

Susan J. Carson, Physician, Madison, WI

The Medical Examining Board **reprimanded** Dr. Susan J. Carson for providing work excuse notes to patients without adequately documenting the interaction in a health care record that would meet the requirements of Wis. Admin. Code § Med 21.03. The Board **limited** Dr. Carson's license by requiring her to complete 4 hours of education in medical recordkeeping.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002200-00008035.pdf>

Jennifer Y. Edgoose, Physician, Madison, WI

The Medical Examining Board **reprimanded** Dr. Jennifer Y. Edgoose for providing work excuse notes to patients without adequately documenting the interaction in a health care record that would meet the requirements of Wis. Admin. Code § Med 21.03. The Board **limited** Dr. Edgoose's license by requiring her to complete 4 hours of education in medical record keeping.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002199-00008034.pdf>

Tilok Ghose, Physician, Eden Prairie, MN

The Medical Examining Board **reprimanded** Dr. Tilok Ghose for having his license to practice medicine and surgery conditioned and restricted by the Minnesota Board of Medical practice. The Minnesota Board's

action was based, in part, on Dr. Ghose's failure to appropriately diagnose compartment syndrome and failing to perform orthopedic surgery in an emergent manner on his patient.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002195-00008030.pdf>

Peter S. Jerome, Physician, Frisco, TX

The Medical Examining Board **reprimanded** Dr. Peter S. Jerome due to an adverse action taken against his license to practice medicine and surgery in Texas. Dr. Jerome submitted a false or misleading statement on his license application. At the time Dr. Jerome applied for Texas licensure, he failed to report that between 2003 and 2007, his clinical privileges had been suspended four times at two different hospitals due to delinquent medical records.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002207-00008042.pdf>

Gloria Lopez, Physician, Orlando, FL

The Medical Examining Board **accepted the voluntary surrender** of Dr. Gloria Lopez's license to practice medicine and surgery. The Board based its action on the Minnesota Board of Medical Practice indefinitely suspending Dr. Lopez's license to practice medicine and surgery in that state. Dr. Lopez **may not reapply** for licensure to practice medicine and surgery in Wisconsin at any time in the future and the Department of Safety and Professional Services will not process any future application for renewal of her license.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002206-00008041.pdf>

Michael C. Macatol, Physician, Marietta, OH

The Medical Examining Board imposed an **indefinite suspension** of Dr. Michael C. Macatol's license to practice medicine and surgery in Wisconsin due to the Kentucky Board of Medical Licensure issuing a default order of revocation against his medical license in Kentucky. The Kentucky Board issued its order due to Dr. Macatol reporting to work under the influence of alcohol with a blood level of .13%. As a result of the Kentucky Order, Dr. Macatol also entered into a consent order with the Medical Board of Ohio which provided for monitored treatment. The Board's indefinite suspension is stayed provided Dr. Macatol remains in compliance with the Ohio Board's consent order.

Dated : December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002204-00008039.pdf>

Laurel B. Mark, Physician, Madison, WI

The Medical Examining Board **reprimanded** Dr. Laurel B. Mark for providing work excuse notes to patients without adequately documenting the interaction in a health care record that would meet the requirements of Wis. Admin. Code § Med 21.03. The Board **limited** Dr. Mark's license by requiring her to complete 4 hours of education in medical record keeping.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002211-00008046.pdf>

Heath J. Meyer, Physician, Minocqua, WI

The Medical Examining Board **indefinitely suspended** Dr. Heath J. Meyer's license to practice medicine and surgery due to forging prescriptions for schedule III controlled substances under another provider's name from approximately February 2011 through December 2011 and January 2012 through June 2012. The Board stayed the suspension provided Dr. Meyer complies with certain conditions of the Board's order including but not limited to individual or group therapy sessions as determined by his therapist, attendance at AA/NA

meetings, and drug and alcohol screens.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002196-00008031.pdf>

Dipesh Navsaria, Physician, Madison, WI

The Medical Examining Board **reprimanded** Dr. Dipesh Navsaria for providing work excuse notes to patients without adequately documenting the interaction in a health care record that would meet the requirements of Wis. Admin. Code § Med 21.03. The Board **limited** Dr. Navsaria's license by requiring him to complete 4 hours of education in medical record keeping.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002210-00008045.pdf>

Sami A. Roumani, Physician, Milwaukee, WI

The Medical Examining Board **reprimanded** Dr. Sami A. Roumani for his conduct during the care of his patient's pregnancy. Over the course of several prenatal visits Dr. Roumani failed to properly advise his patient of the risks caused by high blood pressure during pregnancy. At one visit the patient's blood pressure was 158/120. Dr. Roumani charted the possibility of pre-eclampsia. However the chart did not reflect whether the patient had been advised about the risk of death. The Board also imposed a **limitation** requiring Dr. Roumani to complete 6 hours of category I continuing medical education in recognizing and managing preeclampsia and obstetrical emergencies.

Dated: December 12, 2012

<http://online.drl.wi.gov/decisions/2012/ORDER0002197-00008032.pdf>

Hans P. Schlecht, Physician, Fond du Lac, WI

The Medical Examining Board **reprimanded** Dr. Hans P. Schlecht. From approximately 2009 to 2010 Dr. Schlecht dispensed clonazepam, a schedule IV controlled

substance, to his wife, without keeping a proper medical record. Dr. Schlecht claimed that the clonazepam was prescribed to his wife by her authorized prescriber. However, a review of his wife's medical record revealed no prescription was documented after 2001.

Dated: December 12, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002198-00008033.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002198-00008033.pdf)

Richard G. Schmelzer, Physician, Madison, WI

The Medical Examining Board **reprimanded** Dr. Richard G. Schmelzer for providing work excuse notes to individuals without an adequate examination. The Board **limited** Dr. Schmelzer's license by requiring him to complete a 1 hour face-to-face ethics consultation with an expert in the area of medical ethics.

Dated: December 12, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002209-00008044.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002209-00008044.pdf)

Melissa M. Stiles, Physician, Madison, WI

The Medical Examining Board **reprimanded** Dr. Melissa M. Stiles for providing work excuse notes to patients without adequately documenting the interaction in a health care record that would meet the requirements of Wis. Admin. Code § Med 21.03. The Board **limited** Dr. Stiles' license by requiring her to complete 4 hours of education in medical record keeping.

Dated: December 12, 2012

[http://online.drl.wi.gov/decisions/2012/
ORDER0002201-00008036.pdf](http://online.drl.wi.gov/decisions/2012/ORDER0002201-00008036.pdf)

January 2013

Paul K. Awa, Physician, Inglis, FL

The Medical Examining Board **reprimanded** Dr. Paul K. Awa for being disciplined by the State of Florida Board of Medicine. The Florida Board of Medicine issued a Final Order adopting the Settlement agreement

due to allegations concerning deficiencies in Dr. Awa's care of a patient.

Dated: January 16, 2013

[http://online.drl.wi.gov/decisions/2013/
ORDER0002257-00008126.pdf](http://online.drl.wi.gov/decisions/2013/ORDER0002257-00008126.pdf)

Stephen R. Kreuser, Physician, Washburn, WI

The Medical Examining Board **reprimanded** Dr. Stephen R. Kreuser for treatment of his patient from approximately June of 2010 until October of 2010. Dr. Kreuser treated his patient for stable chronic renal insufficiency, atrial fibrillation hypertension, hypothyroidism, and pneumonia. During the course of treatment, Dr. Kreuser's care fell below the standards in the profession when he charted notes that were illegible, failed to chart vital signs, inadequately charted the basis for continuing diagnosis of pneumonia, ordered excessive x-rays and failed to closely monitor the patient's INR after new medications were prescribed. The Board **limited** Dr. Kreuser's license by requiring him to pass the Special Purpose Examination (SPEX) and undergo an assessment to evaluate his current ability to practice.

Dated: January 16, 2013

[http://online.drl.wi.gov/decisions/2013/
ORDER0002255-00008124.pdf](http://online.drl.wi.gov/decisions/2013/ORDER0002255-00008124.pdf)

Edward J. Muellerleile, Physician, Waukesha, WI

The Medical Examining Board **indefinitely suspended** Dr. Edward J. Muellerleile's license to practice medicine and surgery. The Board found that Dr. Muellerleile practiced medicine while suffering from alcohol and cannabis dependence without being in treatment. Dr. Muellerleile may ask the Board to impose a stay of the suspension as long as he is in compliance with the Board's conditions.

Dated: January 16, 2013

[https://online.drl.wi.gov/decisions/2013/
ORDER0002256-00008125.pdf](https://online.drl.wi.gov/decisions/2013/ORDER0002256-00008125.pdf)

February 2013

Eric Brekke, Physician, La Crosse, WI

The Medical Examining Board **reprimanded** Dr. Eric Brekke for failing to timely diagnose and treat a patient's left renal mass. Dr. Brekke saw a patient in the emergency room in July of 2007. The patient had complained of abdominal pain for six days. The patient was admitted with a diagnosis of subacute appendicitis. Dr. Brekke ordered a CT scan of the abdomen and pelvis. The abdominal CT revealed an incidental finding of a left renal mass. Later, in April of 2011, the patient was admitted to the hospital again complaining of lower back pain, and the patient was diagnosed with metastatic clear cell carcinoma of the kidney.

Dated: February 20, 2013

[http://online.drl.wi.gov/decisions/2013/
ORDER0002306-00008239.pdf](http://online.drl.wi.gov/decisions/2013/ORDER0002306-00008239.pdf)

Thomas A. Londergan, Physician, La Crosse, WI

The Medical Examining Board **reprimanded** Dr. Thomas A. Londergan for failing to timely diagnose and treat a renal mass found in his patient. In April 2008 the patient presented to Dr. Londergan with pain in the left flank and hematuria. A CT scan of the patient's abdomen and pelvis was performed without intravenous contrast. The radiologist report indicated a 4.8 cm. left renal mass and blood in the left renal pelvis. Without reviewing the radiology report, Dr. Londergan sent the patient home with a prescription of Potassium Citrate suspecting the patient had a left kidney stone. After reviewing the radiology report on the next day, Dr. Londergan added Allopurinol in addition to the Potassium Citrate and ordered a one month follow up with the patient. Dr. Londergan did not discuss the renal mass indicated in the radiology report at any of the successive follow-up appointments. In April 2011, the patient was admitted to the hospital for lower back pain. At that time the kidney tumor was identified and the patient was diagnosed with metastatic clear cell carcinoma of the kidney.

Dated: February 20, 2013

[http://online.drl.wi.gov/decisions/2013/
ORDER0002305-00008238.pdf](http://online.drl.wi.gov/decisions/2013/ORDER0002305-00008238.pdf)

Victoria Mondloch, Physician, Waukesha, WI

The Medical Examining Board **permanently banned** Dr. Victoria Mondloch from the practice of obstetrics and from practice of gynecology except for conducting pap smears. The Board's Order was based on Dr. Mondloch's obstetrical and gynecological surgical treatment of five of her patients. The treatment included failure to properly and timely evaluate a patient for a possible ectopic pregnancy, failure to properly diagnose a patient's condition as a molar pregnancy, failure to properly diagnose a patient with Polycystic Ovary Syndrome (PCOS) and performing an ovarian drilling for treatment of metabolic abnormalities caused by PCOS or hormone imbalance when such treatment was not indicated by those conditions. The Board's **limitation** requires Dr. Mondloch to refer all patients that are pregnant to another obstetrician. She must refer all patients with abnormal bleeding or cramping where there is a possible pregnancy of any type including but not limited to uterine, ectopic, or molar; she must not perform any surgical or gynecological procedure on any patient with the exception of pelvic examinations and pap smears; she must transfer all patients requiring all other gynecological procedures to another gynecologist; and she may not perform ultrasounds. Dr. Mondloch is **permanently banned** from performing any gynecological procedure or seeing any patient for any gynecological reason except for pap smears. The Board also **reprimanded** Dr. Mondloch for her conduct.

Dated: February 20, 2013

[http://online.drl.wi.gov/decisions/2013/
ORDER0002309-00008242.pdf](http://online.drl.wi.gov/decisions/2013/ORDER0002309-00008242.pdf)

Charles D. Pratt, Physician, Bayside, WI

The Medical Examining Board **reprimanded** Dr. Charles D. Pratt for failure to timely diagnose the signs of a stroke in a patient during an emergency room visit. The patient presented with shortness of breath and difficulty speaking. When Dr. Pratt evaluated the patient he noted that there were no focal neurological deficits and that the patient's sensory exam, motor exam, speech and coordination, were normal. His impression was dyspnea and the patient was treated for it. When Dr. Pratt later reevaluated the patient he noticed a right facial

droop and tongue protrusion, he also noted pronounced right arm and leg ataxia and weakness. At that time Dr. Pratt diagnosed that the patient had a stroke and a CT scan was performed. The Board **limited** Dr. Pratt's license to practice medicine and surgery by requiring him to complete 4 hours of medical education on the topic of diagnosis and management of strokes.

Dated: February 20, 2013

<http://online.drl.wi.gov/decisions/2013/ORDER0002304-00008237.pdf>

James J. Young, Physician, Weston, WI

The Medical Examining Board **reprimanded** Dr. James J. Young due to his failure to conduct a competent examination and evaluation of his patient and failure to detect necrotic tissue resulting in his failure to properly

diagnose the patient's condition. The patient presented to Dr. Young complaining of persistent sinusitis. Her blood pressure was 180/100, pulse 135, temperature 98.9. No respiratory rate was charted. After Dr. Young's examination, the patient was given moxifloxacin and prescriptions for prednisone and hydrocodone. The patient was later seen by another health care practitioner who diagnosed the patient with severe metabolic acidosis from diabetic ketoacidosis, maxillary sinusitis, and acute necrotizing ulcerative gingivostomatitis. The patient was admitted to an intensive care unit where she recovered. The Board found that Dr. Young failed to detect necrotic tissue which resulted in his failure to properly diagnose the patient's condition.

Dated: February 20, 2013

<http://online.drl.wi.gov/decisions/2013/ORDER0002307-00008240.pdf>

A wealth of useful information is available on the Department of Safety and Professional Services website at: www.dsps.wi.gov

Do you have a change of name or address?

Please send changes to the Department. Confirmation of change is not automatically provided. Legal notices will be sent to a licensee's address of record with the Department.

Med Board Newsletter distribution:

If you know someone who would like to receive a copy of the Med Board Newsletter, send their e-mail address(es) to: web@dsps.state.wi.us

Telephone Directory:

Call the Department of Safety and Professional Services toll-free (877) 617-1565 or (608) 266-2112 if you are in Madison, then follow the instructions for the service you need.

On-line Verifications:

The Wisconsin Medical Examining Board is now able to officially verify licenses and exam scores electronically. By completing a [Verification Request online](#), a

a licensee can request official verifications of his or her license and exam scores to be sent to state boards, employers, insurance companies and other interested parties. Upon receiving a request, the Wisconsin Medical Examining Board will send a secured link to the verification website to the recipient that the licensee designates.

The real-time information displayed on the verification website is primary source information of the Wisconsin Medical Examining Board. Further, it is consistent with JCAHO and NCQA standards for primary source verification and is as it appears in the database of the Wisconsin Medical Examining Board as of the moment it is viewed.

The fee for licensure verifications has not changed. It is still \$10.00 per verification.

The verification website constitutes official certification of licensure information and should be accepted just like a paper verification. However, should a recipient of an online licensure verification question its authenticity, please contact the Wisconsin Medical Examining Board directly.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew C. Niehaus, Bureau Assistant		2) Date When Request Submitted: 4/11/2013	
		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: 4/24/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Budget Report Follow-Up	
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? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Follow-up to Medical Board Budget Report from 3/20/2013 meeting.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 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 Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



State of Wisconsin
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
CORRESPONDENCE / MEMORANDUM

DATE: April 1, 2013

TO: Katie Koschnick, Division Administrator
Tom Ryan, Executive Director

FROM: Bea Beasley

SUBJECT: Med Board Budget – Follow-up Questions and Responses

Hi Katie and Tom,

This memo is in response to the questions I received from members of the Medical Examining Board on Wednesday, March 20, 2013.

QUESTION 1:

What is the formula that the state uses to determine the leasing costs?

Answer: According to Ellen Rosner, DOA Leasing Specialist, there is no formula for determining how much leases will cost the State. Leasing costs are not calculated, they are negotiated. Many factors go into determining how much the State will pay for leased space. The market (city location), the sophistication and knowledge of the landlord, the amenities that will be added in (utilities, janitorial services, etc) all factor into the costs for the leases. Leasing costs are not determined based on standard procurement practices, that is, there is no bidding and awarding to the “lowest” bidder. The State determines a need, searches for a location, and then negotiates the final price.

The 1400 East Washington Building (current DOPS main office) is owned by a more “sophisticated” landlord (the Mullins Group) and it is located in a large, sophisticated market (Madison). The costs for the leased space in this building were all negotiated based on State agency needs and the amount of space needed (45,382 square feet).

QUESTION 2:

Why is the compensation reserve in FY 15 about twice the amount in FY 14 if the amount is based on 2% of the salaries?

Answer: The formula for the compensation reserve assumes that IF salaries are increased in the first year, those salaries will remain increased in the second year. The formula allows for another 2% of the salaries in the second year. Essentially, in year two, the compensation reserve set aside amount will be approximately doubled.

QUESTION 3:

How much are the merchant fees if a license holder pays by credit card either online or in person?

Answer: DSPS pays \$1.50 per transaction fee to a company called Elavon. The fees are paid out of the General Program Operations appropriation 121 during the year. A journey entry is performed at the end of the fiscal year to assess the fees to the Med Board appropriation 128 based on the number of license holders in the Med Board professions who paid with a credit card.

Transaction processing fees have increased over the past three years as more customers pay via credit card. The following is a list of expenditures by fiscal year:

FY 2012	\$41,800
FY 2011	\$28,400
FY 2010	\$12,300

QUESTION 4:

How do the medical fees in Wisconsin compare with the fees in other states?

Answer: The new license fee for Physicians (MD and DO) in the State of Wisconsin is \$75. The renewal fee is \$141. Below is how Wisconsin compares to other surrounding states in the Midwest:

STATE	NEW	RENEW
Illinois	\$300	\$300
Indiana	\$250	\$200
Iowa	\$505	\$450 (online)
Michigan	\$150	\$285
Minnesota	\$431	\$211
Nebraska	\$300	\$121

(Attached is a list of physician license fees charged by each state as reported by the American Medical Association *State Medical Licensure Requirements and Statistics, 2013* report.)

Enjoy your day!

Bea

Licensure Endorsement and Reregistration Fees, Intervals, and Requirements

Fees for licensure by endorsement, *including processing, application, and administrative fees*, average \$394.

The majority of boards require physicians licensed in the state to reregister (or renew) their licenses every one or two years; five jurisdictions—Illinois, Michigan, Michigan DO, New Mexico, and Puerto Rico—have a three-year reregistration interval. The average reregistration fee is \$364, or \$219 when averaged by year (Table 20). Many states offer reduced fees for reregistration of inactive licenses (see Table 24 for more information).

Completion of a specified number of hours of continuing medical education (CME) is required for reregistration by 63 boards. See Table 21 for more information.

Additional Notes for Specific Licensing Jurisdictions

California—Endorsement fee includes a \$442 processing fee, \$49 fingerprinting fee, \$25 mandatory loan repayment fee, and \$783 licensing fee. Licensure reregistration fee includes \$25 mandatory loan repayment fee and \$783 licensing fee.

Illinois—Reregistration fee for nonresidents is \$600. Penalty of \$100 is charged if renewal is not submitted by July 31 of the year of renewal.

Maryland—Reinstatement of lapsed license \$600 or \$700, depending on renewal year.

Ohio—The Federation Credentials Verification Service (FCVS) is required of all physicians applying for Ohio licensure by either examination or endorsement. The applicable FCVS fee is in addition to the application fee paid to the medical board. Criminal background checks are required of those applying for an initial license; an additional fee is required.

Texas—Initial applications are for licensure (not identified as examination or endorsement). The application fee is \$1,002 and does not include any examination fees or criminal history check fees.

Vermont—Board will determine criteria by 8/31/12 for renewal of licenses expiring after 8/31/14.

Washington MD and DO—Note: These fees are non-refundable.

- Impaired physician program fee on each application and for each year of the renewal period—\$35 (MD), \$25 (DO)
- University of Washington library fee per application or renewal—\$25 (MD and DO)
- Late fee—\$262.50 (MD); if license expired more than two years ago, reinstatement fee is \$1,200 total; \$250 (DO)
- Reissue expired license fee—\$262 (MD), \$250 (DO)

Wisconsin—Licensure re-registration application (\$188) is required if license expired more than five years prior.

Table 20
Licensure Endorsement and Reregistration Fees, Intervals, and Requirements

	Licensure Endorsement Fee	Criminal Background Check Fee	Finger-printing Fee	Licensure Reregistration Fee	Reregistration Interval	CME Credits Required	Notes
Alabama	175	65		300	1 yr.	Yes	
Alaska	300			300	2 yrs	Yes	
Arizona	500			500	2 yrs	Yes	
Arizona DO	400			636	2 yrs	Yes	Biennial fee
Arkansas	400			200	1 yr	Yes	\$100 processing fee
California*	1,299			808	2 yrs	Yes	
California DO	251			400	2 yrs	Yes	Plus \$25 loan repayment fee
Colorado	569			440	2 yrs	No	
Connecticut	565			565	1 yr	Yes	
Delaware	301	59		301	2 yrs	Yes	
DC	305			500	2 yrs	Yes	
Florida	500	43		429	2 yrs	Yes	
Florida DO	898			698	2 yrs	Yes	
Georgia	500			230	2 yrs	Yes	
Guam	400			250	2 yrs	Yes	
Hawaii	290			240	2 yrs	Yes	
Hawaii DO	400			190	2 yrs	No	
Idaho	500			250	1 or 2 yrs	Yes	Reregistration \$250 per yr
Illinois*	300			300	3 yrs	Yes	\$300 reregistration in state; \$600 out of state
Indiana	250			200	2 yrs	No	
Iowa	505			450	2 yrs	Yes	Online renewal \$450; paper renewal \$550
Kansas	300	50		330	1 yr	Yes	
Kentucky	300			250	1 yr	Yes	
Louisiana	382		45.25	232	1 yr	Yes	
Maine	450			400	2 yrs	Yes	Added charge for FCVS
Maine DO	350			525	2 yrs	Yes	
Maryland*	790 or 890			512	2 yrs	Yes	\$890 for international medical graduates
Massachusetts	600			600	2 yrs	Yes	
Michigan	150		62.75	285	3 yrs	Yes	
Michigan DO	150		62.75	285	3 yrs	Yes	
Minnesota	200			192	1 yr	Yes	
Mississippi	600			200	1 yr	Yes	\$200 if renewed online
Missouri	300			135	1 yr	Yes	
Montana	325			400	2 yrs	No	
Nebraska	300		38	121	2 yrs	Yes	
Nevada	600	75		800	2 yrs	Yes	
Nevada DO	600		70	500	1 yr	Yes	FCVS fee additional
New Hampshire	300			350	2 yrs	Yes	
New Jersey	225			580	2 yrs	Yes	
New Mexico	400		36	600	3 yrs	Yes	
New Mexico DO	300			100	1 yr	Yes	
New York	735			600	2 yrs	No	
North Carolina	350			175	1 yr	Yes	\$50 late fee if registration is >30 days after birthday; \$9.50 for NPDB/HIPDB query (licensure endorsement)

(continued on next page)

Table 20 (continued)
Licensure Endorsement and Reregistration Fees, Intervals, and Requirements

	Licensure Endorsement Fee	Criminal Background Check Fee	Finger-printing Fee	Licensure Reregistration Fee	Reregistration Interval	CME Credits Required	Notes
North Dakota	200			200	1 yr	Yes	\$650 late fee
Ohio*	335			305	2 yrs	Yes	FCVS fee additional
Oklahoma	500			200	1 yr	Yes	
Oklahoma DO	---			225	1 yr	Yes	\$150 late fee
Oregon	375			159	2 yrs	Yes	\$150 late fee
Pennsylvania	—			360	2 yrs	Yes	
Pennsylvania DO	45			220	2 yrs	Yes	
Puerto Rico	200			75	3 yrs	Yes	
Rhode Island	570	140		650	2 yrs	Yes	
South Carolina	600			180	2 yrs	Yes	
South Dakota	200			200	1 yr	No	\$400 late fee (\$200 reinstatement plus \$200 renewal)
Tennessee	235			235	2 yrs	Yes	\$280 out-of-state and international application processing fee (nonrefundable)
Tennessee DO	—			285	2 yrs	Yes	
Texas*	---			826	2 yrs	Yes	
Utah	200			183	2 yrs	Yes	\$20 late fee; \$50 reinstatement fee (FCVS required)
Utah DO	200			183	2 yrs	Yes	See note above for Utah MD board
Vermont*	625			500	2 yrs	Yes	\$25 (+ \$5/month) late fee; CME credits required for licenses expiring after 8/31/2014
Vermont DO	500			500	2 yrs	Yes	
Virgin Islands	NA			500	1 yr	Yes	
Virginia	302			337	2 yrs	Yes	
Washington*	500			675	2 yrs	Yes	
Washington DO*	625			600	1 yr	Yes	Add \$25 for substance abuse monitoring prgm
West Virginia	400			400	2 yrs	Yes	Add \$50 for physician health program; late fee equal to 50% of renewal fee
West Virginia DO	400			400	2 yrs	Yes	
Wisconsin*	150			141	2 yrs	Yes	Initial \$15 contract fee for USMLE Exam
Wyoming	600			250	1 yr	Yes	
Total/Average	401	72	52	364		63	

Abbreviations

CME—continuing medical education

CSR—Controlled Substance Registration (Rhode Island)

FCVS—Federation Credentials Verification Service

USMLE—United States Medical Licensing Examination

* Refer to introductory text to this table for more information on this state's regulations.

Note: All information should be verified with the licensing board; medical licenses are granted to those physicians meeting all state requirements—at the discretion of the board.

Continuing Medical Education for Licensure Reregistration

Sixty-two boards require continuing medical education (CME) for license reregistration (Table 21). Some states also mandate CME content, such as HIV/AIDS, risk management, or end of life palliative care. In addition, many states also require that a certain percentage of CME be *AMA PRA Category 1 Credit™* or equivalent. Forty-three states accept the AMA PRA certificate or application as equivalent for purposes of licensure reregistration. Some states also accept certificates/awards of the American Osteopathic Association (20), American Board of Medical Specialties (30), a state medical society (13), and a national specialty society (8) as well as completion of graduate medical education residency/fellowship programs (36).

Additional Notes for Specific Licensing Jurisdictions

California MD and DO—All general internists and family physicians who have a patient population of which more than 25% are 65 years of age or older must complete at least 20 hours of mandatory CME in geriatric medicine or the care of older patients.

All physicians and surgeons (except pathologists and radiologists) must complete mandatory CME in the subjects of pain management and the treatment of terminally ill and dying patients (one-time requirement of 12 credits). Physicians must complete this requirement by their second license renewal date or within four years, whichever comes first.

Florida MD—*First time license renewal*: one hour HIV/AIDS, two hours in prevention of medical errors. *Second and subsequent renewals*: forty hours, including two hours in prevention of medical errors. *Every third renewal*: forty hours, including two hours in prevention of medical errors and two hours in domestic violence CME. *Note*: End-of-life care and palliative care can no longer be completed in lieu of HIV/AIDS or domestic violence courses.

All CME must be *AMA PRA Category 1 Credit™*, except for domestic violence and prevention of medical errors. Domestic violence and prevention of medical errors courses offered by any state or federal government agency or professional association, including any provider of *AMA PRA Category 1 Credit™*, are acceptable.

Florida DO—*First time license renewal*: one hour HIV/AIDS, professional and medical ethics, Florida laws and rules, controlled substances; two hours domestic violence and prevention of medical errors. Of the remaining required hours, at least 20 must be AOA Category 1-A. *Second and subsequent renewals*: one hour each in professional and medical ethics, Florida laws and rules, and controlled substances; two hours each in domestic violence and prevention of medical errors. *Every third renewal*: two hours of domestic violence. *For each license renewal*: Of the remaining required hours, at least 20 must be AOA Category 1-A; all other hours (including those in the required content categories) can be either *AMA PRA Category 1 Credit™* or AOA Category 1-A credit.

CME on professional and medical ethics, Florida laws and rules, controlled substances, and prevention of medical errors must be obtained by completing live, participatory attendance courses.

Maryland—Partial CME credit is offered for ABMS certification, select peer review, serving as an intervenor or monitor on a physician rehabilitation committee or professional committee, and serving as a preceptor for resident physicians or medical students. For first license renewal, the CME requirement is waived, but the licensee must have completed an approved orientation program.

Missouri—The CME license renewal requirement can be met by a) completing 50 hours *AMA PRA Category 1 Credits™*, AOA Category 1-A or 2-A credits, or American Academy of Family Physicians prescribed credits; b) completing 40 hours of *AMA PRA Category 1 Credit™* or AOA Category 1-A credit if each course, seminar, or activity includes a post-test of the material covered in the 40 CME credits; c) specialty board certification or recertification; or d) participating in an ACGME- or AOA-approved internship or residency program during the reporting period if at least 60 days of the reporting period were spent in the internship or residency.

New Jersey—The six credits for cultural competence are in addition to the 100-hour requirement for physicians licensed prior to 3/24/05; these credits may be included if licensed after this date. For more information, see: www.njconsumeraffairs.gov/bme/press/cultural.htm.

For newly licensed physicians, the Board requires attendance at an orientation program; no CME is given for this.

Oregon—Additional one-hour pain management course specific to Oregon provided by the pain management commission of DHS. Additionally, licensees in residency training and those serving in the military (and deployed outside Oregon for 90 days or more) are exempt from the CME requirement.

Washington MD—The board classifies CME into five different categories. A candidate for relicensure may earn all 200 required hours every four years in Category 1; a maximum of 80 hours may be earned in any of the other four categories. See: <http://tinyurl.com/6gbd8w>.

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SECTION 1. Med. 10.01 (title) is amended to read:

MED 10.01 (title) Authority and purpose intent. ~~The definitions of this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, and 448.40, Stats., for the purposes of ch. 448, Stats.~~

SECTION 1m. Med 10.01 is renumbered Med 10.01 (1)

SECTION 2. Med 10.01 (2) is created to read:

(2) Physicians ~~A~~ act with a high level of independence and responsibility, often in emergencies. Every physician represents the medical profession in the community and must do so in a manner worthy of the trust bestowed upon the physician and the profession. The minimally competent practice of medicine and surgery require that care of the patient is paramount. Physicians must therefore act with honesty, respect for the law, reasonable judgment, competence and respect for patient boundaries.

SECTION 3. Med 10.02 is repealed and recreated

(1) ~~“Adequate supervision” means supervision by a physician whose license is in good standing and requires that the supervising physician has knowledge of the subordinate’s training, skill and experience pertaining to the acts undertaken; the supervising physician is competent and credentialed to perform the act; and there is adequate physician-to-subordinate ratio, taking into consideration the training, skill and experience of the subordinate, risk of harm to the patient due to the nature of the procedure, and risk of harm due to characteristics of the patient.~~

Recommended language: Adequate supervision means supervision by a physician whose license is in good standing and requires that the supervising physician has knowledge of the subordinate’s training, skill, and experience pertaining to the acts undertaken; the supervising physician is competent and credentialed to perform the act; and there is an adequate physician-to-subordinate ratio, taking into consideration the training, skill and experience of the subordinate, risk of harm to the patient due to the nature of the procedure, and risk of harm due to the characteristics of the patient.

(2) “Board” means the medical examining board.

(3) ~~“Direct, immediate, one-to-one supervision” means supervision with face-to-face contact between the person being supervised and the supervisor throughout the patient contact, with the supervisor assisting the person being supervised.~~

(4) ~~“Direct, on-premises supervision” means the supervising physician is physically present on the same premises as the person being supervised, with face-to-face contact between the person being supervised and the supervisor as necessary.~~

(5) “General supervision” means indirect, off-premises, supervision with direct, on-premises or direct face-to-face contact between the supervisor and the person being supervised as necessary. Between direct contacts the supervisor ~~is required to shall~~ maintain indirect, off-premises telecommunication contact such that the person being supervised ~~can~~ may, within a period of time necessary to avoid unacceptable risk of harm to the patient, establish direct telecommunication with the supervisor.

(6) “Intimate parts” has the meaning ~~set forth~~ given in s. 939.22 (19), Stats.

(7) “License” means any license, permit, certificate, or registration issued by the board or by any other credentialing jurisdiction with the authority to grant credentials to practice medicine and surgery, or any other practice authorized within ch. 448, Stats.

(8) “Patient health care records” ~~means a health care record as set forth~~ has the meaning given in s. ~~146.82~~ -146.81(4), Stats.

(9) “Sexual contact” ~~means contact as defined~~ has the meaning given in s. 948.01 (5), Stats.

(10) “Sexually explicit conduct” ~~means conduct as defined~~ has the meaning given in s. 948.01 (7), Stats.

~~SECTION 4. MED 10.02 (2) is repealed.~~

SECTION 5. 4 MED 10.03 (~~title~~) is created to read:

Med 10.03 (~~title~~) Unprofessional conduct. ~~The term “Unprofessional conduct” is defined to mean and include, but not be limited to,~~ includes the following, or aiding or abetting the same:

Med 10.03 (1) Dishonesty and ~~C~~ character. (a) Violating or attempting to violate any term, provision, or condition of any order of the board.

(b) Knowingly engaging in fraud or misrepresentation or dishonesty in applying ~~procuring or by examination for a medical license,~~ applying for or procuring a medical license, by examination for a medical license or in connection with applying for or procuring periodic renewal of a medical license, or in otherwise maintaining such licensure.

(c) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.

(d) Employing illegal or unethical business practices.

(e) Knowingly, negligently, or recklessly making any false statement, written or oral, in the practice of medicine and surgery which creates an unacceptable risk of harm to a patient, the public or both.

(f) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board’s behalf.

(g) Obtaining any fee by fraud, deceit or misrepresentation.

(h) Directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations or associations.

(i) Representing or claiming as true the appearance that a physician possesses a medical specialty, or certification by a board recognized certifying organization, such as the American Board of Medical Specialties, or the American Osteopathic Association, if it is not true.

(j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their particular circumstances, may be vulnerable to undue influence.

(k) Engaging in false, misleading or deceptive advertising.

Med 10.03 (2) DIRECT PATIENT CARE VIOLATIONS.

(a) Negligence in the practice of medicine.

1. A certified copy of ~~any document demonstrating that a finding, order, or judgment issued by~~ a court, or a panel established under ~~s. 655.02, Stats. 655.42~~, ~~has found finding~~ the physician negligent in the course of practicing medicine and surgery shall be conclusive evidence of a violation of this ~~subsection paragraph.~~

2. A certified copy of a relevant ~~decision- finding, order, or judgment~~ by a state or federal ~~court or~~ agency charged with ~~making relevant legal determinations determining whether a physician has been negligent in the course of practicing medicine or surgery~~ shall be conclusive evidence of ~~its~~ findings of facts and conclusions of law ~~contained therein.~~

(b) Practicing or attempting to practice under any license when unable or unwilling to do so with reasonable skill and safety. ~~A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician was, at the time the order was entered- for any period covered by the order, unable to practice medicine and surgery with reasonable skill and safety.~~

(c) Departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.

(d) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence and that creates an unacceptable risk of harm to a patient.

(e) Performing or attempting to perform any surgical or invasive procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.

(f) Administering, dispensing, prescribing, supplying or obtaining a controlled ~~substances substance~~ as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise prohibited by law.

1. Except as otherwise provided by law, a certified copy of a relevant ~~decision finding order or judgment~~ by a state or federal court or agency charged with making legal determinations shall be conclusive evidence ~~its~~ of findings of facts and conclusions of law ~~contained therein.~~

2. A certified copy of ~~any document a finding, order, or judgment~~ demonstrating the entry of a guilty, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of medicine and surgery is conclusive evidence of a violation of this ~~paragraph.~~

(g) Engaging in sexually explicit conduct, sexual contact, exposure, gratification or other sexual behavior with or in the presence of a patient, a patient's immediate family or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician has contact with a patient's intimate parts without legitimate medical justification for doing so.

2. For the purpose of this ~~subsection~~ paragraph, an adult receiving treatment shall ~~continue to be~~ be considered a patient for 2 years after the termination of professional services.

3. If the person receiving treatment is a child, the person shall ~~continue to be~~ be considered a patient for the purposes of this ~~subsection~~ paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

(h). ~~A physician~~ Engaging in any sexual contact or conduct with or in the presence of a patient or a former patient who lacks the ability to consent for any reason, including, ~~but not limited to~~, medication or psychological or cognitive disability is a violation of this subsection.

(i) Engaging in repeated or significant disruptive behavior or interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(j) Knowingly, recklessly or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(k) ~~Subject to and limited by s. 448.30, Stats~~ Performing an act constituting the practice of medicine and surgery without required informed consent under s. 448.30, Stats.

(L) Aiding or abetting the practice of medicine by an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice medicine. This provision does not prohibit a Wisconsin physician or any other practitioner subject to this rule chapter from providing outpatient services ordered by a physician licensed in another state, if the physician who wrote the order saw the patient in the state in which the physician is licensed and the physician who wrote the order remains responsible for the patient.

(m) Violating the ~~standard of minimal competence~~ practice standards under. BC 2.03 to practice medicine and surgery while serving as a medical director or physician who delegates and supervises services performed by non-physicians ~~as set forth in s. BC 2.03,~~ including aiding or abetting any person's violation of s. BC 2.03.

(n) Prescribing a controlled ~~substances~~ substance to oneself as ~~defined~~ described in s. 961.38 (5), Stats.

(o) Practicing medicine in another state or jurisdiction without appropriate licensure. A physician has not violated this ~~subsection~~ paragraph if, after issuing an order for services that complies with the laws of Wisconsin, his or her patient requests that the services ordered ~~are~~ be provided in another state or jurisdiction.

(p) Abandoning a patient ~~Patient abandonment~~ occurs when an active professional relationship between physician and patient is terminated by the physician and any of the following occur:

1. The physician fails to give the patient notice at least 30 days in advance of the date on which the physician's withdrawal becomes effective.
2. The physician fails to allow for patient access or transfer of the patient's health care record as required by law.
3. The physician fails to provide for continuity of prescription medications, if the medications are necessary to avoid unacceptable risk of harm.
4. The physician fails to provide for emergency care during the period between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends.

Med 10.03 (3) Law violations, adverse action and required reports to the board.

(a) Failing, within 30 days, to report to the board any final adverse action taken against the licensee's authority to practice medicine and surgery by another licensing jurisdiction concerned with the practice of medicine and surgery. Enforcement Administration against the licensee's authority to prescribe controlled substances within the federal government.

(b) Failing, within 30 days, to report to the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances. ~~within the federal government.~~

(c) Having any credential pertaining to the practice of medicine and surgery or any act constituting the practice of medicine and surgery become subject to adverse ~~action~~ determination by any agency of this or another state, or by any federal agency or authority ~~within the federal government.~~

(d) Failing to comply with state and federal laws regarding access to patient health care records.

(e) Failing to establish and maintain timely patient health care records, including records of prescription orders, as ~~required by~~ under s. Med 21, ch. Med 21.03 or as otherwise required by law.

(f) Violating the duty to report ~~as defined in~~ under s. 448.115, Stats.

(g) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.

(h) Failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

(i) Except as provided in s. par. 10.03 (3) (j), a violation or conviction of ~~any federal or state law or rule~~ any laws or rules of this state, or any other state, or any federal law or regulation that ~~may relate~~ is substantially related to the practice of medicine and surgery.

1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with making legal determinations relevant to this ~~subsection~~ paragraph is conclusive evidence of findings of facts and conclusions of law contained therein.

2. The department has the burden of proving that the circumstances of the crime are substantially related to the practice of medicine and surgery.

(j) Violating or being convicted of any of the ~~following~~ conduct listed in Table 10.03, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of ~~any of the following~~ any statute listed in Table 10.03:

**Table 10.03
Violations or Convictions
Cited by Statute**

Statute Section	Description of Violation or Conviction
940.01 Stats.	First degree intentional homicide
940.02 Stats.	First degree reckless homicide
940.03 Stats.	Felony murder
940.05 Stats.	Second degree intentional homicide
940.12 Stats.	Assisting suicide
940.19 (2), (4), (5) or (6)	Battery, substantial battery, or aggravated battery
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2) or (3)	First, second, or third degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents of penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1) or (2)	First and second degree sexual assault of a child
948.03 (2) (a), (b) or (c)	Physical abuse of a child, intentional causation of bodily harm
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care

SECTION ~~6.~~ 5 EFFECTIVE DATE the rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

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Various Definitions of Supervision

Nursing Definitions:

N 6.02 (6) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

N6.02 (7) “General supervision” means regularly to coordinate direct and inspect the first had practice of another.

Current Med 8 definition

Med 8.02 (6) “Supervision” means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementations of one’s own or another’s intentions.

Dr. Swan’s recommend language

10.03 (2) (p) Inadequate supervision of subordinates acting on behalf of the physician in the provision of health care. For purposes of this subsection, the board considers adequate supervision to mean supervision by a physician whose license is in good standing and requires that the supervising physician has knowledge of the subordinate’s training, skill and experience pertaining to the acts undertaken; the supervising physician is competent and credentialed to perform the act; and there is adequate physician-to-subordinate ratio, taking into consideration the training, skill and experience of the subordinate, risk of harm to the patient due to the nature of the procedure, and risk of harm due to the characteristics of the patient

Delete definitions 1, 3, 4, and 5 in section 10.02

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew C. Niehaus, Bureau Assistant		2) Date When Request Submitted: 4/11/2013 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: 4/24/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Assembly Bill 139	
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? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board Discussion and Consideration of Assembly Bill 139.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 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 Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2013 ASSEMBLY BILL 139

April 5, 2013 - Introduced by Representatives J. OTT, SEVERSON, CZAJA, JACQUE, BROOKS, STRACHOTA, MARKLEIN, A. OTT, KESTELL, MURPHY, STROEBEL, NYGREN, BIES, BALLWEG, STONE, T. LARSON, ENDSLEY and LEMAHIEU, cosponsored by Senators GROTHMAN, VUKMIR, FARROW, COWLES, TIFFANY, OLSEN, DARLING, MOULTON and LASEE. Referred to Committee on Judiciary.

1 **AN ACT** *to repeal* 448.30 (1); *to amend* 448.30 (intro.); and *to create* 448.30 (7)
2 of the statutes; **relating to:** the duty of physicians to inform patients of
3 treatment options.

Analysis by the Legislative Reference Bureau

Under Wisconsin's physician informed consent law, a physician who treats a patient has a duty to inform the patient about the availability of all alternate, viable medical modes of treatment and the benefits and risks of those treatments, subject to certain exceptions. A physician who fails to so inform a patient about modes of treatment may be held civilly liable for damages under tort law. The Wisconsin Supreme Court has employed a "reasonable patient standard" to determine whether a physician has fulfilled his or her duty. Under the reasonable patient standard, a physician must disclose information necessary for a reasonable person in the patient's position to make an intelligent decision with respect to the choices of treatment. The Wisconsin Supreme Court has also held that the duty to inform a patient about alternate modes of treating the patient's condition includes the duty to inform a patient about alternate modes of diagnosing the patient's condition.

This bill instead provides that any physician who treats a patient has a duty to inform the patient about the availability of reasonable alternate medical modes of treatment and the benefits and risks of those treatments, and provides that the "reasonable physician standard" is the standard for informing a patient under the physician informed consent law. The bill provides that the reasonable physician standard requires the disclosure only of information that a reasonable physician in

ASSEMBLY BILL 139

the same or a similar medical specialty would know and disclose under the circumstances. The bill also provides that the physician's duty does not require the disclosure of information about alternate medical modes of treatment for conditions that the physician does not believe the patient has at the time the physician informs the patient.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 448.30 (intro.) of the statutes is amended to read:

2 **448.30 ~~Information on alternate modes of treatment~~ Informed**
3 **consent.** (intro.) Any physician who treats a patient shall inform the patient about
4 the availability of all reasonable alternate, ~~viable~~ medical modes of treatment and
5 about the benefits and risks of these treatments. The reasonable physician standard
6 is the standard for informing a patient under this section. The reasonable physician
7 standard requires disclosure only of information that a reasonable physician in the
8 same or a similar medical specialty would know and disclose under the
9 circumstances. The physician's duty to inform the patient under this section does not
10 require disclosure of:

11 **SECTION 2.** 448.30 (1) of the statutes is repealed.

12 **SECTION 3.** 448.30 (7) of the statutes is created to read:

13 **448.30 (7)** Information about alternate medical modes of treatment for
14 conditions that the physician does not believe the patient has at the time the
15 physician informs the patient.

16 **SECTION 4. Initial applicability.**

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:	
		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: April 24, 2013	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Aurora Sinai Medical Center request for variance of PA:Physician ratio	
7) Place Item in: x 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?	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review the request and decide whether to grant the variance.			
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	



March 7, 2013

Wisconsin State Medical Examining Board
c/o Department of Safety and Professional Services
1400 E. Washington Avenue
PO Box 8935
Madison WI 53708-8935

Medical Examining Board:

I am writing on behalf of Aurora Medical Group to endorse a change to the physician assistant: supervising physician ratio from 2:1 to 4:1. I am the Medical Director of Aurora Sinai Medical Center's emergency department and have supervised and worked alongside PAs for the past twenty years. Our physicians rely on Physician Assistants' expertise and ability to help the hospital safely manage high patient volumes. Due to the lack of available primary care physicians, we see many primary care complaints in the emergency department which are managed by a PA in an ED fast track setting. Some studies suggest up to 50% of ED visits are non-emergent and this is unlikely to improve anytime soon. PAs allow physicians to focus time and attention on the more critically ill patients. Because we work side-by-side, an emergency physician is always available for consultation and can step in when necessary. Our group feels confident that a single physician could safely supervise four PAs instead of two.

When Massachusetts decided to provide universal health coverage, their state ED visits increased 7% the following year. We anticipate similar increases in WI ED volumes when the Affordable Health Care Act is set in motion in 2014. Our need for physician assistants in WI is likely to continue to increase. If the ratio remains at 2:1, hospitals will be forced to hire more emergency physicians (already in short supply) even if their increase in volumes are due to non-urgent cases.

We started the first PA emergency medicine post-graduate training program two years ago at Sinai with Marquette University and Children's Hospital of Wisconsin. We will graduate our third class of four emergency medicine PAs this July. There are similar PA post-graduate programs in surgery and internal medicine in Milwaukee, and these programs will likely increase as physicians look to hire specialty-trained PAs. Increasing the PA:physician ratio would assist hospitals, who are interested in starting post-graduate training programs, stay compliant.

PAs have proven to be valuable midlevel providers and their need is projected to continue to grow. Because of the continued lack of primary care physicians we need more physician extenders to provide care for our patients. Increasing the ratio to 4:1 will help safely address this need. Thank you for your time.

Sincerely,

Paul J. Coogan, MD FACEP
Medical Director Aurora Sinai ED
President Emergency Services
Aurora Medical Group

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Susan Cortney, Wisconsin Society for Healthcare Risk Management		2) Date When Request Submitted: 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: April 24, 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Speaker – Wisconsin Society of Health Care Risk Management – April 26 – Madison, WI	
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?	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review, discuss and consider authorizing Sheldon Wasserman to speak at the spring conference of the WSHRM.			
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

Proposed Agenda – 2013 WSHRM Spring Conference

Title - A Day of Ethics

7:00am – 8:00am: Breakfast

8:00am – 8:15am: Call Meeting to order

8:15am – 9:15am: (KEYNOTE ADDRESS) Mark Longua, ESQ. Smith Amundsen, Milwaukee
Ask him to present a one hour overview of bioethics. He is teaching this to the students at MCOW. 1 hour

9:15am – 10:15am: Robyn Shapiro, Esq. Drinker Biddle, Milwaukee Overview and discussion of Montalvo Case. 1 hour. Dianne Batten to be the contact for this one.

10:15am – 10:30am: Break

10:30am – 11:30am: Ethics in IRB. Judy Cranberg to bring their IRB attorney from Froedtert. 1hour

11:30am – 1:00pm: Lunch

1:00pm – 1:30pm: Someone from UW hospital to speak to a bioethics committee in a healthcare setting. To include JCAHO requirements, members in the committee, role of the risk manager in the ethics committee, case presentations, decision making and documentation of discussions in the record. 1hour. Deb Ankowitz is likely contact for this....or we could ask someone from another hospital 1. Hour

1:30pm – 2:00pm: add Content

2:00pm – 2:30pm: add content

2:15pm – 2:30pm: Break

2:30pm – 4:00pm: Panel Discussion regarding:

1. Attorney from Medical Review board - Matt's neighbor Investigation and handling of ethics complaints against physicians from the Medical Board viewpoint. 1hour
2. Someone from the WI board of nursing to speak to handling of ethics complaints in nursing. 1hour
3. Person from WI Dept of QA. Investigation and handling of ethics complaints in hospitals and long term care and home care. 1hour

4:00pm: Adjournment

Possible topics:

Religion and the patient's decision

Interpersonal relationships

Boundaries

Ethics at end of life/ hospice

Refusal of treatment

Discharging the sick

Patient's perspectives of decision-making

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew C. Niehaus, Bureau Assistant		2) Date When Request Submitted: 4/16/2013	
		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: 4/24/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Consideration of Physician Supervision in Retail Clinics - Timothy Swan	
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? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Sheldon and Ken: Here's a link to an article I stumbled across today indicating medical practice is entering the realm of retail business using mid-level providers with "physician supervision". What protections, if any, do Wisconsin patients have from poorly practicing retail businesses and how do we assure appropriate physician supervision? Might be worthy of a discussion at a Board meeting to stay ahead of the curve ... http://www.kaiserhealthnews.org/Stories/2013/April/04/walgreens-primary-care-services.aspx Tim.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 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 Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Walgreens Becomes 1st Retail Chain To Diagnose, Treat Chronic Conditions

TOPICS: [MARKETPLACE](#), [DELIVERY OF CARE](#), [HEALTH COSTS](#)

By **JULIE APPLEBY**

KHN Staff Writer

APR 04, 2013

This KHN story was produced in collaboration with 

It's not just sore throats and flu shots anymore. Walgreens today became the first retail store chain to expand its health care services to include diagnosing and treating patients for chronic conditions such as asthma, diabetes and high cholesterol.

The move is the retail industry's boldest push yet into an area long controlled by physicians, and comes amid continuing concerns about health care costs and a potential shortage of primary care doctors.

"Those two words, diagnosis and treatment, are big words. They show [Walgreens] is coming out of the closet and saying we really are going to do primary care now," said Tom Charland, chief executive officer of Merchant Medicine, a health care consulting firm.



Nurse Practitioner Vashtina Ellison-Ruddock examines clinic patient Miguel Morales at a Walgreens Take Care Clinic in Washington, D.C. (Photo by Jack Gruber/USA TODAY).

Other retail store clinics, such as those at Walmart, CVS and Target stores, help customers manage chronic illnesses but generally do so only after they have been diagnosed elsewhere. More than a year ago, [Walmart outlined plans to provide primary care](#) in a leaked confidential document – but then appeared to back away from the idea.

Walgreens officials say they will have nurse practitioners and physician assistants at more than 300 Take Care Clinics in 18 states and the District of Columbia to do tests and make diagnoses – and also write prescriptions, refer patients for additional tests and help them manage their conditions.

"We're not trying to take over primary care, but we think we can help support physicians and transform the way care is delivered to provide more access points at a time when people need it the most," said Heather Helle, a division vice president at Walgreens.

But [that offer was not welcomed](#) by the president of the American Academy of Family Physicians, who said it is more difficult to manage patients' care if they are treated in various settings -- and that the clinics may not have some specialty services needed to treat those with complex diseases.

“It ends up being riskier for patients and costlier for the country,” said AAFP President Jeffrey Cain, a family doctor in Denver.

Helle said that in a perfect world all patients would have their own primary care doctors, “but, in reality, they simply do not.”

She said physicians will help oversee Walgreens’ clinics – and the clinics can transmit test results and other information electronically to doctors’ offices. She noted that clinics could help people find doctors too. Many would have an affiliation or other link with the stores’ clinics.

Retail clinics generally appeal to consumers looking for convenience and cost savings. Costs are roughly 30 percent to 40 percent less than similar care at doctor’s offices and 80 percent cheaper than at an emergency room, [according to a 2011 study](#) published in the American Journal of Managed Care.

At Walgreens, services will range from about \$65 to \$122 and will be offered in all Take Care Clinics except in Missouri, where state laws restrict services provided by non-physicians, the company said.



Walgreens plans to expand medical services at more than 300 Take Care Clinics across the country (Photo by Jack Gruber/USA TODAY).

Walgreens’ move puts it in the potentially lucrative business of treating customers with long-term medical problems, which often require prescription drugs or other supplies that could be purchased at its stores.

Expanding services to diagnosis and treatment of chronic conditions that affect millions of Americans is a logical step, because the clinics can not only grow their own business, but also partner with hospitals and doctors’ groups to gain new customers, said Ronald L. Hammerle, president of Health Resources, a Florida consulting firm.

“Everyone is trying to figure out how to get into that space,” he said. “The sophisticated player recognizes that whoever controls point of entry [to health services] manages the downstream referral business.”

In addition to its in-store clinics, Walgreens runs about 350 health clinics at worksites, which are paid for by employers. The retailer also has a program to link patients leaving hospitals with Take Care Clinics and Walgreens pharmacies.

At least one physicians’ group that had been briefed on the expanded clinics took a more conciliatory stance to the retailer’s announcement.

“We understand retail clinics are here to stay and likely to be expanding,” said Steven Weinberger, executive vice president of the American College of Physicians. “We need to figure out how the patient can be best served ... in terms of safety, access and communication with the primary care physicians.”



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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew C. Niehaus, Bureau Assistant		2) Date When Request Submitted: 4/16/2013	
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: 4/24/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Consideration of Use of Expired Medications - Timothy Westlake	
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? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 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 Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

From: [Ryan, Thomas - DSPS](#)
To: [Niehaus, Matt - DSPS](#)
Subject: FW: MOL State Readiness Inventory Report
Date: Thursday, April 11, 2013 6:47:16 AM

Matt, please add 'Expired Medications – Board Discussion' to the agenda this month. Thanks.

From: Sheldon Wasserman
Sent: Wednesday, April 10, 2013 11:17 PM
To: Ryan, Thomas - DSPS
Subject: Re: MOL State Readiness Inventory Report

Yes

Send this to Rod Erickson also. I spoke to Tim Westlake and he has another agenda item on expired meds. Lets talk tomorrow.

Sheldon

From: "Ryan, Thomas - DSPS" _____
To: 'Sheldon Wasserman' _____
Sent: Wednesday, April 10, 2013 4:20 PM
Subject: FW: MOL State Readiness Inventory Report

Sheldon: Do you want this on the agenda?