



STATE OF WISCONSIN
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Governor Scott Walker Secretary Dave Ross

MEDICAL EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
June 19, 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 of May 15, 2013 (7-14)**
- C. Welcome Future Board Member – Dr. Carolyn Ogland Vuckich (15-16)**
- D. 8:05 A.M. APPEARANCE Dr. Timothy Westlake, Dr. Steven Kulick, & Dr. James Gardner – Just Culture – Discussion and Consideration**
- E. APPEARANCE – Jill Remy, Office of Education and Examinations – Continuing Medical Education Audits (17-18)**
 - 1. Chapter 448 and Wis. Admin. Code Chapter MED 13 – Statute and Rule Change Options **(19-26)**
- F. Administrative Updates**
 - 1. Staff Updates
- G. Administrative Rule Matters – Discussion and Consideration**
 - 1. **8:30 A.M. APPEARANCE – Julie Doyle, Council on Physician Assistants Chair & Anne Hletko, Past Chair – Wis. Admin. Code Chapter MED 8 (27-32)**
 - 2. Wis. Admin. Code Chapter MED 10 **(33-34)**
 - 3. Draft of Proposed Occupational Therapists Rules Relating to Practice Standards – Board Review **(35-46)**

- H. Legislative Matters – Discussion and Consideration**
 - 1. **Report from Dr. Timothy Westlake**
 - a. **ACGME Post-Graduate Education Requirement (47-48)**
 - b. **Administrative Licenses (49-50)**
 - c. **Visiting Faculty Licensing**
 - 2. **Collecting e-mail addresses – Dr. Sheldon Wasserman**
- I. MEB Guidelines Committee Report (51-52)**
- J. Budget Report Follow-up (53-56)**
- K. FSMB Matters – Discussion and Consideration**
 - 1. **Appointment of Dr. Kenneth Simons to Serve as Chair of SMART Workgroup (57-58)**
 - 2. **Other FSMB Matters**
- L. Screening Panel Report**
- M. 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**
- N. Motion to Invite Future Board Member Dr. Carolyn Ogland Vuckich to Closed Session (59-60)**
- O. Public Comments**
- P. APPEARANCE – Sandra Nowack, DLSC Attorney – Presentation of Petition for Summary Suspension in Case Number 13 MED 146 – Cully R. White, D.O.**

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.)

Q. Credentialing Matters

1. **11:45 A.M. APPEARANCE: Ji Won Yoo, M.D. – Full Board Oral Examination (61-114)**
2. **Pradeep Khanna, M.D. – Seeking ACGME Equivalency (115-146)**

R. Monitoring Matters

1. **Terence Moe, M.D. – Review and Consideration of Mentor Reports (147-164)**

S. Proposed Decision and Order in the Matter of the Disciplinary Proceedings Against Leonard J. Green III, M.D., DHA Case No. SPS-13-0016, DLSC case no. 12 MED 339 (165-172)

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

1. **Proposed Stipulations and Orders for Dismissal**
 - a. **Paul J. Berce, M.D. – 10 MED 031 (173-176)**
 - Case Advisor: **Gene Musser, M.D.**
 - b. **Iftexhar H. Bader, M.D. – 10 MED 031 (177-180)**
 - Case Advisor: **Gene Musser, M.D.**
2. **Complaints for Determination of Probable Cause**
 - a. **Michael Mangold, M.D. – 12 MED 235 (181-184)**
 - Case Advisor: **Ms. Jude Genereaux**
3. **Administrative Warnings**
 - a. **12 MED 259, J.R. (185-188)**
 - Case Advisor: **Ms. Jude Genereaux**

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

1. **Proposed Stipulations, Final Decisions and Orders**
 - a. **Edward P. Hagen, D.O. – 12 MED 254 (189-194)**
 - Case Advisor: **Sridhar Vasudevan, M.D.**
2. **Administrative Warnings**
 - a. **12 MED 179, A.A.S. (195-196)**
 - Case Advisor: **Sridhar Vasudevan, M.D.**

- V. **Presentation and Deliberation of Items from DLSC Attorney Sandra Nowack**
 - 1. **Proposed Stipulations, Final Decisions and Orders**
 - a. **Sarbjeet S. Sandhu, M.D. – 12 MED 287 (197-204)**
 - Case Advisor: **Timothy Swan, M.D.**
 - b. **Stephen A. Haughey, M.D. – 12 MED 388 (205-218)**
 - Case Advisor: **Sridhar Vasudevan, M.D.**
 - 2. **Complaint for Determination of Probable Cause in Case Number 13 MED 146 – Cully R. White, D.O. (219-260)**
 - 3. **Deliberation of Petition for Summary Suspension in Case Number 13 MED 146 – Cully R. White, D.O. (261-356)**
 - 4. **Presentation of Petition for Designation of Hearing Official in Case Number 13 MED 146 Cully R. White, D.O. (357-360)**

- W. DLSC Matters:
 - 1. Case Status Report **(361-370)**
 - 2. Case Closing(s)

- X. Consulting with Legal Counsel

- Y. 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

- Z. Ratifying Examination Results, Licenses, and Certificates

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- AA. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

- BB. Open Session Items Noticed Above not Completed in the Initial Open Session

- CC. Final Comments – Dr. Sheldon Wasserman

ADJOURNMENT

NEXT MEDICAL EXAMINING BOARD MEETING: 7/17/2013

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 ten (10) candidates for licensure – Drs. Capodice, Erickson, Swan, Misra and Wasserman

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**MEDICAL EXAMINING BOARD
MEETING MINUTES
MAY 15, 2013**

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

STAFF: Tom Ryan, Executive Director; Matthew C. Niehaus, Bureau Assistant; and other Department Staff

CALL TO ORDER

Dr. Sheldon Wasserman, Chair, called the meeting to order at 8:07 a.m. A quorum of thirteen (13) members was present.

ADOPTION OF AGENDA

- **Item C (open session) – ADD “C.2 Review of 2012 Medical Examining Board Annual Report”**
- **Item D (open session) – ADD “D.3 Assembly Bill 139”**
- **Item J (open session) – ADD “J.13.a Presentation of Petition for Summary Suspension in Case Number 13 MED 082, Donald F. Stonefeld, M.D.”**
- **Item O (closed session) – ADD “O.3 Deliberation of Petition for Summary Suspension in Case Number 13 MED 082, Donald F. Stonefeld, M.D.”**
- **Item O (closed session) – ADD “O.4 Consideration of Petition for Designation of Hearing Official in Case Number 13 MED 082, Donald F. Stonefeld, M.D.”**
- **Item O (closed session) – ADD “O.5 Stipulation and Interim Order in the Matter of in Case Number 13 MED 082, Donald F. Stonefeld, M.D.”**

MOTION: Dr. Suresh Misra moved, seconded by Mr. Greg Collins, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 24, 2013

MOTION: Dr. Kenneth Simons moved, seconded by, Mr. Greg Collins, to approve the minutes of April 24, 2013 as amended. Motion carried.

Dr. Sridhar Vasudevan, Dr. Rodney Erickson, Dr. Suresh Misra, and Ms. Jude Genereaux abstained from voting in the matter of approval of the minutes.

ADMINISTRATIVE UPDATES

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Swan, to approve the 2012 annual Medical Examining Board report. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Wis. Admin. Code Chapter MED 10

MOTION: Mr. Greg Collins moved, seconded by Dr. Suresh Misra, to remove Med 10.03(2)(a). Motion carried.

Dr. Sridhar Vasudevan voted nay in the matter of removing Med 10.03(2)(a).

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Gene Musser, to remove the phrase “and that creates an unacceptable risk of harm to a patient” from 10.03(2)(d). Motion carried unanimously.

MOTION: Dr. Suresh Misra moved, seconded by Dr. Sridhar Vasudevan, to accept MED 10.03 (1) (a) Violating or attempting to violate ch. 448, Stats. or any provision, condition, or term of a valid rule or order of the Board.. Motion carried unanimously.

MOTION: Dr. Sridhar Vasudevan moved, seconded by Ms. Jude Genereaux, to approve MED 10 as amended and give final review authority to the Board Chair. Motion carried unanimously.

The Board reviewed an amended copy of the rule draft.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Mary Jo Capodice, to rescind the previous motion approving MED 10 and giving final review authority to the Board Chair. Motion carried unanimously.

MOTION: Dr. Suresh Misra moved, seconded by Mr. Jim Barr, to approve MED 10 as amended and give final review authority to the Board Chair. Motion carried unanimously.

REQUEST FOR DR. MUSSER TO PARTICIPATE ON A PANEL ON OPIOID PRESCRIBING – MERITER HOSPITAL MADISON – NOVEMBER 1, 2013

MOTION: Dr. Kenneth Simons moved, seconded by Mr. Greg Collins, to approve Dr. Musser (with Dr. Sridhar Vasudevan as the alternate) as the Board’s representative to participate on the Opioid Prescribing Panel at Meriter Hospital Madison on November 1, 2013. Motion carried unanimously.

SCREENING PANEL REPORT

Mr. Greg Collins reported via e-mail that thirty-eight (38) cases were reviewed. Seventeen (17) cases were opened.

CLOSED SESSION

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Swan, 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; Gene Musser, MD – yes; Russell Yale, MD-yes; Greg Collins-yes; Timothy Westlake, MD-yes; Timothy Swan, MD-yes; Kenneth Simons, MD-yes; Mary Jo Capodice, DO-yes; Sridhar Vasudevan, MD; Jude Genereaux; Rodney Erickson, MD; Suresh Misra, MD; and Sheldon Wasserman, MD-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:36 a.m.

MONITORING MATTERS

MOTION: Dr. Suresh Misra moved, seconded by Ms. Jude Genereaux, to deny the request of Paul Huepenbecker, M.D. for full licensure. **Reason for Denial:** The Order requires a statement from his physician indicating that he is medically able to perform surgery. Motion failed.

Dr. Timothy Swan, Dr. Kenneth Simons, Dr. Gene Musser, Dr. Rodney Erickson, Dr. Timothy Westlake, Dr. Mary Jo Capodice, and Dr. Sheldon Wasserman voted nay in the matter of Paul Huepenbecker, M.D.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Rodney Erickson, to grant the request of Paul Huepenbecker, M.D. for removal of conditions on licensure and grants a full and unencumbered license. Motion carried.

Dr. Suresh Misra, Dr. Russell Yale, and Dr. Sridhar Vasudevan voted nay in the matter of Paul Huepenbecker, M.D.

Dr. Kenneth Simons abstained from voting in the matter of Paul Huepenbecker, M.D.

CREDENTIALING MATTERS

MOTION: Dr. Gene Musser moved, seconded by Dr. Sridhar Vasudevan, to grant Yücel Yankol, M.D.'s request for visiting professor licensure after all other requirements for licensure are met. Motion carried.

Dr. Kenneth Simons, Mr. Greg Collins, and Dr. Russell Yale voted nay in the matter of Yücel Yankol, M.D.

MOTION: Dr. Sridhar Vasudevan moved, seconded by Dr. Rodney Erickson, to find that Joohyun Kim, 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.

Dr. Kenneth Simons abstained from voting in the matter of Joohyun Kim, M.D.

**PROPOSED DECISION AND ORDER IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST MICHAEL N. MANGOLD, M.D., DHA CASE NO. SPS-12-0066,
DLSC CASE NO. 12 MED 103**

MOTION: Dr. Sridhar Vasudevan moved, seconded by Mr. Jim Barr, to adopt the Findings of Fact, Conclusions of Law, and issue the Order and impose Costs in the matter of disciplinary proceedings against Michael N. Mangold, M.D. (12 MED 103.) Motion carried.

Ms. Jude Genereaux abstained from voting in the matter of Michael N. Mangold, M.D.

COMPLAINTS FOR DETERMINATION OF PROBABLE CAUSE

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Timothy Westlake, to find probable cause to believe that Respondent is guilty of unprofessional conduct and to issue a complaint in the matter of 12 MED 231 – Ronald Plemmons, M.D. Motion carried.

Dr. Mary Jo Capodice recused herself from voting and deliberation in the matter of Ronald Plemmons, M.D.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Kenneth Simons, to find probable cause to believe that Respondent is guilty of unprofessional conduct and to issue a complaint in the matter of 13 MED 015 – George F. Knight, M.D. Motion carried unanimously.

MOTION: Dr. Timothy Westlake 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 241 – Amjad Butt, M.D. Motion carried unanimously.

MOTION: Ms. Jude Genereaux 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 434 – Donna J. De Louis, D.O. Motion carried unanimously.

SUMMARY SUSPENSION

MOTION: Mr. Greg Collins moved, seconded by Dr. Sridhar Vasudevan, that notice was given to Donald F. Stonefeld, M.D. of the Summary Suspension proceedings pursuant to Wis. Admin. Code sec. SPS 6.05. Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Suresh Misra, that pursuant to 448.02(4) there is probable cause to believe that Donald F. Stonefeld, M.D. engaged in unprofessional conduct in violation of 448.02(3) as defined in Wis. Admin. Code MED 10.02 (2) (h), 10.02(2) (p) and Wis. Admin. Code 10.02 (2) (za). Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Suresh Misra, that pursuant to 448.02(4) there is probable cause to believe that it is necessary to suspend the license of Donald F. Stonefeld, M.D. to practice medicine and surgery in the State of Wisconsin immediately to protect the public's health, safety, or welfare. Motion carried.

Dr. Rodney Erickson voted nay in the matter of suspending the license of Donald F. Stonefeld, M.D.

MOTION: Dr. Suresh Misra moved, seconded by Dr. Kenneth Simons, to Designate a Hearing Official for any Order to Show Cause Hearing in the matter of the Summary Suspension of the license of Donald F. Stonefeld, M.D. Motion carried unanimously.

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Timothy Swan, to reject the Interim Order in the matter of Donald F. Stonefeld, M.D. Motion carried.

Dr. Rodney Erickson voted nay in the matter of rejecting the Interim Order in the matter of Donald F. Stonefeld, M.D.

DELIBERATION OF PROPOSED STIPULATIONS AND FINAL DECISIONS AND ORDERS

MOTION: Dr. Kenneth Simons moved, seconded by Dr. Gene Musser, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order and impose Costs in the amount of \$18,500.00 in the matter of disciplinary proceedings against William B. Lyles, M.D. (09 MED 197.) Motion carried unanimously.

MOTION: Dr. Sridhar Vasudevan moved, seconded by Dr. Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the matter of disciplinary proceedings against Donald Riemer, M.D. (13 MED 134.) Motion carried unanimously.

MOTION: Dr. Suresh Misra moved, seconded by Dr. Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the matter of disciplinary proceedings against Jacob Kusmak, M.D. (12 MED 159.) Motion carried unanimously.

MOTION: Dr. Timothy Swan moved, seconded by Dr. Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the matter of disciplinary proceedings against David L. Werwath, M.D. (13 MED 016.) Motion carried.

Dr. Rodney Erickson abstained from voting in the matter of David L. Werwath, M.D.

DELIBERATION OF ADMINISTRATIVE WARNINGS

MOTION: Dr. Suresh Misra moved, seconded by Dr. Rodney Erickson, to issue an administrative warning in the matter of case number 12 MED 277, R.G.K. Motion carried unanimously.

MOTION: Dr. Russell Yale moved, seconded by Dr. Mary Jo Capodice, to issue an administrative warning in the matter of case number 12 MED 291, T.J.V. Motion carried unanimously.

MOTION: Dr. Gene Musser moved, seconded by Dr. Kenneth Simons, to issue an administrative warning in the matter of case number 11 MED 064, G.X.Z. Motion carried unanimously.

CASE CLOSINGS

MOTION: Dr. Timothy Westlake moved, seconded by Dr. Russell Yale, to close case #12 MED 406 for Insufficient Evidence (IE). Motion carried unanimously.

MOTION: Dr. Mary Jo Capodice moved, seconded by Dr. Rodney Erickson, to close case #12 MED 321 for No Violation (NV). Motion carried.

Dr. Timothy Westlake recused himself from deliberation and voting in the matter of 12 MED 321.

MOTION: Dr. Gene Musser moved, seconded by Dr. Timothy Swan, to close case #12 MED 361 for Insufficient Evidence (IE). Motion carried unanimously.

RATIFY ALL LICENSES AND CERTIFICATES

MOTION: Dr. Gene Musser moved, seconded by Dr. Timothy Swan, to ratify all licenses and certificates as issued. Motion carried unanimously.

Ms. Jude Genereaux left the meeting at 12:36 p.m.

RECONVENE TO OPEN SESSION

MOTION: Mr. Jim Barr moved, seconded by Dr. Kenneth Simons, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 1:28 p.m.

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

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

BOARD RETREAT

MOTION: Dr. Timothy Swan moved, seconded by Dr. Suresh Misra, that the Chair appoint a committee consisting of two professional members and one public member to formulate proposed disciplinary guidelines in conjunction with DSPS staff to be brought back to the full Board for consideration. Motion carried unanimously.

MOTION: Dr. Suresh Misra moved, seconded by Dr. Rodney Erickson, to recognize that the Chair has appointed Dr. Kenneth Simons (Chair), Dr. Timothy Swan (Vice-Chair), and Mr. Greg Collins to the disciplinary guideline committee. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 2:32 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 On Behalf of Thomas Ryan, Executive Director		2) Date When Request Submitted: 6/3/13 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <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: 6/19/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Welcome Carolyn Ogland Vuckich	
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? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Welcome future Board Member, Dr. Carolyn Ogland Vuckich			
11) Authorization			
Matthew C. Niehaus		6/3/2013	
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 Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill Remy, Manager		2) Date When Request Submitted: 05/24/2013	
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: 6/19/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Information Relating to Continuing Education Audits Conducted by Office of Education and Examinations	
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 checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: A) Update on request for records of random continuing education audits of license holders previously conducted by the Office of Education and Examinations. B) Update relating to the motion passed at the April 24, 2013 Medical Examining Board meeting to request an audit of continuing education every two years. C) Review of general audit procedures and timelines followed by the Office of Education and Examinations while conducting a CE compliance audit.			
11) Authorization			
Jill M. Remy		5-24-2013	
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.			

General Audit Procedure

- Determine the percentage of licensees that will be audited. Ten percent is the standard used.
- Consult with the Division of Legal Services and Compliance for a list of any disciplined licensees that should be audited in addition to the randomly selected list.
- Request appointment of a Board liaison to be consulted in situations of questionable CE submissions.
- Request a random list of licensees from IT meeting the audit parameters.
Note: continuing education is required during the biennium in which the license was first issued
- Mail out audit notification letters to selected licensees providing them with a 30 day deadline to submit verification of CE completion. If insufficient documentation is submitted, licensee will be notified via email of the reasons for noncompliance and will have opportunity to submit additional documentation to bring them into compliance by the final deadline date, which is the same as the second notice letters.
- Send out second notice letters via certified mail to those licensees who have not submitted any documentation. The final deadline is 14 days from the date of the second notice letters.
- Final audit report is created and presented at the next Board meeting. The report contains the following information: total number of licensees audited, number of licensees not in compliance, and reasons for noncompliance.
- The final audit report, with licensee specific information, is also presented to the Division of Legal Services and Compliance.
- At this stage of the audit, the Division of Legal Services and Compliance works with the Board to determine disciplinary actions for those licensees not in compliance.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: June 7, 2013	
Items will be considered late if submitted after 4:30 p.m. and less than:			
■ 10 work days before the meeting for Medical Board ■ 14 work days before the meeting for all others			
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: June 19, 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion of Continued Medical Education Audits	
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: N/A	
10) Describe the issue and action that should be addressed: Discussion related to potential rulemaking projects concerning continuing education audits.			
11) Authorization			
Shawn Leatherwood		June 7, 2013	
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.			

A review of the relevant Statutes and administrative rules revealed the following issues:

I. Since the renewal date and continuing education date are not the same when should CE audits be conducted

Generally, audits are conducted at the end of the registration renewal period. Registration renewals for M.D.s ends on October 31st of each odd-numbered year. The CE deadline ends on 12/31 of a calendar year. This creates a 60 day lag period between the registration renewal deadline and the CE deadline. This lag period creates extra time for MD's to comply with CE requirements after the registration review period has ended and ultimately prevents the Office of Education and Exams from being able to complete a full and definitive audit.

The registration renewal deadline for D.O.s is 2/28 or 2/29 of an even numbered year. CE deadline is 2/28 or 2/29 of an even year.

Suggested change: Amend the statutory language from calendar year to biennium because the term "biennium" would be more flexible than the term "calendar year", or in the alternative amend the statutory language to closely follow the renewal registration deadline.

Relevant Statute: s. 448.13 (1) (a) 1. and 2. Stats., (As it currently reads.)The language in bold would be amended.

1. Continuing education programs or courses of study approved for at least 30 hours of credit by the board within the **2 calendar years preceding the calendar year for which the registration is effective.**
2. Professional development and maintenance of certification or performance or continuing medical education programs or courses of study required by the by rule under s. 448.40 (1) and **completed within the 2 calendar years preceding the calendar year for which the registration is effective.**

Amended language:

Option 1. Continuing education program or courses of study approved for at least 30 hours of credit by the board within the **2- year period** preceding the **biennium** for which the registration is effective.

Option 2. Continuing education programs or courses of study approved for a least 30 hours of credit by the board within the **2 years immediately preceding the application for a certificate of registration.** ~~for which the registration is effective~~

Relevant Administrative Rule: Med 13.02 (1) The language in bold would be amended.

(1) Each physician required to complete the biennial training requirements provided under s. 448.13, Stats., shall, in each second year at the time of making application for a

certificate of registration as required under s. 448.07, Stats., sign a statement on the application for registration certifying that the physician has completed at least 30 hours of acceptable continuing medical education programs **within the 2 calendar years immediately preceding the calendar year** for which application for registration is made.

Amended language:

Each physician required to complete the biennial training requirements provided under s. 448.13, Stats., shall, in each second year at the time of making application for a certificate of registration as required under s. 448.07, Stats., sign a statement on the application for registration certifying that the physician has completed at least 30 hours of acceptable continuing medical educational programs **within the 2 year period immediately preceding the biennium** for which application for registration is made.

II. How long must physicians retain evidence of CE compliance?

Currently, physicians must maintain evidence of CE compliance for the 2 calendar years preceding the application for a certificate of registration. The Board may wish to increase this time from 2 years to 4 years. This would alleviate the problem of the Department requesting proof of CE compliance for courses that may occur on 12/31, and the proof of compliance being submitted past the 12/31 calendar year deadline. Licensee are not required to retain CE certificates for any longer than 2 years. Increasing the time limit would give the OEE more discretion as to when an audit is conducted.

Suggested change: Amend the time period from 2 years to 4 years.

Relevant Statute: s. 448.13 (1m), Stats.

The board shall, on a random basis, verify the accuracy of proof submitted by physicians under sub. (1) (a) and may, **at any time during the 2 calendar years specified in sub. (1) (a)**, require a physician to submit proof of any continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs or courses of study that he or she has attended and completed at that time during the **2 calendar years**.

Amended language

The board shall, on a random basis, verify the accuracy of proof submitted by physicians under sub. (1) (a) and may, **at any time during and up to 4 calendar years specified in sub. (1) (a)**, require a physician to submit proof of any continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs or courses of study that he or she has attended and completed at that time during the **2 calendar years**.

Relevant Administrative rule: MED 13.05 (2)

Evidence of compliance shall be retained by each physician through the biennium for which 30 hours of credit are required for registration.

Amended Language:

Evidence of compliance shall be retained for **a minimum period of 4 years from the date of application for renewal of registration.** Licensees shall make available to the board or its agent upon request, certificates of attendance issued by the program sponsor for all continuing education programs for which he or she claims credit for purposes of renewal of his or her credential.

to the penalties and liabilities for malpractice; and ignorance shall not lessen such liability for failing to perform or for negligently or unskillfully performing or attempting to perform any duty assumed, and which is ordinarily performed by authorized practitioners.

History: 1975 c. 383, 421.

448.13 Biennial training requirement. (1) (a) Except as provided in par. (b), each physician shall, in each 2nd year at the time of application for a certificate of registration under s. 448.07, submit proof of attendance at and completion of all of the following:

1. Continuing education programs or courses of study approved for at least 30 hours of credit by the board within the 2 calendar years preceding the calendar year for which the registration is effective.

2. Professional development and maintenance of certification or performance improvement or continuing medical education programs or courses of study required by the board by rule under s. 448.40 (1) and completed within the 2 calendar years preceding the calendar year for which the registration is effective.

(b) The board may waive any of the requirements under par. (a) if it finds that exceptional circumstances such as prolonged illness, disability or other similar circumstances have prevented a physician from meeting the requirements.

(1m) The board shall, on a random basis, verify the accuracy of proof submitted by physicians under sub. (1) (a) and may, at any time during the 2 calendar years specified in sub. (1) (a), require a physician to submit proof of any continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs or courses of study that he or she has attended and completed at that time during the 2 calendar years.

(2) Each person licensed as a perfusionist shall, in each 2nd year at the time of application for a certificate of registration under s. 448.07, submit proof of completion of continuing education requirements promulgated by rule by the board.

(3) Each person licensed as an anesthesiologist assistant shall, in each 2nd year at the time of application for a certificate of registration under s. 448.07, submit proof of meeting the criteria for recertification by the National Commission on Certification of Anesthesiologist Assistants or by a successor entity, including any continuing education requirements.

History: 1977 c. 131, 418; 1987 a. 399; 1995 a. 245; 1997 a. 175, 311; 1999 a. 180; 2001 a. 89; 2009 a. 382; 2011 a. 160.

Cross-reference: See also Med. Wis. adm. code.

448.14 Annual report. Annually, no later than March 1, the board shall submit to the chief clerk of each house of the legislature for distribution to the appropriate standing committees under s. 13.172 (3) a report that identifies the average length of time to process a disciplinary case against a physician during the preceding year and the number of disciplinary cases involving physicians pending before the board on December 31 of the preceding year.

History: 1997 a. 311.

448.20 Council on physician assistants; duties.

(1) RECOMMEND LICENSING AND PRACTICE STANDARDS. The council on physician assistants shall develop and recommend to the examining board licensing and practice standards for physician assistants. In developing the standards, the council shall consider the following factors: an individual's training, wherever given; experience, however acquired, including experience obtained in a hospital, a physician's office, the armed services or the federal health service of the United States, or their equivalent as found by the examining board; and education, including that offered by a medical school and the technical college system board.

(2) ADVISE BOARD OF REGENTS. The council shall advise and cooperate with the board of regents of the University of Wisconsin System in establishing an educational program for physician

assistants on the undergraduate level. The council shall suggest criteria for admission requirements, program goals and objectives, curriculum requirements, and criteria for credit for past educational experience or training in health fields.

(3) ADVISE BOARD. The council shall advise the board on:

(a) Revising physician assistant licensing and practice standards and on matters pertaining to the education, training and licensing of physician assistants.

(b) Developing criteria for physician assistant training program approval, giving consideration to and encouraging utilization of equivalency and proficiency testing and other mechanisms whereby full credit is given to trainees for past education and experience in health fields.

(4) ADHERE TO PROGRAM OBJECTIVES. In formulating standards under this section, the council shall recognize that an objective of this program is to increase the existing pool of health personnel.

History: 1975 c. 383; 1993 a. 105, 399, 491; 1997 a. 67.

448.21 Physician assistants. (1) PROHIBITED PRACTICES. No physician assistant may provide medical care, except routine screening, in:

(a) The practice of dentistry or dental hygiene within the meaning of ch. 447.

(b) The practice of optometry within the meaning of ch. 449.

(c) The practice of chiropractic within the meaning of ch. 446.

(d) The practice of podiatry within the meaning of s. 448.60 (4).

(e) The practice of acupuncture within the meaning of ch. 451.

(2) EMPLOYEE STATUS. No physician assistant may be self-employed. The employer of a physician assistant shall assume legal responsibility for any medical care provided by the physician assistant during the employment. The employer of a physician assistant, if other than a licensed physician, shall provide for and not interfere with supervision of the physician assistant by a licensed physician.

(3) PRESCRIPTIVE AUTHORITY. A physician assistant may issue a prescription order for a drug or device in accordance with guidelines established by a supervising physician and the physician assistant and with rules promulgated by the board. If any conflict exists between the guidelines and the rules, the rules shall control.

History: 1975 c. 383, 421; 1983 a. 524; 1989 a. 31; 1993 a. 105; 1997 a. 67, 175.

448.22 Anesthesiologist assistants. (1) In this section, "supervision" means the use of the powers of direction and decision to coordinate, direct, and inspect the accomplishments of another, and to oversee the implementation of the anesthesiologist's intentions.

(2) An anesthesiologist assistant may assist an anesthesiologist in the delivery of medical care only under the supervision of an anesthesiologist and only as described in a supervision agreement between the anesthesiologist assistant and an anesthesiologist who represents the anesthesiologist assistant's employer. The supervising anesthesiologist shall be immediately available in the same physical location or facility in which the anesthesiologist assistant assists in the delivery of medical care such that the supervising anesthesiologist is able to intervene if needed.

(3) A supervision agreement under sub. (2) shall do all of the following:

(a) Describe the supervising anesthesiologist.

(b) Define the practice of the anesthesiologist assistant consistent with subs. (2), (4), and (5).

(4) An anesthesiologist assistant's practice may not exceed his or her education and training, the scope of practice of the supervising anesthesiologist, and the practice outlined in the anesthesiologist assistant supervision agreement. A medical care task assigned by the supervising anesthesiologist to the anesthesiologist assistant may not be delegated by the anesthesiologist assistant to another person.

Chapter Med 13

CONTINUING MEDICAL EDUCATION FOR PHYSICIANS

Med 13.01 Authority and purpose.
 Med 13.02 Continuing medical education required; waiver.
 Med 13.03 Acceptable continuing medical educational programs.

Med 13.04 Physician postgraduate training program; length of service.
 Med 13.05 Evidence of compliance.
 Med 13.06 Audit.

Med 13.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5) (b), 227.11 (2) and 448.13, Stats., and govern the biennial training requirements for physicians as provided under s. 448.13, Stats.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, May, 1997, No. 497, eff. 6-1-97; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 13.02 Continuing medical education required; waiver. (1) Each physician required to complete the biennial training requirements provided under s. 448.13, Stats., shall, in each second year at the time of making application for a certificate of registration as required under s. 448.07, Stats., sign a statement on the application for registration certifying that the physician has completed at least 30 hours of acceptable continuing medical educational programs within the 2 calendar years immediately preceding the calendar year for which application for registration is made.

(2) A physician may apply to the board for waiver of the requirements of this chapter on grounds of prolonged illness or disability or other similar circumstances, and each case will be considered individually on its merits by the board.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77; am. (1), Register, March, 1979, No. 279, eff. 4-1-79; am. (1), February, 1981, No. 302, eff. 3-1-81; am. Register, May, 1997, No. 497, eff. 6-1-97; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 13.03 Acceptable continuing medical educational programs. The board shall accept the following in satisfaction of the biennial training requirement provided under s. 448.13, Stats.:

(1) (a) Program approval. Educational courses and programs approved in advance by the board may be used for credit, except that the board may approve for credit completed programs and courses conducted in other countries.

(b) Physicians. The board recognizes only those educational programs recognized as approved at the time of the physician's attendance by the council on medical education of the American medical association, or the American osteopathic association, or the accreditation council for continuing medical education or may recognize program providers outside the United States unless any of the foregoing have been previously disapproved by the board. The board will accept attendance at and completion of programs accredited as the American medical association's or the American osteopathic association's "Category I" or an equivalent as fulfilling the requirements of this chapter for continuing medical education. One clock hour of attendance shall be deemed to equal one hour of acceptable continuing medical education.

(2) (a) The board shall accept for continuing medical education credit, voluntary, uncompensated services provided by physicians specializing in psychiatry in assisting the department of health services in the evaluation of community outpatient mental health programs, as defined in s. 51.01 (3n), Stats., and approved by the department of health services according to rules promulgated under s. 51.42 (7) (b), Stats. Four hours of assistance, including hours expended in necessary training by the department

of health services, shall be deemed to equal one hour of acceptable continuing medical education for the purposes of this chapter.

(b) Physicians wishing to apply for continuing medical education credit under this subsection shall register in advance with the board and shall notify the board on forms provided by the board of the dates and the total number of hours in any biennium for which the applicant will be available to provide assistance. Referrals shall be made to the department of health services in the order received pursuant to requests for assistance received from that department by the medical examining board and by the psychology examining board.

Note: Forms are available upon request to the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77; am. Register, February, 1981, No. 302, eff. 3-1-81; renum. Med 13.03 to be 13.03 (1) and am., cr. (intro.), (2), Register, November, 1995, No. 479, eff. 12-1-95; r. and recr. (1), Register, May, 1997, No. 497, eff. 6-1-97; r. (1) (c), Register, December, 1999, No. 528, eff. 1-1-00; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671.

Med 13.04 Physician postgraduate training program; length of service. The board will accept postgraduate training in a program approved by the board under the provisions of s. Med 1.02 (3), as fulfilling the requirements of this chapter for continuing medical education for physicians. Three consecutive months of such postgraduate training shall be deemed to equal 30 hours of acceptable continuing medical education for the purposes of this chapter.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; am. Register, May, 1997, No. 497, eff. 6-1-97.

Med 13.05 Evidence of compliance. (1) PHYSICIANS. The board will accept as evidence of compliance by physicians with the requirements of this chapter, as original documents or verified copies thereof, any or all or any combination of the following:

(a) Certification by either the providing institution or organization or the American medical association or the American osteopathic association, or components thereof, of attendance at and completion of continuing medical education programs approved under the provisions of s. Med 13.03 (1) (a).

(b) A "Physician's Recognition Award" of the American medical association or a certificate of continuing medical education from the American academy of family physicians awarded not more than 12 months prior to the beginning of the calendar year for which application for registration is being made.

(c) Certification by a chief of service or head of department or director of medical education of the providing facility of appointment to and satisfactory participation in a postgraduate training program approved under the provisions of s. Med 13.04.

(2) RETENTION REQUIREMENT. Evidence of compliance shall be retained by each physician through the biennium for which 30 hours of credit are required for registration.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77; am. (1) (intro.) and r. and recr. (2), Register, February, 1981, No. 302, eff. 3-1-81; am. (1) (intro.), (a) and (2), cr. (1m), Register, May, 1997, No. 497, eff. 6-1-97; r. (1m), am. (2), Register, December, 1999, No. 528, eff. 1-1-00.

Med 13.06 Audit. The board may require any physician to submit his or her evidence of compliance to the board during the

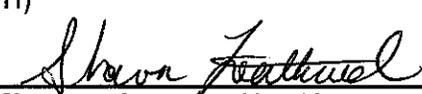
biennium for which 30 hours of credit are required for registration to audit compliance.

History: Cr. Register, February, 1981, No. 302, eff. 3-1-81; am. Register, May, 1997, No. 497, eff. 6-1-97; am. Register, December, 1999, No. 528, eff. 1-1-00.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: 06/05/2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <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: 06/19/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? MED 8 Update	
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: N/A	
10) Describe the issue and action that should be addressed: The Board will receive an update on the status of MED 8 CR--12-005.			
11) Authorization			
 Signature of person making this request		06/05/2013 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.			

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15

MEDICAL EXAMINING BOARD

Med 8.05

Chapter Med 8

PHYSICIAN ASSISTANTS

Med 8.01	Authority and purpose.
Med 8.02	Definitions.
Med 8.03	Council.
Med 8.04	Educational program approval.
Med 8.05	Panel review of applications; examinations required.
Med 8.06	Examination review by applicant.

Med 8.056	Board review of examination error claim.
Med 8.06	Temporary license.
Med 8.07	Practice.
Med 8.08	Prescribing limitations.
Med 8.09	Employment status.
Med 8.10	Employment requirements; supervising physician responsibilities.

Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1994.

Med 8.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

History: Cr. Register, October, 1976, No. 251, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7, Stats., Register, May, 1989, No. 461; am. Register, October, 1996, No. 490, eff. 1-1-96; am. Register, December, 1999, No. 528, eff. 1-1-01.

Med 8.02 Definitions. (1) "Board" means the medical examining board.

(2) "Council" means the council on physician assistants.

(3m) "DEA" means the United States drug enforcement administration.

(4) "Educational program" means a program for educating and preparing physician assistants which is approved by the board.

(5) "Individual" means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) "License" means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(6) "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

History: Cr. Register, October, 1976, No. 251, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1981, No. 294, eff. 7-1-81; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 1-1-96; remain. (2) to be (3m) and am., (6), Register, December, 1999, No. 528, eff. 1-1-01.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 341, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 1-1-96; am. Register, December, 1999, No. 528, eff. 1-1-01; correction made under s. 13.92 (4) (b) 7, Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 466, eff. 1-1-96; am. Register, December, 1999, No. 528, eff. 1-1-01.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a

written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Medical Examining Board office located at 1400 East Washington Avenue, P.O. Box 8955, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.
2. Uses chemical substances so as to impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.
3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.
5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.
6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.
7. Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.
8. Has within the past 5 years engaged in the illegal use of controlled substances.
9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members des-

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Med 8.05

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16

igned by the chairperson of the board to determine whether an applicant is required to complete an oral examination under par.

(2) If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination or reciprocity under rules in s. Med 8.05.

(4) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and reg. (2), Register, October, 1988, No. 416, eff. 11-1-88; am. (3) (b), cr. (1) (m), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro.), (m), (2) (b) 4, 5, 6, (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3, to 5, r. and reg. (2) (b) 1, and 2, cr. (2) (b) 7, to 11, Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (m), (2) (b) 5, (c), (d) and (4), r. (2) (b) 10, and 11, Register, December, 1999, No. 528, eff. 1-1-01.

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 8.056 Board review of examination error claim. (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

The Wisconsin Administrative Code on this web site is current through the last published Wisconsin Register. See also Arc the Codes on this Website Official? Register November 2011 No. 671

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53706.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7, Stats., Register November 2011 No. 671.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1988, No. 416, eff. 11-1-88; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff. 11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-01.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or a physician exempt from licensure requirements pursuant to s. 448.03(2)(b), Stats. The scope of practice is limited to providing medical care specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the supervising physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient in a manner meaningful to the supervising physician.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental

health, including diet, disease, treatment and normal growth and development.

PAGE 4/8 REC'D 5/16/2013 3:58:29 PM [Central Daylight Time]

17

MEDICAL EXAMINING BOARD

Med 8.10

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries and accurately writing or executing orders under the supervision of a licensed physician.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs, provided the physician assistant has had an initial, and at least annual thereafter, review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant and made available to Board for inspection upon reasonable request under the supervision of a licensed physician and in accordance with procedures specified in s. Med 8.08(2).

History: Cr. Register, July, 1984, No. 343, ch. 8.1-84, am. (2) (l), Register, July, 1994, No. 463, ch. 1-1-94, am. (1) and (2) (same), Register, October, 1995, No. 490, ch. 11-1-95, am. (1), (2) (same), (3), (4), (1) and (l), Register, December, 1999, No. 528, ch. 1-1-00.

The changes to s. 8.07(1) allow for the supervision of physician assistants by more than one physician at a time and made specific that physician assistant can be supervised both by licensed physicians and physicians exempt from licensure under Wis. Stats. § 448.03(2)(b).

The change to s. 8.07(2)(a) removes archaic phraseology with no substantive change intended.

The change to s. 8.07(2)(c) removes the final clause as redundant to other portions of the code requiring supervision.

The change to s. 8.07(2)(i) incorporates the requirement for an initial and subsequent periodic review of prescriptive practices by a supervising physician. It creates a requirement that the review be in writing and signed by the physician assistant and physician, and be available for inspection to the Board.

Med 8.08 Prescribing Limitations. (1) A physician assistant may not prescribe or dispense any drug independently. A

physician assistant may only prescribe or dispense a drug pursuant to written guidelines for supervised prescriptive practice. The guidelines shall be kept on file at the practice site and made available to the board upon request.

(2) A physician assistant may issue a prescription order only if all the following conditions apply:

(a) The physician assistant issues the prescription order only in patient situations specified and described in established written guidelines, including the categories of drugs for which prescribing authority has been authorized. The guidelines shall be reviewed at least annually by the physician assistant and his or her supervising physician.

(b) The supervising physician and physician assistant determine by mutual agreement that the physician assistant is qualified through training and experience to issue a prescription order as specified in the established written guidelines.

(c) The supervising physician is available for consultation as specified in s. Med 8.10 (3).

(d) The prescription orders prepared under procedures in this section contain all information required under s. 450.11(1), Stats.

(3) (a) A physician who supervises the prescribing practice of a physician assistant shall conduct a periodic review of the prescriptive practice of the physician assistant to ensure quality of care. In conducting the periodic review of the prescriptive practice of a physician assistant, the supervising physician shall do at least one of the following:

1. Review a selection of the prescription orders prepared by the physician assistant.

PAGE 5/6 REC'D 5/16/2013 3:58:29 PM [Central Daylight Time]

2- Review a selection of the patient records prepared by the physician assistant practicing in the office of the supervising physician or at a facility or a hospital in which the supervising physician has staff privileges.

3- Review by telecommunications or other electronic means the patient record or prescription orders prepared by the physician assistant who practices in an office facility other than the supervising physician's main office of a facility or hospital in which the supervising physician has staff privileges.

(b) The supervising physician shall determine the method and frequency of the periodic review based upon the nature of the prescriptive practice, the experience of the physician assistant, and the welfare of the patients. The process and schedule for review shall indicate the minimum frequency of review and identify the selection of prescriptive orders or patient records to be reviewed.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; r. (3) Register, July, 1994, No. 463, eff. 8-1-94; am. (1), (2) (amr.), (s), (b), (c), (d), (e), (f), (g) 1, 2 and 3, Register, October, 1995, No. 490, eff. 1-1-96; am. (1) to (2) (d), (c) 2, and 3, Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006; am. (1) and (2) (e), r. (2) (b), cr. (3) Register August 2009 No. 644, eff. 9-1-09.

The provisions of s. 8.08 are removed as being subsumed by other provisions of the code requiring supervision and the addition to s. 8.07(2)(i) regarding initial and period review of the prescriptive practices of the physician assistant.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 490, eff. 1-1-96.

Med 8.10 Employment requirements; supervising physician responsibilities. (1) No physician may concurrently supervise more than 4 on duty physician assistants at any time. Nothing herein shall limit the number of physician assistants for whom a physician may provide supervision over time, unless the physician submits a written plan for the supervision of more than 2 physician assistants and the board approves the plan. A physician assistant may be supervised by more than one physician while on duty.

(2) Another licensed physician may be designated by the supervising physician to supervise a physician assistant for a period not to exceed 8 weeks per year. Except in an emergency, the designation shall be made in writing to the substitute supervising physician and the physician assistant. The supervising physician shall file with the board a copy of the substitution agreement before the beginning date of the period of his or her absence.

(3)(2) The supervising physician or substitute supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunications or other electronic means.

(4)(3) A supervising physician shall visit and conduct an on-site review of facilities attended by the physician assistants at least once a month. Any patient in a facility other than the location of the supervising physician's main office shall be attended personally by the physician assistant with his or her medical needs. The constant physical presence of a supervising physician is not required, however the methods utilized for supervision must allow the physician to fulfill any supervisory duties required by law including emergency medical practice.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006; am. (3) Register August 2009 No. 644, eff. 9-1-09.

The changes to s. 8.10(1) effect a change in the ratio of physician assistants to supervising physicians from 2:1 to 4:1. The remaining additions clarify the rule to be consistent with existing practice by recognizing that the ratio is intended to apply to physicians and physician assistants on duty together and that four physician assistants a physician supervises on one shift may be different on a following shift. Lastly, the change removes the provision for the submission of a written plan to exceed the prescribed ration.

The provisions of existing s. 8.10(2) are removed as unnecessary given the flexibility allowed by other provisions and the resulting lack of need for there to be a substitute supervising physician.

The existing s. 8.10(3) is renumbered to s. 8.10(2). The changes made are for linguistic consistency, consistent with the recognition that there can be more than

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PAGE 6/6 REC'D 5/16/2013 3:58:29 PM [Central Daylight Time]

one supervising physician and that there are no substitute supervising physicians.

the mechanism of providing supervision by physicians.

Existing s. 8.10(4) is removed as unnecessary and to provide flexibility for

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

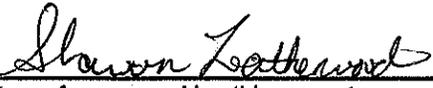
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: 06/05/2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <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: 06/19/2013	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? MED 10 Update	
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: N/A	
10) Describe the issue and action that should be addressed: The Board will receive an update on the status of MED 10 CR--13-008.			
11) Authorization			
Shawn Leatherwood		06/05/2013	
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.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: 05/01/2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <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: 05/15/2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Draft of proposed Occupational Therapists Rules relating to practice standards.	
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: N/A	
10) Describe the issue and action that should be addressed: <p>The Occupational Therapist Affiliated Credentialing Board, pursuant to s. 15.085 (b) 1., Stats., submits this proposed rule draft for the Medical Examining Board's review and consideration. The MEB may make recommendations for the OT Board's consideration.</p>			
11) Authorization			
 Signature of person making this request		05-01-2013 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the 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
OCCUPATIONAL THERAPISTS
AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	OCCUPATIONAL THERAPISTS
OCCUPATIONAL THERAPISTS	:	AFFILIATED CREDENTIALING
AFFILIATED CREDENTIALING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to repeal OT 2.07 (5) and 3.06 (b) (Note); to amend OT 2.03 (2) (e), OT 2.03 (2) (j), OT 2.07 (6), OT 3.02, OT 3.05, OT 4.02 (2), OT 4.02 (2) (a) and (b), OT 4.03 (1) (a), OT 4.03 (2) (title), OT 4.03 (2) (c), (d), and (e), OT 4.03 (3) (a), (b), and (f), OT 4.03 (5) (b) and (c), OT 4.03 (6) (b) and (c), OT 4.05 (6) and (7) (a); to repeal and recreate OT 1.02; and to create OT 3.06 (r) and OT 4.02 (2) (j) to (q) relating to practice requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

s. 448.965, Stats.

Statutory authority:

ss. 15.085 (5) (b), 227.11 (2) (a), 448.965, Stats.

Explanation of agency authority:

The Occupational Therapists Affiliated Credentialing Board (Board) is authorized generally, pursuant to s. 15.08 (5) (b), Stats., to promulgate rules for guidance within its profession. The Board may also promulgate rules that interpret statutes they enforce or administer per s. 227.11 (2) (a), Stats. Section 448.965 (2), Stats., is administered by the Occupational Therapist Affiliated Credentialing Board and provides, “[t]he affiliated credentialing board may promulgate rules that define the scope of practice of occupational therapy or the scope of assisting in the practice of occupational therapy.” The proposed rule seeks to modernize practice standards captured in the current rules. Therefore, the Board is authorized both generally and specifically to promulgate the proposed rules.

Related statute or rule:

Wis. Admin. Code chs. 1, 2, 3 and 4

Plain language analysis:

The Occupational Therapist Affiliated Credentialing Board reviewed its rules and determined that the rules were outdated. The Board identified several key areas in the rules that were not typical of practice within the profession. The Board was also prompted by the American Occupational Therapy Association (AOTA). The AOTA changed the definition of Occupational Therapy Practice for the AOTA Model Practice Act in April of 2011. The Board seeks to incorporate some of the language from the AOTA Model Practice Act within the proposed rules. Ultimately, the Board seeks to institute changes that will update the current code language with current practices within the profession.

SECTION 1. recreated the definition provisions and defines areas of occupation occupational performance skills, occupational performance contexts and environment as well as other terms.

SECTION 2. increases the time period from 3 to 5 years that an applicant may be required to complete an oral examination, if they have not practiced prior to their application.

SECTION 3. amends OT 2.03 (2) (j) by omitting the term "been".

SECTION 4. repeals OT 2.07 (5).

SECTION 5. amends language regarding expiration of temporary licensure.

SECTION 6. amends the biennial renewal date from November 1 to June 1.

SECTION 7. repeals the note found in the corresponding table.

SECTION 8. creates a provision which was added to the table.

SECTION 9. adds terms to the list of occupational therapy services.

SECTION 10. creates additional provisions to the occupational therapy services listed in s. 4.02 (2) (j).

SECTION 11. adds language to OT 4.03 (1) (a) specifying the objectives of occupational therapy.

SECTION 12. amends the title in OT 4.03 (2) by striking the term "physician".

SECTION 13. removes terms and clarifies the distinction between orders and referrals.

SECTION 14. adds terms that distinguish between health care provider and health care professional.

SECTION 15. clarifies the terms related to program implementation.

SECTION 16. amends the provision by adding terms that specify the support system that should be in place for discontinuation of services.

SECTION 17. deletes unnecessary language.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: The Illinois Occupational Therapy Practice Act ILL. Admin. Code tit. 68 §1315.90 governs OT practice in Illinois. The code sets forth provisions for modalities in occupational therapy, supervision of occupational therapy assistants and several other sections that the Wisconsin rules do not cover.

Iowa: Iowa administrative code defines occupational therapy practice which includes physical agent modalities 645 IAC 206.1, and sets forth a Code of Ethics for occupational therapist 645 IAC 208.1, and grounds for discipline. 645 IAC 209. Other topics covered include continuing education and supervision requirements.

Michigan: In Michigan Occupational Therapists are governed under the Public Health Code Act 368 of 1978 MCL and the Department of Consumer and Industry Services. Michigan statutes and administrative code do not set forth provisions regarding modalities in occupational therapy or practice and supervision nor does it outline topic areas for the completion of continuing education credits as the current Wisconsin rule does.

Minnesota: Minnesota statutes govern the scope of practice for Occupational Therapists in the state. Minn. Stat. §§ 148.601 -148.6450 The provisions cover such topics as physical agent modalities and supervision of occupational therapy assistants similar to the current Wisconsin rules.

Summary of factual data and analytical methodologies:

The impetus for the proposed rule was a review by the Board which indicated that there was a gap between terminology currently being used in the profession and the language that was in the rule. The Board decided to address this issue by drafting the proposed rule. No other factual data or analytical methodologies were used.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

These proposed rules will not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats.

Fiscal Estimate and Economic Impact Analysis:

The Department is currently soliciting information and advice from businesses, local government units and individuals in order to prepare the Fiscal Estimate and the Economic Impact Analysis.

Effect on small business:

These proposed rules will not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Greg.Gasper@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608 261-4438.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, WI 53708-8935, or by email to Shancethea.L Leatherwood@wisconsin.gov. Comments must be received on or before * to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. OT 1.02 is repealed and recreated to read:

OT 1.02 (1) "Activity demands" means the specific features of an activity that influence the type and amount of the effort required to perform the activity. Activity demands include the specific objects, space demands, social demands, sequence and timing, required actions and performance of skills body functions and body structures.

(2) "Areas of occupation" means the functional abilities that occupational therapy addresses in the areas of activities of daily living such as instrumental activities of daily

living , rest and sleep, educational activities , work and vocational activities, play leisure and social participation.

(3) “Assessment” is a component part of the evaluation process, and means the process of determining the need for, nature of, and estimated time of treatment at different intervals during the treatment, determining needed coordination with or referrals to other disciplines, and documenting these activities.

(4) “Board” means the occupational therapists affiliated credentialing board.

(5) “Body functions” means the physiological functions of body systems , including mental, sensory, pain, neuromusculoskeletal, movement, cardiovascular, hematological, immunological, respiratory, voice , speech, digestive, metabolic, endocrine, genitourinary, reproductive, lymphatic, integumentary and related structures.

(6) “Body structures” means anatomical parts of the body, such as organs, limbs, and their components that support body functions.

(7) “Client factors” means values, beliefs, and spirituality, body functions, and body structures that reside within the client and may affect performance in areas of occupation.

(8) “Consultation” means a work–centered, problem–solving helping relationship in which knowledge, experience, abilities and skills are shared with client, family, caregivers, and other professionals, including physicians, in the process of helping to habilitate or rehabilitate through the use of occupational therapy.

(9) “Entry–level” means the person has no demonstrated experience in a specific position, such as a new graduate, a person new to the position, or a person in a new setting with no previous experience in that area of practice.

(10) “Evaluation” means the process of obtaining and interpreting data necessary for understanding the individual system or situation. This includes planning for and documenting the evaluation process, results and recommendations, including the need for intervention and potential change in the intervention plan.

(11) “Experienced” means demonstrated competence in the performance of duties in a given area of practice.

(12) “Habilitation” means an occupational therapy intervention designed for the education, training or support services provided to individuals to assist them in acquiring and maintaining skills not yet gained or learned, thus enabling them to learn, practice and refine skills needed for independent living, productive employment activity and community participation.

(13) "Level I fieldwork" means an integral part of didactic courses and includes varied learning experiences. Students are supervised in observation and assistance with clients during short term contacts.

(14) "Level II fieldwork" means extended fieldwork which emphasizes the application and integration of academically acquired knowledge and skills in the supervised delivery of occupational therapy services to clients.

(15) "Occupational performance skills" means the skills and abilities that an individual demonstrates in the actions they perform including sensorimotor, sensory- perceptual, emotional regulation, cognition, communication, and social skills.

(16) "Occupational performance contexts and environments" means a variety of interrelated conditions within and surrounding the client that influence an individual's engagement in desired or required occupational performance including personal (age, gender, education; cultural, (customs, beliefs, behaviors); temporal (maturation, time of day or year, duration, stage of disability); physical (natural and built environments); virtual (communication which occurs absent of physical contact via simulated, real time or near time activity; social (relationships and expectations of persons groups and systems.

(17) "Occupational therapist educational program" means an educational program and supervised internships in occupational therapy recognized by the board and accredited by the Accreditation Council for Occupational Therapy Education or a program approved by the World Federation of Occupational Therapy.

(18) "Occupational therapy assistant educational program" means an educational program and supervised internships in occupational therapy recognized by the board and accredited by the Accreditation Council for Occupational Therapy Education or a program approved by the World Federation of Occupational Therapy.

(19) "Order" means the practice of identifying the need for occupational therapy education and intervention and delegating the responsibility to perform the evaluation and intervention to an occupational therapist.

(20) "Performance patterns" means patterns of behavior related to an individual's daily life activities that are habitual or routine.

(21) "Prevention" means the fostering of normal development, promoting health and wellness sustaining and protecting existing functions and abilities, preventing disability or supporting levels of restoration or change to enable individuals to maintain maximum independence.

(22) "Referral" means the practice of requesting occupational therapy services.

(23) "Rehabilitation" means the process of treatment and education to restore a person's ability to live and work as normally as possible after a disabling injury or illness.

(24) "Screening" means the review of occupational performance skills in natural environments, educational or clinical settings to determine the significance of discrepancy between current performance and expected level of performance, which may be done in consultation with a physician.

(25) "Service competence" means the determination made by various methods that 2 people performing the same or equivalent procedures will obtain the same or equivalent results.

(26) "Supervision" is a cooperative process in which 2 or more people participate in a joint effort to establish, maintain and elevate a level of competence and performance. One of the participants, the supervisor, possesses skill, competence, experience, education, credentials, or authority in excess of those possessed by the other participant, the supervisee.

SECTION 2. OT 2.03 (2) (e) is amended to read:

OT 2.03 (2) (e) Has not practiced occupational therapy for a period of ~~3~~ 5 years prior to application, unless the applicant has graduated from a school of occupational therapy within that period. Practice for the purposes of this paragraph includes direct client treatment and education, occupational therapy instruction in an occupational therapy academic program recognized by the board, occupational therapy research, and service in administrative positions for health care providers or governmental bodies with responsibility relating to occupational therapy.

SECTION 3. OT 2.03 (2) (j) is amended to read:

OT 2.03 (2) (j) Has ~~been~~ graduated from an occupational therapy school not approved by the board.

SECTION 4. OT 2.07 (5) is repealed.

SECTION 5. OT 2.07 (6) is amended to read:

OT 2.07 (6) A temporary license shall remain in effect for 6 months and may not be renewed.

SECTION 6. OT 3.02 and 3.05 are amended to read:

OT 3.02 Registration required; method of registration. Each licensee shall register biennially with the board. Prior to ~~November 1~~ June 1 of each odd numbered year the department shall mail to each licensee at his or her last known address as it appears in the records of the board an application form for registration. Each licensee shall complete the application form and return it with the required fee to the department. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied.

OT 3.05 Failure to be registered. Failure to renew a license by ~~November 1~~ June 1 of odd numbered years shall cause the license to lapse. A licensee who allows the license to lapse may apply to the board for reinstatement of the license as follows:

SECTION 7. OT 3.06 (b) Table (Note) is repealed.

SECTION 8. OT 3.06 (r) Table is created to read:

Professional Development Activities	Professional Development Points
(r) Reimbursement or Ethics Courses	1 point per contact hour

SECTION 9. OT 4.02 (2) (a) and (b) are amended to read:

OT 4.02 (2) Occupational therapy ~~services~~ interventions include, but are not limited to the following:

OT 4.02 (2) (a) Screening, evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play, ~~and~~ leisure activities, and rest and sleep education and social participation.

OT 4.02 (2) (b) Evaluating, developing, remediating, or restoring sensorimotor, neuromusculoskeletal, cognitive, or psychosocial components of performance skills.

SECTION 10. OT 4.02 (2) (j) to (q) are created to read:

OT 4.02 (2) (j) Therapeutic use of occupations, exercises, and activities.

(k) Training in self-care, self-management, health management and maintenance, home management, community work reintegration, and school activities and work performance.

(L) Therapeutic use of self, including one's personality, insights, perceptions and judgments, as part of the therapeutic process.

(m) Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchair and other mobility devices.

(n) Low vision rehabilitation

(o) Driver rehabilitation and community mobility

(p) Management of feeding, eating, and swallowing to enable eating and feeding performance.

(q) Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and adaptation processes.

SECTION 11. OT 4.03 (1) (a) is amended to read:

OT 4.03 (1) (a) An occupational therapist, alone or in collaboration with an occupational therapy assistant, when practicing either independently or as a member of a treatment team, shall identify individuals who present deficits or declines in areas of occupation occupational performance areas skills and performance components patterns.

SECTION 12. OT 4.03 (2) (title) is amended to read:

OT 4.03 (2) REFERRAL AND PHYSICIAN ORDERS. (a) Evaluation, rehabilitation treatment, and implementation of treatment with individuals with specific medical conditions shall be based on an order from a physician, dentist or podiatrist, or any other qualified health care professional.

SECTION 13. OT 4.03 (2) (c), (d), and (e) are amended to read:

OT 4.03 (2) (c) Although ~~a referral~~ an order is not required, an occupational therapist or occupational therapy assistant may accept a referral for the purpose of providing services which include consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services.

OT 4.03 (2) (d) ~~Physician orders~~ Orders shall be in writing. However, oral ~~referrals~~ orders may be accepted if they are followed by a written and signed order by the ~~referring physician~~ ordering professional within 72 hours from the date on which the client consults with the occupational therapist or occupational therapy assistant.

OT 4.03 (2) (e) ~~Physician order~~ Orders or referral from another health care ~~provider~~ professional is not required for evaluation or intervention if an occupational therapist or occupational therapy assistant provides services in an educational environment, including the child's home, for children and youth with disabilities pursuant to rules promulgated by the federal individuals with disabilities education act, the department of public instruction and the department of health services, or provides services in an educational environment for children and youth with disabilities pursuant to the code of federal regulations.

SECTION 14. OT 4.03 (3) (a), (b), and (f) are amended to read:

OT 4.03 (3) (a) The occupational therapist directs the evaluation process upon receiving ~~a physician~~ an order or referral from another health care ~~provider~~ professional. An occupational therapist alone or in collaboration with the occupational therapy assistant shall prepare an occupational therapy evaluation for each individual ~~referred~~ ordered for

occupational therapy services. The occupational therapist interprets the information gathered in the evaluation process.

OT 4.03 (3) (b) The evaluation shall consider the individual's medical, vocational, social, educational, family status, and personal and family goals, and shall include an assessment of how occupational performance ~~components~~ skills and occupational performance contexts influence the individual's functional abilities and deficits in occupational performance areas of occupation, patterns, contexts and environments.

OT 4.03 (3) (e) Evaluation results shall be communicated to the ~~referral source~~ ordering professional and to the appropriate persons in the facility and community.

OT4.03 (4) (d) In developing the program, the occupational therapist alone or in collaboration with the occupational therapy assistant shall also collaborate, as appropriate, with the individual, family, other health care professionals and community resources; shall select the media, methods, environment, and personnel needed to accomplish the goals; and shall determine the frequency and duration of occupational therapy ~~services~~ interventions provided.

SECTION 15. OT 4.03 (5) (b) and (c) are amended to read:

OT 4.03 (5) (b) The individual's areas of occupations occupational performance areas skills and occupational performance ~~components~~ patterns shall be routinely and systematically evaluated and documented.

OT 4.03 (5) (c) Program modifications shall be formulated and implemented consistent with the changes in the individual's occupational performance areas skills, occupational performance ~~components~~ patterns and occupational performance contexts and environments.

SECTION 16. OT 4.03 (6) (b) and (c) is amended to read:

OT 4.03 (6) (b) A comparison of the initial and current state of functional abilities and deficits in areas of occupation, occupational performance areas skills and occupational performance ~~components~~ patterns shall be made and documented.

OT 4.03 (6) (c) A discharge plan shall be prepared, consistent with the ~~services~~ interventions provided, the individual's goals, and the expected prognosis. Consideration shall be given to the individual's occupational performance contexts and environments including appropriate community resources for referral, and environmental factors or barriers that may need modification.

SECTION 17. OT 4.05 (6) and (7) (a) is amended to read:

OT 4.05 (6) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel duties or functions ~~other than maintenance or restorative services to the clients~~, including but not limited to the following services:

OT 4.05 (7) (a) Interpretation of referrals or prescriptions orders for occupational therapy services.

SECTION 18. 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)

Dated _____

Agency _____

Member of the Board
Occupational Affiliated Credentialing
Board

**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 On Behalf of Thomas Ryan, Executive Director		2) Date When Request Submitted: 6/3/13 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <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: 6/19/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? ACGME Equivalency Requirements – Discussion and Consideration	
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? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Discussion and Consideration of ACGME Equivalency Requirements			
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 Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

From: Peppey, Theresa M.

Sent: Tuesday, May 28, 2013 3:12 PM

To: DSPS

Cc: Rep.Severson - LEGIS; Rep.Pasch - LEGIS; 'Sen.Vukmir@legis.wisconsin.gov'; Sen.Erpenbach - LEGIS; Alka Kohli; Amar Ambardekar; Ashok ; Ashok Choithani; Jaspal Arora; Jaspal Arora; Rajendra Rathour; Rathour, Rajendra, M.D.; Sadanand Manoli; Sanat Gandhi; Shah, M.D., Vinodkumar; Shukla, M.D., Sanjeev N.; Vani; Vani Ray; Vijay Anne; Vinodkumar Shah

Subject: Review of WI Statues

Sheldon Wassermen, MD
Chair of Medical Examining Board

My name is Sanjeev Shukla and I am the president of the American Association of Physicians from India (AAPI) in Wisconsin. I also practice pediatrics and serve as a medical director of the Wheaton Franciscan Medical Group.

AAPI WI is aware that the Medical Examining Board is reviewing the Wisconsin Statutes that require only 12 months of post-graduate education following graduation from medical school. We are also aware that some states require more postgraduate education for international medical school graduates vs. domestic graduates.

The members of the American Association of Physicians from India, Wisconsin Chapter would like to strongly urge the Medical Examining Board to not recommend any kind of post-graduate education change that would discriminate against international graduates. We are not aware of any data showing that international medical school graduates are any more likely than domestic graduates to provide lower-quality care and consider any kind of domestic vs. international split.

We truly appreciate the work the Medical Examining Board does to help maintain Wisconsin's status as one of the highest-quality health care states in the country. We will continue to support the Medical Examining Board's practice of ensuring that physicians earning a WI license are highly qualified.

Sincerely,

Sanjeev Shukla, MD, MMM, FAAP, CPE
President, AAPI WI
Cell (414) 254-4937
Office (414) 325-4920

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

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3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 6/19/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Licenses – Discussion and Consideration									
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? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A									
10) Describe the issue and action that should be addressed: Discussion and Consideration of administrative licensure.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Matthew C. Niehaus</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">6/3/13</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Matthew C. Niehaus	6/3/13	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	
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Funny, our Board has been discussing this too. JL

Missouri does not have an administrative license.

Iowa does not have an "administrative license".

Kentucky does not have administrative licenses. There are times we wish we did.

Sorry, no such in Montana. There is only one form of license. There is only one method for licensure and only one quality of license. Likewise, there is only a limited method to relieve a licensee of that license. There was talk about legislation to allow certain boards to administratively suspend licenses in a short circuit fashion, but even that failed to get off the ground.

Good Luck.

Terminology can vary from state to state. In one state an "administrative" license could be like the Kansas "exempt" license which allows a licensee to perform administrative functions, peer review, disability determinations, utilization review and expert opinions. Alternatively, in some states, an "administrative" license might be akin to a license that allows the licensee to work in charitable institutions or educational institutions. We have a different name for a license that allows those activities.

Kansas
I suspect we have a type of license that would equate to your "administrative" license but I need to know how you define it to verify for sure we have it and to describe what issues we have experienced with that kind of license.

~~_____~~

Oregon rule 847-008-0037 provides that a licensee may obtain an administrative license, which means that they may not examine, care for or treat patients. They are restricted to Administrative Medicine.

CO has 2 policies pertaining to administrative licenses, attached.

And, yes, have found them to be of value, have not had many issues with them and have had them since 2004.

**MEDICAL EXAMINING BOARD
DISCIPLINARY GUIDELINES COMMITTEE
MEETING MINUTES
MAY 24, 2013**

PRESENT: Kenneth Simons, MD; Greg Collins; Timothy Swan, MD

STAFF: Tom Ryan, Executive Director; Kimberly Wood, Program Assistant Supervisor; and other Department Staff

CALL TO ORDER

Dr. Kenneth Simons, Chair, called the meeting to order at 9:06 a.m. A quorum of two (2) members was present.

ADOPTION OF AGENDA

MOTION: Gregory Collins moved, seconded by Kenneth Simons, to adopt the agenda as published. Motion carried unanimously.

(Timothy Swan, MD, was connected by phone at 9:08 a.m.)

OHIO GUIDELINES COMPARED TO WISCONSIN EXPERIENCE

MOTION: Timothy Swan moved, seconded by Gregory Collins, that the Medical Examining Board Disciplinary Guidelines Committee request Department resources to review previous Wisconsin disciplinary cases and place them in the Ohio categories for Committee review. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 11:42 a.m.

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State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

CORRESPONDENCE / MEMORANDUM

DATE: May 14, 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, April 24, 2013.

QUESTION 1:

What is the methodology used to determine lease cost allocations?

Answer: Each agency is required to budget for anticipated rent increases. In the budget preparation materials, each state agency that rents space is required to include in its budget, lease costs as presented in *Appendix G – Lease Costs*. Estimates are calculated using a basis of square feet currently occupied, the current rental costs, and the approved rate increases experienced on the specific amount of space. Agencies are advised to use a projected inflation rate of 3 percent per year for private lease costs and 2.75 percent per year for state-owned space when budgeting reserve accounts. Projected space rental increases should be budgeted as a “cash reserve” for non-GPR funding sources. Agencies are required to use the 3 percent annual inflation rate for private lease space and 2.75 percent inflation for state-owned space. This dollar figure is provided to the agencies.

A technical budget correction was needed in the area of Full Funding of Leases to adjust for the combined agency and DPS. DPS was required to increase the lease allocation amount by \$393,700 in FY 2014 and increase by \$419,500 in FY 2015. The allocation amounts are then divided by the number of FTEs in the agency and

by appropriation. For FY 2014, the increase amount assigned to the Med Board is \$26,200 and for FY 2015, the amount is \$27,900.

QUESTION 2:

What is the methodology used to determine the compensation reserve?

Answer: The formula for the compensation reserve assumes that IF salaries and fringe are increased in the first year, those salaries and fringe 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.

The compensation reserve amounts are set by the State Budget Office and are not subject to negotiation. The Legislative Fiscal Bureau published Budget Paper #155 on April 30, 2013, which provides a *Compensation Reserves Overview (Budget Management and Compensation Reserves)*. A copy of this document is available upon request.

QUESTION 3:

What is the methodology used to determine transaction fees per license?

Answer: Elavon is the Gateway provider through the statewide Enterprise Banking contract. Wisconsin State Statute 440.055(2) – *Credit Card Payments* allows the agency to charge a credit card service charge for each transaction. The statute reads in part “... the department shall charge a credit card service charge for each transaction. The credit card service charge shall be in addition to the fee that is being paid with the credit card and shall be sufficient to pay the costs of the department for providing this service to persons who request it...” And 440.055(3) states that “the department may contract for services relating to the payment of fees by credit card under this section.”

The charge of \$1.50 per transaction was calculated based on the expenditures and the number of transactions. The State Controller’s Office assists DSPS with determining the amount.

QUESTION 4:

Do other surrounding states lapse funds to the General Fund? If yes, how much?

Answer: I contacted Illinois, Indiana, Michigan, and Minnesota state budget offices and left voice mail messages with budget analysts.

Michigan State Budget Office responded that lapse requirements to the General Fund are dependent on the type of profession. Some professions lapse funds to the General Fund; some professions do not. Blanket lapses from all professions are not required. The Medical Board professions are not required to lapse funds at this time.

Minnesota State Budget Office responded that there is a special non-general fund appropriation that is established for the Health Boards. At this time, excess revenues that are collected by and for the Health Board (which include the Medical Board) do not leave the fund and transfer to the General Fund.

I have not received a response from the Illinois or Indiana State Budget Offices.

Enjoy your day!

Bea

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4) Meeting Date: 6/19/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Appoint of Dr. Kenneth Simons – Discussion and Consideration	
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? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Discussion and Consideration of FSMB Invitation for Dr. Kenneth Simons to serve as Chair of State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup.			
11) Authorization			
Matthew C. Niehaus		6/3/2013	
Signature of person making this request		Date	
Supervisor (if required)		Date	
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Dear Dr. Simons,

FSMB Chair Jon Thomas, MD, MBA would like to invite you to serve as Chair of the FSMB's new **State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup** from June 2013 - April 2014.

The Workgroup's charge is outlined on the attached Acceptance Form. It is anticipated that the Workgroup will host a one-day, in-person meeting between July 31 and August 7, 2013 in Washington, D.C., followed by meetings via teleconference every 2-3 months. Meeting and/or teleconference dates are determined based on the availability of the Workgroup members.

All expenses relating to attendance to the Workgroup meetings will be paid for by the FSMB.

If you are interested in accepting this appointment, please complete the attached forms and fax or email them back to me at your earliest convenience at the email address or fax number provided. I have copied Mr. Ryan on this email so he is aware of Dr. Thomas' invitation.

In an effort to find a mutually convenient time for the Workgroup members to meet in D.C, a Doodle Poll has been created: <http://www.doodle.com/pzxi2ppws6yfwv>. Please indicate your availability to meet from **7:30 am-4:00 pm Eastern Time (approximately)** on **July 31, August 1, 5, 6, and/or 7**. You will need to plan on arriving D.C. on the afternoon/evening prior to the meeting and will be invited to join the Workgroup and FSMB staff for dinner. You will depart the city upon adjournment of the meeting.

Thank you very much for your consideration of this matter. I look forward to hearing from you soon.

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