



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
November 19, 2014

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 record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-4)**
- B) Approval of Minutes of October 15, 2014 (5-10)**
- C) Administrative Updates**
 - 1) Staff Updates
 - 2) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- D) Board Newsletter – Review and Discussion (11-17)**
- E) Consideration of Michael Bottcher, M.D. for Appointment to the Council on Anesthesiologist Assistants (18-19)**
- F) Federation of State Medical Boards (FSMB) Matters**
 - 1) Public Member Scholarships to Attend the 2015 Annual Meeting – Board Consideration **(20)**
 - 2) 2014 USMLE Primer for SMBs **(21-48)**
 - 3) Interstate Medical Licensure Compact – **TELEPHONE APPEARANCE** – Eric Fish, Federation of State Medical Boards **(49-74)**
 - 4) 2014 FSMB Board Attorneys Workshop, October 23-24, 2014, Savannah, Georgia – Report from Gretchen Mrozinski, Board Counsel
- G) Telemedicine – Board Discussion (75)**
- H) Legislative/Administrative Rule Matters**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Review Emergency Rule for Med 1, 3, and 5 Physician Licensure **(76-87)**

- I) Speaking Engagement(s), Travel, or Public Relation Request(s)
- J) Licensing Committee Report
- K) Disciplinary Guidelines Committee Report
- L) Screening Panel Report
- M) **Informational Items**
 - 1) Primary Care Physician Reentry Act **(88-89)**
 - 2) Citizens Advocacy Center (CAC) 2014 Annual Meeting Report from Robert Zondag **(90)**
- N) Items Added After Preparation of Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Education and Examination Matters
 - 4) Credentialing Matters
 - 5) Practice Matters
 - 6) Legislation/Administrative Rule Matters
 - 7) Liaison Report(s)
 - 8) Informational Item(s)
 - 9) Disciplinary Matters
 - 10) Presentations of Petition(s) for Summary Suspension
 - 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 12) Presentation of Proposed Decisions
 - 13) Presentation of Interim Order(s)
 - 14) Petitions for Re-Hearing
 - 15) Petitions for Assessments
 - 16) Petitions to Vacate Order(s)
 - 17) Petitions for Designation of Hearing Examiner
 - 18) Requests for Disciplinary Proceeding Presentations
 - 19) Motions
 - 20) Petitions
 - 21) Appearances from Requests Received or Renewed
 - 22) Speaking Engagement(s), Travel, or Public Relation Request(s)
- O) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

- P) **Full Board Review of Candidates for Licensure**
 - 1) Eddie Rosete, PA- C **(91-118)**
 - 2) John Littefield, PA-C **(119-146)**
- Q) **Discussion of Request for Reexamination in the Matter of the Full Board Oral Examination of Bharat Pal, M.D. (147-217)**
- R) **Monitoring Matters (218-219)**

- 1) Shirley Y. Godiwalla, M.D. – Requesting Full Licensure **(220-250)**
- 2) Roman Berezovski, M.D. – Requesting Reduction in Drug Screens and Elimination of AA/NA **(251-271)**

S) Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC):

- 1) Avery D. Alexander, M.D. – 12 MED 156, 13 MED 084, and 13 MED 123 **(272-280)**
- 2) Mazin Ellias, M.D. – 12 MED 403 and 14 MED 189 **(281-291)**
- 3) Stephen McAvoy, M.D. – 13 MED 259 **(292-297)**
- 4) James T. Murphy, M.D. – 14 MED 009 **(298-304)**
- 5) Mark S. Petrovani, M.D. – 14 MED 020 **(305-312)**
- 6) Robert C. Cates, M.D. – 14 MED 072 **(313-320)**
- 7) Jeffrey K. Klingbeil, M.D. – 14 MED 092 **(321-327)**
- 8) Sandra T. Congodn, M.D. – 14 MED 142 **(328-332)**
- 9) John S. Poser, M.D. – 14 MED 167 **(333-338)**
- 10) John D. Riesch, M.D. – 14 MED 226 **(339-345)**

T) Presentation and Deliberation on Complaints for Determination of Probable Cause

- 1) John Ingalls, M.D. – 13 MED 152 **(346-349)**
- 2) Norman Rechsteiner, M.D. – 13 MED 155 **(350-353)**
- 3) Steven L. Armus, M.D. – 13 MED 244 **(354-360)**
- 4) Louis S. Seno, Jr., M.D. – 13 MED 433 **(361-364)**
- 5) Jonathan G. Peterson, M.D. – 14 MED 029 **(365-376)**
- 6) Zulfiqar Ali, M.D. – 14 MED 298 **(377-379)**

U) Presentation and Deliberation on Administrative Warnings

- 1) 14 MED 264 – RHC B **(380-381)**

V) Case Closing(s)

- 1) 12 MED 432 – SRB **(382-389)**
- 2) 13 MED 158 – JAC **(390-393)**
- 3) 13 MED 354 – PR **(394-396)**
- 4) 13 MED 445 – JCM **(397-403)**
- 5) 14 MED 051 – HLC **(404-410)**
- 6) 14 MED 078 – JPW **(411-417)**
- 7) 14 MED 259 – RPL **(418-420)**
- 8) 14 MED 269 – TCT **(421-424)**
- 9) 14 MED 276 – RYM **(425-427)**
- 10) 14 MED 310 – JRH **(428-430)**

W) Case Status Report **(431-440)**

X) APPEARANCE – Sandra Nowack, DLSC Attorney **(441-447)**

- 1) 14 MED 044 – S.I.C. **(448-451)**

2) 14 MED 073 – E.A.S. **(452-453)**

Y) Deliberation of Items Added After Preparation of the Agenda

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

Z) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

AA) Open Session Items Noticed Above not Completed in the Initial Open Session

BB) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

CC) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 121A, AND 124E

11:45 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing applications and conducting oral examinations of seven (7) candidates for licensure – Drs. Westlake, Phillips, Ogland Vukich, and Yale.

**MEDICAL EXAMINING BOARD
MEETING MINUTES
October 15, 2014**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D.; Carolyn Ogland Vukich, M.D.; Michael Phillips, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D.; and Russell Yale, M.D.

EXCUSED: James Barr, Robert Zondag

STAFF: Tom Ryan, Executive Director; Gretchen Mrozinski, Legal Counsel; Taylor Thompson, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 7:59 a.m. A quorum of eleven (11) members was confirmed.

ADOPTION OF AGENDA

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Greg Collins moved, seconded by Sridhar Vasudevan, to approve the minutes of September 17, 2014 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

**MONITORING – PROPOSED REVISION TO DOCUMENT,
ROLES AND AUTHORITIES DELEGATED TO THE
MONITORING LIAISON AND DEPARTMENT MONITOR**

MOTION: Timothy Swan moved, seconded by Suresh Misra, to **modify** the document Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor as follows: Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Department Monitor will draft an order and obtain the signature or written authorization for signature of the Monitoring Liaison. Motion carried unanimously.

**STATUS UPDATE CONCERNING EX PARTE COMMUNICATION
INVOLVING DR. MONTEMURRO;
STATUS UPDATE CONCERNING PETITION FOR REVIEW
SUBMITTED BY DR. ALI**

REQUEST FOR MODIFICATIONS OF BOARD ORDER – ANGELINA MONTEMURRO

MOTION: Timothy Westlake moved, seconded by Carolyn Ogland Vukich, to **appoint** Sridhar Vasudevan as the designee who is responsible for preapproving the professionals to perform the neuropsychological and psychiatric examinations. Motion carried unanimously.

MOTION: Carolyn Ogland Vukich moved, seconded by Timothy Swan, to **deny** Dr. Montemurro's request to modify the terms of the Board order (waive costs and extension of time) and to instead affirm that the terms of the Board order remain in effect. Motion carried unanimously.

CLOSED SESSION

MOTION: Sridhar Vasudevan moved, seconded by Carolyn Ogland Vukich, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Greg Collins – yes; Rodney Erickson – yes; Suresh Misra – yes; Carolyn Ogland Vukich – yes; Michael Phillips – yes; Kenneth Simons – yes; Timothy Swan – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; and Russell Yale – yes. Motion carried unanimously.

The Board convened into Closed Session at 10:06 a.m.

RECONVENE TO OPEN SESSION

MOTION: Sridhar Vasudevan moved, seconded by Carolyn Ogland Vukich, to reconvene in Open Session at 12:36 p.m. Motion carried unanimously.

APPLICATION REVIEW – PETITION TO RETAKE USMLE STEP 2

FIDELIS IKEGWUONU

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to **deny** Fidelis Ikegwuonu's petition to retake Step 2 USMLE. **Reason for Denial:** Applicant has not presented evidence to the Board that he has professional training or education sufficient to overcome repeated failures of USMLE Step 2 CK and Step 2 CS. The Board deems successful completion of Medical School at an LCME or AOA accredited Medical School as a minimal requirement for further professional training or education. Motion carried unanimously.

SEEKING EQUIVALENCY FOR THE 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING BASED ON EDUCATION AND TRAINING

Kenneth Simons recused himself and left the room for the discussion and consideration in the matter of Motaz Selim.

MOTAZ A SELIM, M.D.

MOTION: Mary Jo Capodice moved, seconded by Russell Yale, to **find** that the training and education of Motaz A. Selim, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried. *Dr. Vasudevan abstained from the vote.*

RECONSIDERATION FOR APPLICANT SEEKING EQUIVALENCY FOR 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING

NITINRAI PANDYA, M.D.

MOTION: Timothy Swan moved, seconded by Greg Collins, to **find** that the training and education of Nitinrai Pandya, M.D. is not substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

MONITORING MATTERS

KIRSTEN PETERSON, M.D. – REQUESTING MODIFICATIONS OF BOARD ORDERED REQUIREMENTS

MOTION: Michael Phillips moved, seconded by Suresh Misra, to **grant** the request of Kirsten Peterson, M.D. for modifications of Board ordered requirements, to reduce drug and alcohol screenings from 28 to 14, and therapy to once every 4 months. Motion carried unanimously.

DONALD JACOBSON, M.D. – REQUESTING TO BE ALLOWED TO KEEP LICENSE BUT NOT BE REQUIRED TO FULFILL BOARD ORDERED REQUIREMENTS DUE TO ILL HEALTH

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to **deny** the request of Donald Jacobson, M.D. for allowance to keep license but not be required to fulfill Board ordered requirements due to ill health. The Board reaffirms its original order. Motion carried unanimously.

PRESENTATION AND DELIBERATION ON PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS BY THE DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC)

Carolyn Ogland Vukich recused herself and left the room for the deliberation, and voting in the matter of Todd Trier, M.D.

TODD TRIER, M.D. – 13 MED 052 AND 13 MED 053

MOTION: Russell Yale moved, seconded by Rodney Erickson, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Todd Trier., M.D., DLSC case numbers 13 MED 052 and 13 MED 053. Motion carried.

BRIAN E. CHRISTOFFERSON, P.A. – 13 MED 177

MOTION: Greg Collins moved, seconded by Mary Jo Capodice, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Brian E. Christofferson, P.A., DLSC case number 13 MED 177. Motion carried unanimously.

ELLIOTT PHILLIPS, M.D. – 13 MED 373

MOTION: Greg Collins moved, seconded by Suresh Misra, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Elliott Phillips, M.D., DLSC case number 13 MED 373. Motion carried unanimously.

RICHARD BARNEY, M.D. – 14 MED 153

MOTION: Timothy Westlake moved, seconded by Sridhar Vasudevan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Richard Barney, M.D., DLSC case number 14 MED 153. Motion carried unanimously.

EDWARD M. PORTMAN, M.D. – 14 MED 183

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, to **adopt** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Edward M. Portman, M.D., DLSC case number 14 MED 183. Motion carried unanimously.

Suresh Misra excused himself from the meeting at 11:30 a.m.

**PRESENTATION AND DELIBERATION ON COMPLAINTS FOR
DETERMINATION OF PROBABLE CAUSE**

Rodney Erickson recused himself and left the room for the deliberation, and voting in the matter of Siamak Arassi, M.D.

SIAMAK B. ARASSI, M.D. – 11 MED 351

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to **find** probable cause to believe that Siamak B. Arassi, M.D., DLSC case number 11 MED 351, is guilty of unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried.

Mary Jo Capodice recused herself and left the room for the deliberation, and voting in the matter of P. Perry Phillips, M.D.

Michael Phillips recused himself and left the room for the deliberation, and voting in the matter of P. Perry Phillips, M.D.

P. PERRY PHILLIPS, M.D. – 13 MED 402

MOTION: Timothy Swan moved, seconded by Greg Collins, to **find** probable cause to believe that P. Perry Phillips, M.D., DLSC case number 13 MED 402, is guilty of unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried.

PRESENTATION AND DELIBERATION ON ADMINISTRATIVE WARNINGS

Carolyn Ogland Vukich recused herself and left the room for the deliberation, and voting in the matter of 13 MED 339 (R.G.R.)

13 MED 339 – R.G.R.

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to **issue** an Administrative Warning in the matter of DLSC case number 13 MED 339 (R.G.R.). Motion carried.

14 MED 073 – E.A.S.

MOTION: Michael Phillips moved, seconded by Carolyn Ogland Vukich, to **table** issuing an Administrative Warning in the matter of DLSC case number 14 MED 073 (E.A.S.). Motion carried unanimously.

14 MED 103 – B.A.

Michael Phillips was not present for the matter of 14 MED 103 (B.A.).

MOTION: Sridhar Vasudevan moved, seconded by Russell Yale, to **reject** this Administrative Warning in the matter of DLSC case number 14 MED 103 (B.A.). Motion carried.

14 MED 235 – T.C.W.

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to **issue** an Administrative Warning in the matter of DLSC case number 14 MED 235 (T.C.W.). Motion carried.

CASE CLOSING(S)

MOTION: Timothy Westlake moved, seconded by Russell Yale, to **close** the following cases according to the recommendations by the Division of Legal Services and Compliance:

- 1) 13 MED 153 (W.B.L.) for insufficient evidence (IE)
- 2) 13 MED 400 (G.S.T.) for prosecutorial discretion (P5)
- 3) 13 MED 521 (D.B.G.) for no violation (NV)
- 5) 14 MED 105 (B.C.W. and G.F.R.) for prosecutorial discretion (P1)
- 6) 14 MED 124 (M.E.) for no violation (NV)
- 7) 14 MED 140 (B.P.) for insufficient evidence (IE)
- 8) 14 MED 238 (B.P.V.) for no violation (NV)
- 9) 14 MED 321 (T.T.T.) for prosecutorial discretion (P7)

Motion carried unanimously.

Timothy Westlake recused himself and left the room for the deliberation, and voting in the matter of 14 MED 044 (S.I.C.)

14 MED 044 – S.I.C.

MOTION: Carolyn Ogland Vukich moved, seconded by Russell Yale, to **table** DLSC case number 14 MED 044, against S.I.C. Motion carried.

14 MED 243 – D.M.W.

MOTION: Mary Jo Capodice moved, seconded by Michael Phillips, to **close** DLSC case number 14 MED 243, against D.M.W., for no violation (NV). Motion carried unanimously.

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

MOTION: Mary Jo Capodice moved, seconded by Michael Phillips, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Carolyn Ogland Vukich moved, seconded by Timothy Westlake, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Sridhar Vasudevan moved, seconded by Carolyn Ogland Vukich, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:37 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/3/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Newsletter - Review	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will review the MEB Newsletter.			
11) Authorization			
Taylor Thompson		11/3/14	
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 Publication of the Wisconsin Medical Examining Board

November 2014

Chair's Corner

By Dr. Kenneth Simons



Kenneth Simons

For those of us who have the privilege of serving the Wisconsin Medical Examining Board, we constantly keep in mind our obligation to ensure the provision of safe, responsible and appropriate care by our licensees to the Wisconsin public. We also provide education to our colleagues and discipline those licensees whose actions have betrayed their obligations to their patients. That said, each of us who holds a license to practice medicine in Wisconsin has a special responsibility to see that all of our colleagues uphold these obligations

and more importantly, to inculcate the right values and virtues into the next generation of health care providers. In my full time position overseeing residency and fellowship training programs, I am always cognizant that everything I do is, and will be scrutinized, by the young women and men who have followed us into this noble profession and are under the supervision of their program's faculty.

But it is far more than just those individuals who have received their medical degree that are on my mind. The practice of good medicine is now a team sport. Each of us is part of a team whether it be within an individual solo private practice, a large multi-specialty group practice or at the hospital where we practice/admit patients depending upon our specialty. The team is composed of other physicians, nurses, physician assistants, occupational and physical therapists, pharmacists and many others. All of these individuals are needed to provide safe, responsible and appropriate care to the patient populations we serve. As physicians we have a special obligation to make sure that we behave professionally at all times with all with whom we are in contact, not just our patients. Are we perfect? No, we are all human and exhibit the frailties that human beings do. Our responsibility however is to minimize the frequency of our

See Chair's Corner Page 3

Physician Licensing Changes Are Coming

2013 Wisconsin Act 240, enacted on April 8, 2014, significantly impacts physician licensing in Wisconsin. It increases the Graduate Medical Education (GME) requirement from one year to two years, and it creates three new licensing classifications: the resident educational license (REL); the restricted license to practice medicine and surgery as a visiting physician; and the administrative physician license. The Medical Examining Board is currently drafting rules necessary to implement the new legislation.

PROJECTED EFFECTIVE DATES

It is projected that applicants will be able to apply for licenses under the new licensing classifications as early as April 1, 2015.

GRADUATE MEDICAL EDUCATION (GME) INCREASE FROM 1 TO 2 YEARS

When Act 240 becomes effective, it will require applicants seeking a license seeking a new unrestricted license to practice medicine and surgery in Wisconsin, including graduates of international medical schools, to have successfully complete 24 months of postgraduate training in a program that has been accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or a successor organization. Alternatively, applicants may also satisfy the GME requirement by being enrolled in and successfully completing 12 consecutive months of an ACGME or AOA approved postgraduate training program within Wisconsin and receiving an endorsement from the postgraduate training program director that confirms the applicant is expected to complete at least 24 months of ACGME or AOA approved postgraduate training. Prior to the passage of Act 240, applicants for a license to practice medicine and surgery were only required to complete 12 months of GME or show equivalent training.

RESIDENT EDUCATIONAL LICENSE (REL)

The resident educational license, which replaces the temporary educational permit to practice medicine and surgery, creates a license for residents in post-graduate training programs in Wisconsin. The license does not allow independent practice. REL holders are allowed to practice only in connection with the

See Physician Licensing Page 4

Interstate Medical Licensure Compact Aims to Expedite Multi-state Licensure

Note: The Department of Safety and Professional Services has taken no position regarding the Interstate Medical Licensure Compact.

State medical boards continue to make significant progress in developing an Interstate Medical Licensure Compact – a newly proposed pathway to expedite the licensing of physicians seeking to practice medicine in multiple states. The interstate compact system is anticipated to increase access to health care for patients in underserved or rural areas and allow patients to more easily consult medical experts through the use of telemedicine technologies.

To be eligible to participate in the proposed system, a physician must possess a license in a member state, be certified in a medical specialty, and have no history of being disciplined, penalized or punished by a court, a medical licensing agency or the Drug Enforcement Administration (DEA). Initial surveys estimate that nearly 80% of the physician population licensed in the United States will be eligible for expedited licensure via the Compact.

To be eligible, the physician must :

- Have passed the USMLE or COMLEX within 3 attempts;
- Possess a full and unrestricted license to practice medicine in a compact state;
- Have successfully completed a graduate medical education (GME) program;
- Have achieved specialty certification recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) or be in possession of a time unlimited certificate;
- Have no discipline on any state medical license;
- Have no discipline related to controlled substances;
- Not be under investigation by any licensing agency or law enforcement.

Physicians who are ineligible for the expedited licensure process facilitated by the Compact may still seek additional licenses in those states where they desire to practice through the traditional licensure processes. The Interstate Compact is not a national license. Each license to practice medicine will be issued by a state medical board and physicians must be licensed in the state where the patient is located.

The model Interstate Medical Licensure Compact was drafted by state medical board representatives, with assistance from the Federation of State Medical Boards (FSMB) and the Council of State Governments (CSG). The Compact's foundational principles were proposed by medical regulators from a diverse collection of states, in terms of population, size, and geographic region. During the last year, feedback on each draft of the Compact was solicited from state medical boards, provider groups, telehealth organizations, and other interested stakeholders.

The Wisconsin Medical Examining Board supports the compact in concept, and several other states have endorsed it. States will begin to formally consider the model compact legislation by early 2015. Participation in the Compact would be voluntary, for both states and physicians. For more information about the Interstate Medical Licensure Compact, please visit www.fsmb.org.

Acknowledgement: Federation of State Medical Boards

Wisconsin Prescription Drug Monitoring Program Update



The Wisconsin Prescription Drug Monitoring Program (WI PDMP) continues to help combat prescription drug abuse by giving registered prescribers access to their patients' controlled substance prescription histories. Currently, over 9,400 prescribers, pharmacists, and their delegates have registered to access the PDMP database. Prescribers account for approximately 48% of registered users and have performed about 25% of the patient queries (greater than 900,000 to date). Nearly 24,000 of the queries have been multiple state searches, a type of search that allows providers to view their patients' prescription histories from other states in addition to Wisconsin. Providers in Wisconsin can currently receive data from twelve other states, including the neighboring states of Illinois, Michigan, and Minnesota. PDMP users in Wisconsin will soon be able to access patient prescription histories from Iowa as well.

To make the PDMP data more readily accessible to providers at the point of care, the Department is collaborating with the Wisconsin Statewide Health Information Network (WISHIN) to integrate PDMP data into the state health information exchange. Other ongoing system enhancements include proactive reports informing prescribers about high-risk patients who meet designated criteria for prescription activity.

To register for access to the WI PDMP database, visit the database access site: <http://dsps.wi.gov/pdmp/access/prescriber>. Select Registration Site. When prompted, enter "newacct" as your username and "welcome" as your password. Complete and submit the online registration form. If you experience any problems or have any questions while registering, please contact the Department at: PDMP@wisconsin.gov.



Chair's Corner from Page 1

failings and we can accomplish this by simply living by the tenets contained within one of the medical oaths we swore to upon our entry into the profession. As one example, the Declaration of Geneva states in part: "I solemnly pledge to consecrate my life to the service of humanity; I will practice my profession with conscience and dignity; I will maintain by all the means in my power, the honour and the noble traditions of the medical profession; my colleagues will be my sisters and brothers."

And to the point of holding each of us accountable to each other, as well as our patients, 2009 Wisconsin Act 382 places a legal duty upon all licensed physicians (MDs and DOs) to report the unsafe practice of other physicians to the Medical Examining Board (MEB) under circumstances detailed in the law. The duty to report codifies ethical obligations which exist in policy statements of the Wisconsin Medical Society and the American Medical Association and is similar to what exists in the laws of many other states. Act 382 was written with the knowledge that physicians are in the best position to be aware of colleagues who may engage in a pattern of unprofessional conduct; may engage in acts creating an immediate or continuing danger to patients or the public; may be medically incompetent; or may be mentally or physically unable to safely practice medicine. Failure to report such physicians to the MEB may

itself lead to disciplinary actions against the licenses of physicians who had knowledge about these unprofessional practices.

Wisconsin is fortunate to have a dedicated, compassionate physician workforce that, in general, works in concert with all other members of the healthcare team, to the benefit of our citizenry's health. I encourage you to continue to do so and remind you that as written in Luke 12:48 - "For unto whomsoever much is given, of him shall be much required: and to whom men have committed much, of him they will ask the more." While we have certainly worked hard to acquire the knowledge and skills we possess, indeed much has been given to us by society and significant trust has been placed in us. Thus, it is incumbent upon us, the descendants of the Hippocratic traditions, to continually prove ourselves worthy of what we have been given and the trust placed therein.

A wealth of useful information is available on the Department of Safety and Professional Services Website at: <http://dsps.wi.gov>

Do you have a change of name or address?

Licenses can update name or address information on the Department website at:

<https://online.drl.wi.gov/UserLogin.aspx>

Please note that confirmation of change is not automatically provided. Legal notices will be sent to a licensee's address of record with the Department.

Telephone Directory:

Call the Department of Safety and Professional Services toll-free (877) 617-1565, or (608) 266-2112 in the Madison area to connect to the service you need.



Medical Examining Board Membership and Staff Assignments

The Medical Examining Board consists of 13 members. The members are appointed by the Governor and confirmed by the Senate.

Board Members:

Kenneth Simons, M.D., Chair (Milwaukee)
Timothy Swan, M.D., Vice Chair (Marshfield)
Sridhar Vasudevan, M.D., Secretary (Belgium)
James Barr, Public Member (Chetek)
Mary Jo Capodice, D.O., Physician Member (Sheboygan)
Greg Collins, Public Member (Ashwaubenon)
Rodney Erickson, M.D., Physician Member (Tomah)
Suresh Misra, M.D., Physician Member (Milwaukee)
Carolyn Ogland Vukich, M.D., Physician Member (Madison)
Michael Phillips, M.D., Physician Member (Oconomowoc)
Timothy Westlake, M.D., Physician Member (Hartland)
Russell Yale, M.D., Physician Member (Fox Point)
Robert Zondag, Public Member (Delafield)

Information on how to apply for appointment to the Wisconsin Medical Examining Board can be found through the Office of the Governor:

<http://walker.wi.gov/governor-office/apply-to-serve/boards-commissions>

Department of Safety and Professional Services

Administrative Staff:

Thomas Ryan, Executive Director
Gretchen Mrozinski, Legal Counsel
Taylor Thompson, Bureau Assistant

Executive Staff:

Dave Ross, Secretary
Bill Wendle, Deputy Secretary
Tom Engels, Assistant Deputy Secretary

The dates and times of the Medical Examining Board meetings are announced on the DSPS website at <http://dsps.wi.gov>. Meeting agendas are posted approximately one week prior to the meeting.

Physician Licensing from Page 1

approved postgraduate training program in which the resident is enrolled. The license is valid for one year and may be renewed for additional one-year terms as long as the REL holder is enrolled in a postgraduate training program within Wisconsin.

VISITING PHYSICIAN LICENSE

The restricted license to practice medicine and surgery as a visiting physician replaces the visiting professor license. Subject to any additional conditions the Medical Examining Board may require by rule, applicants for the visiting physician license must provide proof that the applicant:

- has a diploma from a medical or osteopathic college approved by the board;
- is licensed to practice medicine and surgery outside of Wisconsin;
- teaches medicine, conducts medical research, or practices medicine and surgery outside of Wisconsin;
- has provided a letter from the dean or president of the facility or college confirming that the licensee intends to teach, research, or practice medicine and surgery at a medical education facility, medical research facility, or medical college in this state.

The visiting physician license is valid for one year and remains valid as long as the licensee is actively engaged in teaching, researching, or practicing medicine and surgery and is lawfully entitled to work in the United States.

ADMINISTRATIVE PHYSICIAN LICENSE (APL)

The administrative physician license is a brand new licensing class created by Act 240. APL holders will not be allowed to engage in the active practice of medicine and surgery. The other requirements for this class of license and the limits of its use will be identified by rule.

Controlled Substances Scheduling Changes

The Drug Enforcement Administration and the State of Wisconsin Controlled Substances Board have scheduled tramadol and re-scheduled hydrocodone combination products. Tramadol is now a Schedule IV drug. Hydrocodone combination products are now Schedule II medications. More information is available following the links below:

Tramadol

[http://dsps.wisconsin.gov/Documents/Tramadol%20Scheduling%20\(signed\).pdf](http://dsps.wisconsin.gov/Documents/Tramadol%20Scheduling%20(signed).pdf)

On July 2, 2014, the DEA published its final rule in the Federal Register placing tramadol into Schedule IV of the federal Controlled Substances Act effective August 18, 2014. The Wisconsin Controlled Substances Board pursuant to s. 961.11(4), Wis. Stat. took affirmative action to similarly treat tramadol as a schedule IV controlled substance effective September 1, 2014.

Hydrocodone Combination Products

[http://dsps.wisconsin.gov/Documents/HCP%20Scheduling%20\(signed\).pdf](http://dsps.wisconsin.gov/Documents/HCP%20Scheduling%20(signed).pdf)

On August 22, 2014 the DEA published its final rule in the Federal Register rescheduling hydrocodone combination products from Schedule III to Schedule II of the federal Controlled Substances Act. The scheduling action was effective October 6, 2014. The Wisconsin Controlled Substances Board pursuant to s. 961.11(4), Wis. Stat., rescheduled hydrocodone combination products from Schedule III to Schedule II effective November 1, 2014.

Enforcement Actions of the Medical Examining Board

The Medical Examining Board, with help from staff at the Department of Safety and Professional Services, can take action against licensed professionals around the state to help protect the profession and the citizens of Wisconsin. You may search for any of the Board Orders listed below on the Department's website by using this link:

Board Order Search: <http://dsps.wi.gov/Other-Services/Lookup-Orders-Disciplinary>

Disciplinary actions are reported to the National Practitioners Data Bank. Available options to the Board are:

Reprimand - A public warning of the licensee for a violation.

Limitation of License - Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of practice, or both.

Suspension - Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.

Revocation - To completely and absolutely terminate the credential and all rights, privileges and authority previously conferred by the credential.

Non-disciplinary actions are not reported to the National Practitioners Data Bank. Available options to the Board are:

Administrative Warning - Issued if violation is of a minor nature, a first occurrence and the warning will adequately protect the public. The issuance of an Administrative Warning is public information, however the reason for issuance is not.

Remedial Education Order - Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public.

Board Orders

March – October 2014

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	ORDER0003474	10/15/2014	Portman, Edward M	Marietta	GA
Medicine and Surgery, MD	ORDER0003475	10/15/2014	Phillips, Elliott R	Malone	WI
Physician Assistant	ORDER0003476	10/15/2014	Christofferson, Brian E	West Bend	WI
Medicine and Surgery, MD	ORDER0003477	10/15/2014	Trier, Todd T	El Paso	TX
Medicine and Surgery, MD	ORDER0003478	10/15/2014	Barney, Richard N	Janesville	WI
Medicine and Surgery, MD	ORDER0002353	9/23/2014	Weidman, Kevin A	Milwaukee	WI
Medicine and Surgery, MD	ORDER0002361	9/23/2014	Sidhu, Devinder Kaur	Pleasant Prairie	WI
Medicine and Surgery, MD	ORDER0002065	9/23/2014	Pellmann, Roger A	Germantown	WI
Medicine and Surgery, MD	ORDER0002303	9/23/2014	Haughey, Stephen A	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0003414	9/17/2014	Domke, Lewis R	Brookfield	WI
Medicine and Surgery, MD	ORDER0003415	9/17/2014	Doenier, Jan A	Waukesha	WI
Respiratory Care Practitioner	ORDER0003416	9/17/2014	Krueger, Korby J	Shawano	WI
Medicine and Surgery, MD	ORDER0003417	9/17/2014	Bullis, Gregory G	Roscoe	IL
Applicant	ORDER0003418	9/17/2014	Shah, Kaukab P	Richardson	TX
Medicine and Surgery, MD	ORDER0003163	9/11/2014	Barsness, Brigg W	Union Grove	WI
Medicine and Surgery, MD	ORDER0003287	8/21/2014	Ali, Zulfiqar	Milwaukee	WI
Medicine and Surgery, MD	ORDER0003287	8/21/2014	Ali, Zulfiqar	Milwaukee	WI
Medicine and Surgery, MD	LS0702141MED	8/21/2014	Oconnor, Thomas A	Cudahy	WI
Medicine and Surgery, MD	ORDER0000348	8/21/2014	Armus, Steven L	Racine	WI
Medicine and Surgery, MD	ORDER0003339	8/20/2014	Entress, Jeffrey J	Brookfield	WI
Medicine and Surgery, MD	ORDER0003340	8/20/2014	Agrawal, Vibha	Mequon	WI
Medicine and Surgery, MD	ORDER0003341	8/20/2014	Logan, James Joseph	Mauston	WI
Medicine and Surgery, MD	ORDER0003342	8/20/2014	Horan, John Wp	Omro	WI
Medicine and Surgery, MD	ORDER0003343	8/20/2014	Jacobson, Donald M	Racine	WI
Medicine and Surgery, MD	ORDER0003344	8/20/2014	Nepsund, Kevin C	Woodbury	MN
Medicine and Surgery, MD	ORDER0003345	8/20/2014	Harrington, Francis E	Naples	FL
Medicine and Surgery, MD	ORDER0003346	8/20/2014	Steele, James Oliver	Fort Dodge	IA
Medicine and Surgery, MD	ORDER0002303	8/15/2014	Haughey, Stephen A	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0003321	7/28/2014	Van De Loo, David A	Eau Claire	WI
Medicine and Surgery, MD	ORDER0002949	7/28/2014	Fogarty, James P	Rice Lake	WI
Medicine and Surgery, MD	ORDER0002361	7/28/2014	Sidhu, Devinder Kaur	Pleasant Prairie	WI
Medicine and Surgery, MD	ORDER0003029	7/16/2014	Rubin, Ronald G	Mequon	WI

Search for any of the Board Orders listed above on the Department's website by using the link below:

Board Order Search: <http://dsps.wi.gov/Other-Services/Lookup-Orders-Disciplinary>

Board Orders

March – October 2014

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	ORDER0003320	7/16/2014	Aders, Graig A	Greendale	WI
Medicine and Surgery, MD	ORDER0003322	7/16/2014	Gorelick, Jeffrey B	Glendale	WI
Medicine and Surgery, MD	ORDER0003287	6/25/2014	Ali, Zulfiqar	Milwaukee	WI
Physician Assistant	ORDER0002310	6/23/2014	Haughey, Carol T	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0002362	6/23/2014	Vanbommel, Jesse J	Menomonee Falls	WI
Medicine and Surgery, MD	ORDER0001892	6/23/2014	Turner, Robert C	Reedsburg	WI
Medicine and Surgery, MD	ORDER0001969	6/23/2014	Angelini, Giuditta	Fitchburg	WI
Medicine and Surgery, DO	ORDER0003280	6/18/2014	Spiegel, Barry	Waukesha	WI
Medicine and Surgery, MD	ORDER0003281	6/18/2014	Kornaus, Paul Alvin	Portage	WI
Medicine and Surgery, MD	ORDER0003282	6/18/2014	Salti, Nader I	Racine	WI
Medicine and Surgery, MD	ORDER0003283	6/18/2014	Kaprelian, Vallie M	Appleton	WI
Medicine and Surgery, MD	ORDER0001280	5/30/2014	Baich, Michael V	Coleraine	MN
Medicine and Surgery, MD	ORDER0003229	5/22/2014	Byrd, Jane D	Chippewa Falls	WI
Medicine and Surgery, MD	ORDER0003230	5/21/2014	Gengerke, Jason T	Visalia	CA
Medicine and Surgery, MD	ORDER0003231	5/21/2014	Cullinan, Stephen A	Peoria	IL
Medicine and Surgery, MD	ORDER0003232	5/21/2014	Moyer, Nancy L	Hibbing	MN
Medicine and Surgery, MD	ORDER0003233	5/21/2014	Bruno, Patrick L	Van Wert	OH
Medicine and Surgery, MD	ORDER0003234	5/21/2014	Kaiseruddin, Mohammed A	Orland Park	IL
Medicine and Surgery, MD	ORDER0003235	5/21/2014	Jagetia, Rakesh	Orange Village	OH
Medicine and Surgery, MD	ORDER0003236	5/21/2014	Steinmetz, Steven W	Jim Falls	WI
Medicine and Surgery, MD	ORDER0003237	5/21/2014	Subramani, Govindaraju	Danville	IL
Applicant	ORDER0003238	5/21/2014	Pal, Bharat	Montgomery	IL
Medicine and Surgery, MD	ORDER0002303	5/15/2014	Haughey, Stephen A	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0002144	5/8/2014	Boyum, George Peter	Stillwater	MN
Medicine and Surgery, MD	ORDER0000804	4/28/2014	Bertram, Dale Thomas	Cross Plains	WI
Medicine and Surgery, MD	ORDER0003073	4/28/2014	Sinh, Nipa H	Oakland	CA
Medicine and Surgery, DO	ORDER0002951	4/17/2014	Paustian, David L	Neillsville	WI
Medicine and Surgery, MD	ORDER0003163	4/16/2014	Barsness, Brigg W	Union Grove	WI
Medicine and Surgery, MD	ORDER0003164	4/16/2014	Christensen, John P	W Palm Beach	FL
Medicine and Surgery, MD	ORDER0003165	4/16/2014	Moe, Terrance D	Eagle River	WI
Medicine and Surgery, MD	ORDER0002143	3/26/2014	Hale, John Michael	Green Bay	WI
Medicine and Surgery, MD	ORDER0000966	3/26/2014	Williamson, Lawrence J	Windsor	CA
Medicine and Surgery, MD	ORDER0003130	3/26/2014	Aldrich, Peri L	Oneida	WI
Medicine and Surgery, MD	ORDER0002950	3/17/2014	Schein, Moshe	Ladysmith	WI

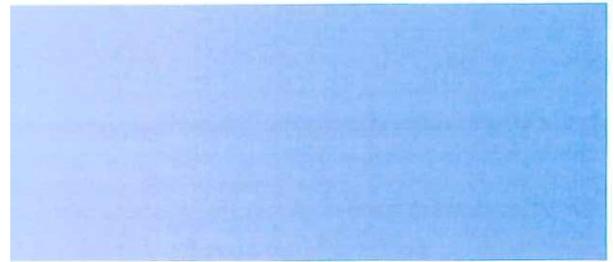
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Board Order Search: <http://dsps.wi.gov/Other-Services/Lookup-Orders-Disciplinary>

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv.		2) Date When Request Submitted: 11/7/2014	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Consideration of Michael Bottcher, M.D. for Appointment to the Council on Anesthesiologist Assistants	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p>Attached is a letter of appointment recommendation from the Wisconsin Society of Anesthesiologists. The Board should determine whether or not to appoint Michael L. Bottcher, M.D. to the Council on Anesthesiologist Assistants to fill the vacant seat previously held by Carolyn Farrell, M.D.. If appointed Dr. Bottcher's term will expire on 9/1/2015.</p> <p>Motion: ___ moved, seconded by ___, to appoint Michael L. Bottcher to the Council on Anesthesiologists Assistants as an anesthesiologist member, for a term to expire on 9/1/2015.</p>			
11) Authorization			
Kimberly D. Wood		11/7/2014	
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.			



October 31, 2014

Mr. Greg Gasper
Division Administrator
WI Department of Safety and Professional Services
1400 E Washington Ave
Madison, WI 53703

Regarding: Appointment to AA Council

Dear Mr. Greg Gasper,

Dr. Carolyn Farrell has resigned from her position on the AA Council. The Wisconsin Society of Anesthesiologist (WSA) recommends for appointment to her position on the AA Council as outlined in Section 1.15407(7) of the statute:

Anesthesiologist:

Michael Bottcher, MD
N4898 Clifford Drive
Onalaska, WI 54650-8209
Phone: 608-775-2697
Email: mlbottcher@charter.net

For questions, feel free to contact me.

Sincerely,

Rose Campise-Luther, MD, FAAP
President, Wisconsin Society of Anesthesiologists

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/5/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Federation of State Medical Boards (FSMB) Matters Public Member Scholarships to Attend the 2015 Annual Meeting - Board 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? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will consider public member scholarships to attend the 2015 Annual Meeting			
11) Authorization			
Taylor Thompson		11/5/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 10/23/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Under FSMB Matters: 2014 USMLE Primer for SMBs	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Taylor Thompson		10/23/14	
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.			

USMLE

United States

Medical

Licensing

Examination

®

The United States Medical Licensing Examination®: USMLE®

An Informational Overview from
the Federation of State Medical Boards and
the National Board of Medical Examiners

Topics

- What is USMLE?
- Why is USMLE important?
- How is USMLE governed?
- How is the exam developed?
- How is the standard determined?
- What is the future direction of USMLE?
- What if I need more information or data?

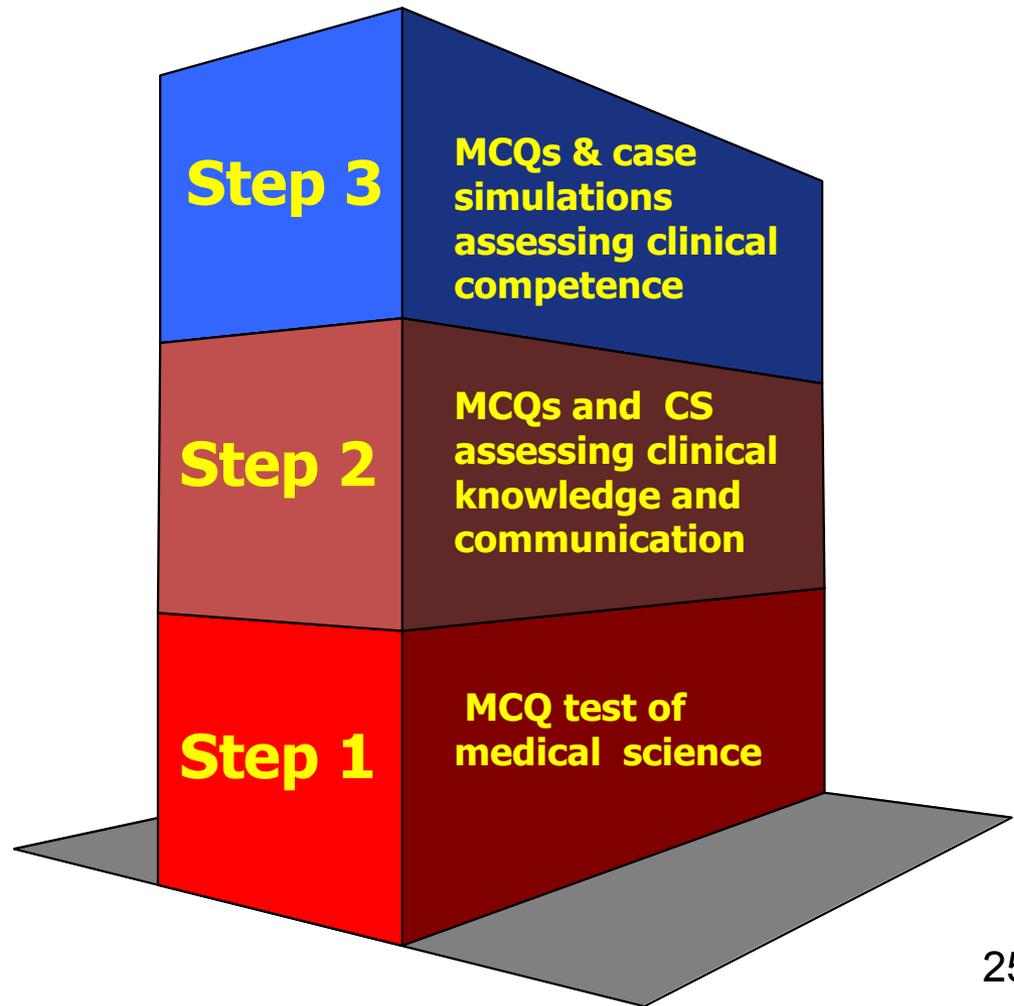
What is the USMLE?

- The USMLE is a jointly sponsored program of
 - Federation of State Medical Boards (FSMB)
 - National Board of Medical Examiners (NBME)
- A required examination for graduates of accredited US medical schools granting MD degree, and all graduates of international medical schools

USMLE

A single three Step examination for initial medical licensure

- Assesses physician cognitive, clinical and communication skills
- Provides a national standard
- Facilitates license portability
- Assists medical boards in their public protection mission



Comparison of USMLE Components

		Step 1	Step 2		Step 3
			CK	CS	
<i>Eligibility requirements</i>		Medical student/graduate			Graduate Pass 1&2
<i>Test admin</i>		Offered year-round; 3 attempts/year			
<i>Test length (days)</i>		1	1	1	2
<i>Format</i>	<i>MCQ items</i>	325	350		470
	<i>SP stations</i>			12	
	<i>CCS cases</i>				12

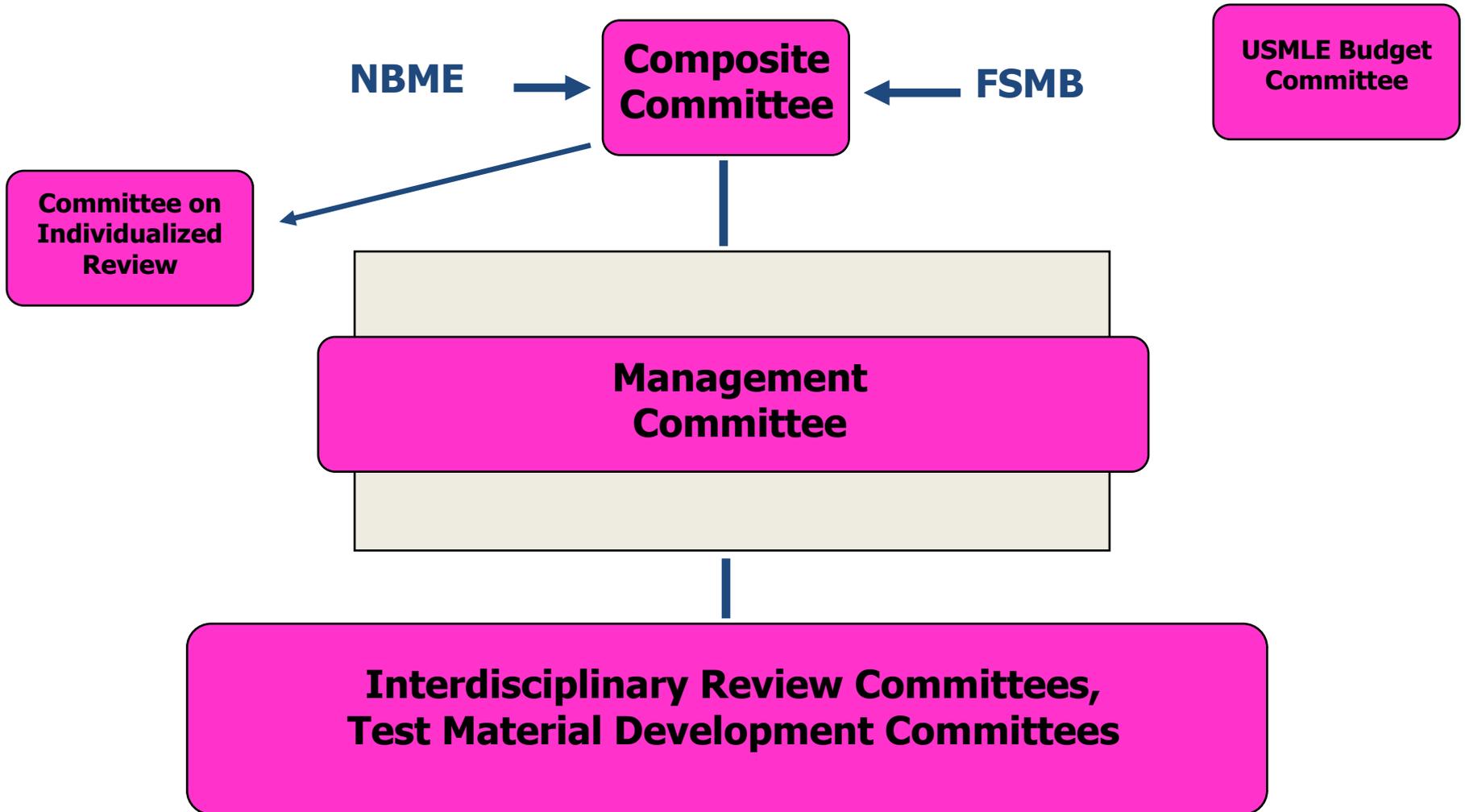
Why is the USMLE important?

Users and Uses of USMLE Results

User	Step 1	Step 2	Step 3
Licensing Jurisdictions	<ul style="list-style-type: none"> • Protecting the health of the public • Training and unrestricted licenses 		
ECFMG (IMGs only)	<ul style="list-style-type: none"> • ECFMG Certification • Entry into GME 		
Examinees	<ul style="list-style-type: none"> • See other rows 		
Medical Schools	<ul style="list-style-type: none"> • Promotion & graduation decisions • Curriculum evaluation 		
Residency Programs	<ul style="list-style-type: none"> • Screening for interviews • Ranking of applicants 		
LCME	<ul style="list-style-type: none"> • Accreditation (aggregated results) 		

How is the USMLE governed?

USMLE Committee Structure

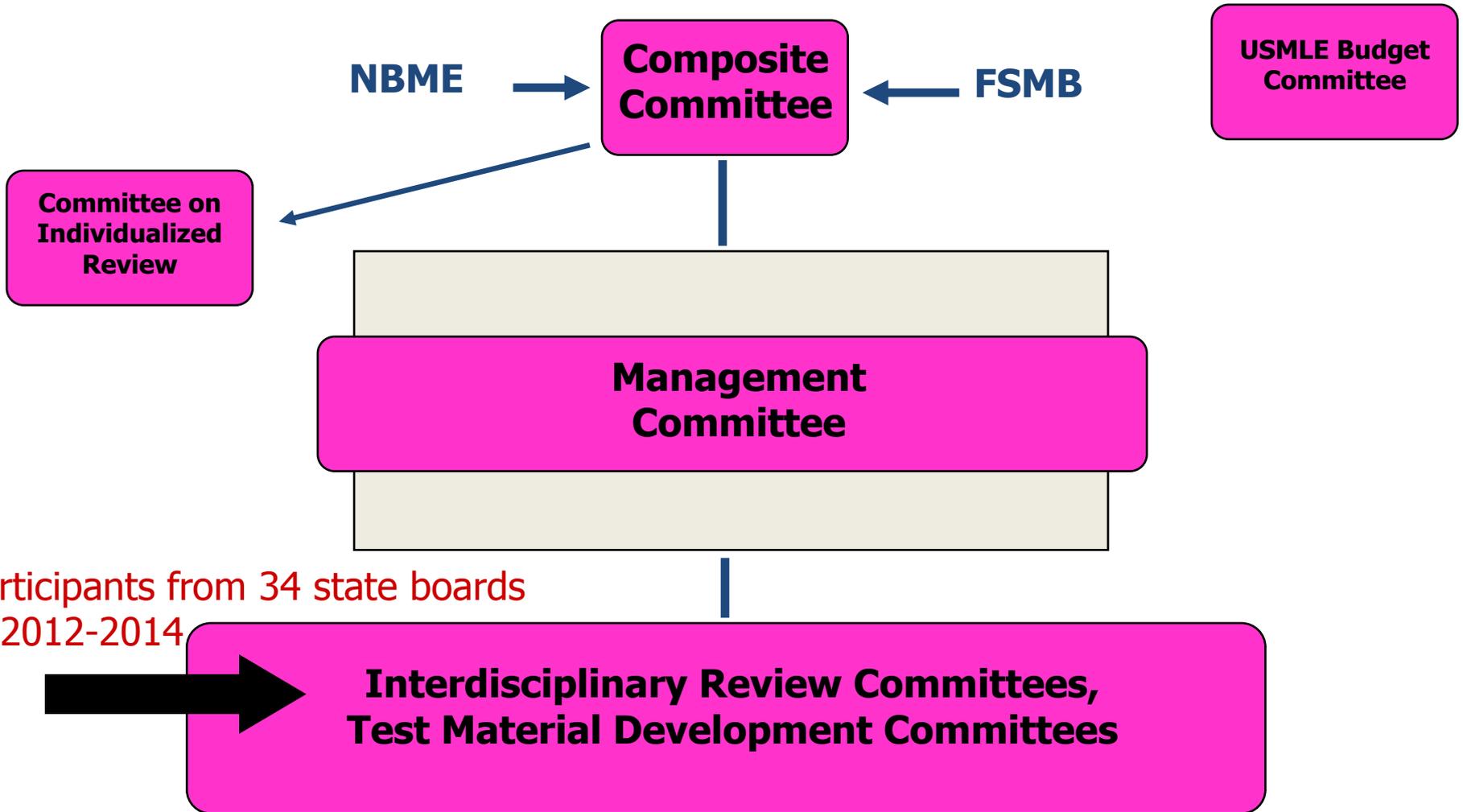


How is the exam developed?

Developing Content for USMLE

- Content is developed by a “national faculty” of physicians and scientists...
 - All volunteers
 - Drawn from the academic, licensing and practice communities
 - 300+ physicians representing specialties and expertise from across the country

USMLE Committee Structure



USMLE Test Development

- All items and cases are developed and/or reviewed by content experts
- All pass through multiple levels of review
- All are pre-tested prior to use as live (i.e., scored) material
- Each Step or its Component uses multiple test forms
- Thousands of items and hundreds of cases in test pool for each Step

How is the standard determined?

Standard setting

- The standard (i.e., minimum pass score) is set by the Management Committee
- USMLE uses an “absolute” standard
 - i.e., a minimum level of demonstrated proficiency for examinees is established in advance; there is no ‘curve’ applied
- The standard is reviewed approximately every 4 years

Standard setting, cont.

- The Management Committee reviews information & data from variety of sources
 - results from standard setting exercises involving panels of physician experts unaffiliated with USMLE
 - survey input from state boards, deans, faculty, students
 - trends in examinee performance
 - data on reliability of scores

***What is the future direction
of the USMLE program?***

Comprehensive Review of the USMLE (CRU)

- Strategic review of the program conducted 2005-2009
- Findings?
 - Reaffirmed primary purpose of USMLE as serving needs of medical licensing boards
 - A strong program that can be made even stronger
 - Changes will proceed incrementally

Comprehensive Review of the USMLE

...a brief update

- Multi-year review process examining purpose, use, content, formats, structure....
- Series of recommendations
 - Refocus on licensing decisions
 - Emphasize foundational science
 - Reflect physician competencies
 - Enhance clinical skills assessment
 - Introduce evidence-based medicine
- Multi-year design/development effort

Comprehensive Review of USMLE

Committee to Evaluate the USMLE Program (CEUP) • Summary of the Final Report and Recommendations

EXECUTIVE SUMMARY

This document is a summary of the work and recommendations of the Committee to Evaluate the USMLE Program (CEUP), a committee constituted by the USMLE Composite Committee and comprising students, residents, clinicians, and members of the licensing, graduate, and undergraduate education communities. The goal of the committee was to determine if the mission and purpose of USMLE were effectively and efficiently supported by the current design, structure, and format of the USMLE. This process was to be guided, in part, by an analysis of information gathered from stakeholders, and was to result in recommendations to USMLE governance. The CEUP worked from 2006 to early 2008.

The USMLE examination program was designed in the late-1980s and introduced during the period 1992 to 1994. The program replaced the NBME Part Examination (PLEX) program, which were the widely accepted medical licensing examination programs at that time. Since the introduction of USMLE, one major change in format/delivery and one major addition to the examination sequence have been implemented; these were, respectively, the transition from paper-based to computer delivery in 1999 and the introduction of a standardized patient examination in 2004. Except for these changes, and for the gradual evolution of content that occurred in response to shifts in medical practice and education, the overall structure and focus of the Step examinations have remained relatively unchanged.

To understand the rationale behind the recommendations described in this document, it is important to recognize and understand the nature of the framework that supports USMLE design, structure, and process. The values and priorities of the profession and the patients and society it serves should be reflected in the knowledge and skills tested within the licensing examination. When USMLE was first designed, early planners were clear to note that the structure of the Step examinations would reflect the knowledge and skills expected to have been acquired by students and residents as they move successfully through their training toward initial medical licensure. In recent years, educational leaders have more formally recognized and prioritized competencies that extend beyond the domains of medical science and clinical skills—competencies that are deemed important to the profession and the patients they serve but more difficult to assess using standard tools. At the same time, knowledge is expanding progressively, and the expectation that clinicians be able to draw on these fundamental insights in their approach to patients has become ever more critical. The desire to elevate the breadth and quality of assessment to meet the expectations of the broader profession and the public was a major theme in the committee's deliberations, and it has had a significant impact on the recommendations that resulted. The committee also acknowledged that any new or additional assessment tools implied by the recommendations must be rigorous, and should respect the balance between the value and

CRU changes complete or underway

- Enhancements to the Step 2 Clinical Skills
 - Increased authenticity of standardized patient (SP) responses
 - New communication construct with broader range of competencies being assessed
 - New patient note with requirement to provide evidence from history and physical to support differential diagnoses

CRU changes in 2014

- Step 3
 - State board sponsorship discontinued
 - Structure, format and content changes introduced in November 2014
 - Single, overall score and recommended pass/fail outcome remains
 - Will remain a two-day examination but with each day organized by competencies
 - Day 1 Foundations of Independent Practice (FIP)
 - Day 2 Advanced Clinical Medicine (ACM)

Step 3 Foundations of Independent Practice (FIP)

Format

- Approximately 7 hours testing time
- Computer-based
- Multiple-choice questions and innovative formats
- Expanded range of competency-based content

Content

- Foundational Science essential for effective care
- Biostatistics
- Epidemiology and population health
- Literature interpretation
- Patient safety
- *Professionalism*
- *Interpersonal and communication skills*
- *Systems-based practice*

Step 3 Advanced Clinical Medicine (ACM)

Format

- Approximately 9 hours testing time
- Computer-based
 - Multiple-choice questions
 - Computer-based case simulations

Content

- Health maintenance
- Diagnosis & use of diagnostic studies
- Therapeutics
- Medical decision-making

***What if I need
more information?***

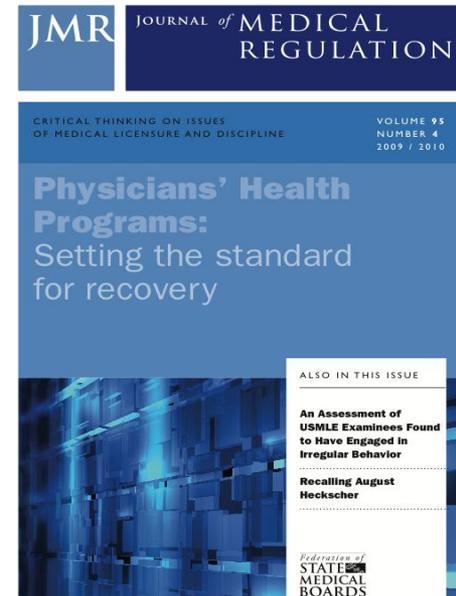
Informational resources on USMLE

Journal of Medical Regulation

(Previously the Journal of Medical Licensure and Discipline)

- Vol.100, No. 3, 2014 Implementing Strategic Changes to USMLE
- Vol. 95, No. 4, 2010 USMLE Examinees Engaged in Irregular Behavior
- Vol. 95, No. 2, 2009 Developing USMLE Test Content
- Vol. 92, No. 3, 2006 Maintaining Integrity of the USMLE Program
- Vol. 91, No. 3, 2005 USMLE Step 2 Clinical Skills
- Vol. 91, No. 1, 2005 USMLE Overview

Contact the Office of the USMLE Secretariat for a complete list of research citations



USMLE website: www.usmle.org

Aggregate USMLE performance data available at
<http://www.usmle.org/performance-data/>

More informational resources

- FSMB presents webinars throughout the year. Recent topics have included...
 - USMLE attempt limit policy
 - Annotating for test accommodations
 - Upcoming changes to Step 3 in 2014
- FSMB publications (*FSMB eNews* and *NewsLine*)
- Extensive research on USMLE has been published in professional, peer-review journals such as *Academic Medicine*

US·MLE

United States

Medical

Licensing

Examination

Key Contacts for USMLE

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/10/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Interstate Medical Licensure Compact - APPEARANCE - Eric Fish, Federation of State Medical Boards	
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:			
11) Authorization			
Taylor Thompson		11/10/14	
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.			

INTERSTATE MEDICAL LICENSURE COMPACT

The ideas and conclusions set forth in this document, including the proposed statutory language and any comments or notes, have not been formally endorsed by the Federation of State Medical Boards or its Board of Directors. This document has been prepared as part of a study of the feasibility of an interstate compact, and it does not necessarily reflect the views of the Federation of State Medical Boards, the Board of Directors of the Federation of State Medical Boards, or any state medical board or its members.

1 **INTERSTATE MEDICAL LICENSURE COMPACT**

2 **SECTION 1. PURPOSE**

3 In order to strengthen access to health care, and in recognition of the advances in the delivery of
4 health care, the member states of the Interstate Medical Licensure Compact have allied in
5 common purpose to develop a comprehensive process that complements the existing licensing
6 and regulatory authority of state medical boards, provides a streamlined process that allows
7 physicians to become licensed in multiple states, thereby enhancing the portability of a medical
8 license and ensuring the safety of patients. The Compact creates another pathway for licensure
9 and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts
10 the prevailing standard for licensure and affirms that the practice of medicine occurs where the
11 patient is located at the time of the physician-patient encounter, and therefore, requires the
12 physician to be under the jurisdiction of the state medical board where the patient is located.
13 State medical boards that participate in the Compact retain the jurisdiction to impose an adverse
14 action against a license to practice medicine in that state issued to a physician through the
15 procedures in the Compact.

16 **SECTION 2. DEFINITIONS**

17 In this compact:

18 (a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to
19 Section 11 for its governance, or for directing and controlling its actions and conduct.

20 (b) "Commissioner" means the voting representative appointed by each member board
21 pursuant to Section 11.

22 (c) "Conviction" means a finding by a court that an individual is guilty of a criminal
23 offense through adjudication, or entry of a plea of guilt or no contest to the charge by the
24

1 offender. Evidence of an entry of a conviction of a criminal offense by the court shall be
2 considered final for purposes of disciplinary action by a member board.

3 (d) "Expedited License" means a full and unrestricted medical license granted by a
4 member state to an eligible physician through the process set forth in the Compact.

5 (e) "Interstate Commission" means the interstate commission created pursuant to Section
6 11.

7 (f) "License" means authorization by a state for a physician to engage in the practice of
8 medicine, which would be unlawful without the authorization.

9 (g) "Medical Practice Act" means laws and regulations governing the practice of
10 allopathic and osteopathic medicine within a member state.

11 (h) "Member Board" means a state agency in a member state that acts in the sovereign
12 interests of the state by protecting the public through licensure, regulation, and education of
13 physicians as directed by the state government.

14 (i) "Member State" means a state that has enacted the Compact.

15 (j) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of
16 human disease, injury, or condition requiring a physician to obtain and maintain a license in
17 compliance with the Medical Practice Act of a member state.

18 (k) "Physician" means any person who:

19 (1) Is a graduate of a medical school accredited by the Liaison Committee on
20 Medical Education, the Commission on Osteopathic College Accreditation, or a medical school
21 listed in the International Medical Education Directory or its equivalent;

22 (2) Passed each component of the United States Medical Licensing Examination
23 (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)

1 within three attempts, or any of its predecessor examinations accepted by a state medical board
2 as an equivalent examination for licensure purposes;

3 (3) Successfully completed graduate medical education approved by the
4 Accreditation Council for Graduate Medical Education or the American Osteopathic
5 Association;

6 (4) Holds specialty certification or a time-unlimited specialty certificate recognized
7 by the American Board of Medical Specialties or the American Osteopathic Association's
8 Bureau of Osteopathic Specialists;

9 (5) Possesses a full and unrestricted license to engage in the practice of medicine
10 issued by a member board;

11 (6) Has never been convicted, received adjudication, deferred adjudication,
12 community supervision, or deferred disposition for any offense by a court of appropriate
13 jurisdiction;

14 (7) Has never held a license authorizing the practice of medicine subjected to
15 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action
16 related to non-payment of fees related to a license;

17 (8) Has never had a controlled substance license or permit suspended or revoked by
18 a state or the United States Drug Enforcement Administration; and

19 (9) Is not under active investigation by a licensing agency or law enforcement
20 authority in any state, federal, or foreign jurisdiction.

21 (l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

22 (m) "Rule" means a written statement by the Interstate Commission promulgated
23 pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or

1 prescribes a policy or provision of the Compact, or an organizational, procedural, or practice
2 requirement of the Interstate Commission, and has the force and effect of statutory law in a
3 member state, and includes the amendment, repeal, or suspension of an existing rule.

4 (n) "State" means any state, commonwealth, district, or territory of the United States.

5 (o) "State of Principal License" means a member state where a physician holds a license
6 to practice medicine and which has been designated as such by the physician for purposes of
7 registration and participation in the Compact.

8

9 **SECTION 3. ELIGIBILITY**

10 (a) A physician must meet the eligibility requirements as defined in Section 2(k) to
11 receive an expedited license under the terms and provisions of the Compact.

12 (b) A physician who does not meet the requirements of Section 2(k) may obtain a license
13 to practice medicine in a member state if the individual complies with all laws and requirements,
14 other than the Compact, relating to the issuance of a license to practice medicine in that state.

15

16 **SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE**

17 (a) A physician shall designate a member state as the state of principal license for
18 purposes of registration for expedited licensure through the Compact if the physician possesses a
19 full and unrestricted license to practice medicine in that state, and the state is:

20 (1) the state of primary residence for the physician, or

21 (2) the state where at least 25% of the practice of medicine occurs, or

22 (3) the location of the physician's employer, or

23 (4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the

1 state designated as state of residence for purpose of federal income tax.

2 (b) A physician may redesignate a member state as state of principal license at any time,
3 as long as the state meets the requirements in subsection (a).

4 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation of
5 another member state as the state of principal license.

6

7 **SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE**

8 (a) A physician seeking licensure through the Compact shall file an application for an
9 expedited license with the member board of the state selected by the physician as the state of
10 principal license.

11 (b) Upon receipt of an application for an expedited license, the member board within the
12 state selected as the state of principal license shall evaluate whether the physician is eligible for
13 expedited licensure and issue a letter of qualification, verifying or denying the physician's
14 eligibility, to the Interstate Commission.

15 (i) Static qualifications, which include verification of medical education, graduate
16 medical education, results of any medical or licensing examination, and other qualifications as
17 determined by the Interstate Commission through rule, shall not be subject to additional primary
18 source verification where already primary source verified by the state of principal license.

19 (ii) The member board within the state selected as the state of principal license
20 shall, in the course of verifying eligibility, perform a criminal background check of an applicant,
21 including the use of the results of fingerprint or other biometric data checks compliant with the
22 requirements of the Federal Bureau of Investigation, with the exception of federal employees who
23 have suitability determination in accordance with U.S. C.F.R. §731.202.

24 (iii) Appeal on the determination of eligibility shall be made to the member state

1 where the application was filed and shall be subject to the law of that state.

2 (c) Upon verification in subsection (b), physicians eligible for an expedited license shall
3 complete the registration process established by the Interstate Commission to receive a license in
4 a member state selected pursuant to subsection (a), including the payment of any applicable
5 fees.

6 (d) After receiving verification of eligibility under subsection (b) and any fees under
7 subsection (c), a member board shall issue an expedited license to the physician. This license
8 shall authorize the physician to practice medicine in the issuing state consistent with the Medical
9 Practice Act and all applicable laws and regulations of the issuing member board and member
10 state.

11 (e) An expedited license shall be valid for a period consistent with the licensure period in
12 the member state and in the same manner as required for other physicians holding a full and
13 unrestricted license within the member state.

14 (f) An expedited license obtained through the Compact shall be terminated if a physician
15 fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without
16 redesignation of a new state of principal licensure.

17 (g) The Interstate Commission is authorized to develop rules regarding the application
18 process, including payment of any applicable fees, and the issuance of an expedited license.

19

20 **SECTION 6. FEES FOR EXPEDITED LICENSURE**

21 (a) A member state issuing an expedited license authorizing the practice of medicine in
22 that state may impose a fee for a license issued or renewed through the Compact.

23 (b) The Interstate Commission is authorized to develop rules regarding fees for expedited

1 licenses.

2

3 **SECTION 7. RENEWAL AND CONTINUED PARTICIPATION**

4 (a) A physician seeking to renew an expedited license granted in a member state shall
5 complete a renewal process with the Interstate Commission if the physician:

6 (1) Maintains a full and unrestricted license in a state of principal license;

7 (2) Has not been convicted, received adjudication, deferred adjudication,
8 community supervision, or deferred disposition for any offense by a court of appropriate
9 jurisdiction;

10 (3) Has not had a license authorizing the practice of medicine subject to discipline
11 by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to
12 non-payment of fees related to a license; and

13 (4) Has not had a controlled substance license or permit suspended or revoked by
14 a state or the United States Drug Enforcement Administration.

15 (b) Physicians shall comply with all continuing professional development or continuing
16 medical education requirements for renewal of a license issued by a member state.

17 (c) The Interstate Commission shall collect any renewal fees charged for the renewal of
18 a license and distribute the fees to the applicable member board.

19 (d) Upon receipt of any renewal fees collected in subsection (c), a member board shall
20 renew the physician's license.

21 (e) Physician information collected by the Interstate Commission during the renewal
22 process will be distributed to all member boards.

23 (f) The Interstate Commission is authorized to develop rules to address renewal of

1 licenses obtained through the Compact.

2

3 **SECTION 8. COORDINATED INFORMATION SYSTEM**

4

5 (a) The Interstate Commission shall establish a database of all physicians licensed, or
6 who have applied for licensure, under Section 5.

7 (b) Notwithstanding any other provision of law, member boards shall report to the
8 Interstate Commission any public action or complaints against a licensed physician who has
9 applied or received an expedited license through the Compact.

10 (c) Member boards shall report disciplinary or investigatory information determined as
11 necessary and proper by rule of the Interstate Commission.

12 (d) Member boards may report any non-public complaint, disciplinary, or investigatory
13 information not required by subsection (c) to the Interstate Commission.

14 (e) Member boards shall share complaint or disciplinary information about a physician
15 upon request of another member board.

16 (f) All information provided to the Interstate Commission or distributed by member
17 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary
18 matters.

19 (g) The Interstate Commission is authorized to develop rules for mandated or
20 discretionary sharing of information by member boards.

21

22 **SECTION 9. JOINT INVESTIGATIONS**

23 (a) Licensure and disciplinary records of physicians are deemed investigative.

24 (b) In addition to the authority granted to a member board by its respective Medical
25 Practice Act or other applicable state law, a member board may participate with other member

1 boards in joint investigations of physicians licensed by the member boards.

2 (c) A subpoena issued by a member state shall be enforceable in other member states.

3 (d) Member boards may share any investigative, litigation, or compliance materials in
4 furtherance of any joint or individual investigation initiated under the Compact.

5 (e) Any member state may investigate actual or alleged violations of the statutes
6 authorizing the practice of medicine in any other member state in which a physician holds a
7 license to practice medicine.

8

9 **SECTION 10. DISCIPLINARY ACTIONS**

10 (a) Any disciplinary action taken by any member board against a physician licensed
11 through the Compact shall be deemed unprofessional conduct which may be subject to discipline
12 by other member boards, in addition to any violation of the Medical Practice Act or regulations
13 in that state.

14 (b) If a license granted to a physician by the member board in the state of principal
15 license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all
16 licenses issued to the physician by member boards shall automatically be placed, without further
17 action necessary by any member board, on the same status. If the member board in the state of
18 principal license subsequently reinstates the physician's license, a license issued to the
19 physician by any other member board shall remain encumbered until that respective member
20 board takes action to reinstate the license in a manner consistent with the Medical Practice Act of
21 that state.

22 (c) If disciplinary action is taken against a physician by a member board not in the state
23 of principal license, any other member board may deem the action conclusive as to matter of law

1 and fact decided, and:

2 (i) impose the same or lesser sanction(s) against the physician so long as such
3 sanctions are consistent with the Medical Practice Act of that state;

4 (ii) or pursue separate disciplinary action against the physician under its
5 respective Medical Practice Act, regardless of the action taken in other member states.

6 (d) If a license granted to a physician by a member board is revoked, surrendered or
7 relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any
8 other member board(s) shall be suspended, automatically and immediately without further action
9 necessary by the other member board(s), for ninety (90) days upon entry of the order by the
10 disciplining board, to permit the member board(s) to investigate the basis for the action under the
11 Medical Practice Act of that state. A member board may terminate the automatic suspension of
12 the license it issued prior to the completion of the ninety (90) day suspension period in a manner
13 consistent with the Medical Practice Act of that state.

14

15 **SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT**

16 **COMMISSION**

17 (a) The member states hereby create the "Interstate Medical Licensure Compact
18 Commission".

19 (b) The purpose of the Interstate Commission is the administration of the Interstate
20 Medical Licensure Compact, which is a discretionary state function.

21 (c) The Interstate Commission shall be a body corporate and joint agency of the member
22 states and shall have all the responsibilities, powers, and duties set forth in the Compact, and
23 such additional powers as may be conferred upon it by a subsequent concurrent action of the

1 respective legislatures of the member states in accordance with the terms of the Compact.

2 (d) The Interstate Commission shall consist of two voting representatives appointed by
3 each member state who shall serve as Commissioners. In states where allopathic and osteopathic
4 physicians are regulated by separate member boards, or if the licensing and disciplinary authority
5 is split between multiple member boards within a member state, the member state shall appoint
6 one representative from each member board. A Commissioner shall be a(n):

7 (1) Allopathic or osteopathic physician appointed to a member board;

8 (2) Executive director, executive secretary, or similar executive of a member
9 board; or

10 (3) Member of the public appointed to a member board.

11 (e) The Interstate Commission shall meet at least once each calendar year. A portion of
12 this meeting shall be a business meeting to address such matters as may properly come before the
13 Commission, including the election of officers. The chairperson may call additional meetings
14 and shall call for a meeting upon the request of a majority of the member states.

15 (f) The bylaws may provide for meetings of the Interstate Commission to be conducted
16 by telecommunication or electronic communication.

17 (g) Each Commissioner participating at a meeting of the Interstate Commission is entitled
18 to one vote. A majority of Commissioners shall constitute a quorum for the transaction of
19 business, unless a larger quorum is required by the bylaws of the Interstate Commission. A
20 Commissioner shall not delegate a vote to another Commissioner. In the absence of its
21 Commissioner, a member state may delegate voting authority for a specified meeting to another
22 person from that state who shall meet the requirements of subsection (d).

23 (h) The Interstate Commission shall provide public notice of all meetings and all

1 meetings shall be open to the public. The Interstate Commission may close a meeting, in full or
2 in portion, where it determines by a two-thirds vote of the Commissioners present that an open
3 meeting would be likely to:

4 (1) Relate solely to the internal personnel practices and procedures of the
5 Interstate Commission;

6 (2) Discuss matters specifically exempted from disclosure by federal statute;

7 (3) Discuss trade secrets, commercial, or financial information that is privileged
8 or confidential;

9 (4) Involve accusing a person of a crime, or formally censuring a person;

10 (5) Discuss information of a personal nature where disclosure would constitute a
11 clearly unwarranted invasion of personal privacy;

12 (6) Discuss investigative records compiled for law enforcement purposes; or

13 (7) Specifically relate to the participation in a civil action or other legal
14 proceeding.

15 (i) The Interstate Commission shall keep minutes which shall fully describe all matters
16 discussed in a meeting and shall provide a full and accurate summary of actions taken, including
17 record of any roll call votes.

18 (j) The Interstate Commission shall make its information and official records, to the
19 extent not otherwise designated in the Compact or by its rules, available to the public for
20 inspection.

21 (k) The Interstate Commission shall establish an executive committee, which shall
22 include officers, members, and others as determined by the bylaws. The executive committee
23 shall have the power to act on behalf of the Interstate Commission, with the exception of

1 rulemaking, during periods when the Interstate Commission is not in session. When acting on
2 behalf of the Interstate Commission, the executive committee shall oversee the administration of
3 the Compact including enforcement and compliance with the provisions of the Compact, its
4 bylaws and rules, and other such duties as necessary.

5 (l) The Interstate Commission may establish other committees for governance and
6 administration of the Compact.

7

8 **SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION**

9 The Interstate Commission shall have the duty and power to:

10 (a) Oversee and maintain the administration of the Compact;

11 (b) Promulgate rules which shall be binding to the extent and in the manner provided for
12 in the Compact;

13 (c) Issue, upon the request of a member state or member board, advisory opinions
14 concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

15 (d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate
16 Commission, and the bylaws, using all necessary and proper means, including but not limited to
17 the use of judicial process;

18 (e) Establish and appoint committees including, but not limited to, an executive
19 committee as required by Section 11, which shall have the power to act on behalf of the
20 Interstate Commission in carrying out its powers and duties;

21 (f) Pay, or provide for the payment of the expenses related to the establishment,
22 organization, and ongoing activities of the Interstate Commission;

23 (g) Establish and maintain one or more offices;

24 (h) Borrow, accept, hire, or contract for services of personnel;

- 1 (i) Purchase and maintain insurance and bonds;
- 2 (j) Employ an executive director who shall have such powers to employ, select or appoint
3 employees, agents, or consultants, and to determine their qualifications, define their duties, and
4 fix their compensation;
- 5 (k) Establish personnel policies and programs relating to conflicts of interest, rates of
6 compensation, and qualifications of personnel;
- 7 (l) Accept donations and grants of money, equipment, supplies, materials and services,
8 and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest
9 policies established by the Interstate Commission;
- 10 (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,
11 improve or use, any property, real, personal, or mixed;
- 12 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
13 property, real, personal, or mixed;
- 14 (o) Establish a budget and make expenditures;
- 15 (p) Adopt a seal and bylaws governing the management and operation of the Interstate
16 Commission;
- 17 (q) Report annually to the legislatures and governors of the member states concerning the
18 activities of the Interstate Commission during the preceding year. Such reports shall also include
19 reports of financial audits and any recommendations that may have been adopted by the
20 Interstate Commission;
- 21 (r) Coordinate education, training, and public awareness regarding the Compact, its
22 implementation, and its operation;
- 23 (s) Maintain records in accordance with the bylaws;

1 (t) Seek and obtain trademarks, copyrights, and patents; and

2 (u) Perform such functions as may be necessary or appropriate to achieve the purposes of
3 the Compact.

4
5 **SECTION 13. FINANCE POWERS**

6 (a) The Interstate Commission may levy on and collect an annual assessment from each
7 member state to cover the cost of the operations and activities of the Interstate Commission and
8 its staff. The total assessment must be sufficient to cover the annual budget approved each year
9 for which revenue is not provided by other sources. The aggregate annual assessment amount
10 shall be allocated upon a formula to be determined by the Interstate Commission, which shall
11 promulgate a rule binding upon all member states.

12 (b) The Interstate Commission shall not incur obligations of any kind prior to securing
13 the funds adequate to meet the same.

14 (c) The Interstate Commission shall not pledge the credit of any of the member states,
15 except by, and with the authority of, the member state.

16 (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a
17 certified or licensed public accountant and the report of the audit shall be included in the annual
18 report of the Interstate Commission.

19
20 **SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE**
21 **COMMISSION**

22 (a) The Interstate Commission shall, by a majority of Commissioners present and voting,
23 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes

1 of the Compact within twelve (12) months of the first Interstate Commission meeting.

2 (b) The Interstate Commission shall elect or appoint annually from among its
3 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such
4 authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's
5 absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate
6 Commission.

7 (c) Officers selected in subsection (b) shall serve without remuneration from the
8 Interstate Commission.

9 (d) The officers and employees of the Interstate Commission shall be immune from suit
10 and liability, either personally or in their official capacity, for a claim for damage to or loss of
11 property or personal injury or other civil liability caused or arising out of, or relating to, an actual
12 or alleged act, error, or omission that occurred, or that such person had a reasonable basis for
13 believing occurred, within the scope of Interstate Commission employment, duties, or
14 responsibilities; provided that such person shall not be protected from suit or liability for
15 damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of
16 such person.

17 (1) The liability of the executive director and employees of the Interstate
18 Commission or representatives of the Interstate Commission, acting within the scope of such
19 person's employment or duties for acts, errors, or omissions occurring within such person's state,
20 may not exceed the limits of liability set forth under the constitution and laws of that state for
21 state officials, employees, and agents. The Interstate Commission is considered to be an
22 instrumentality of the states for the purposes of any such action. Nothing in this subsection shall
23 be construed to protect such person from suit or liability for damage, loss, injury, or liability

1 caused by the intentional or willful and wanton misconduct of such person.

2 (2) The Interstate Commission shall defend the executive director, its employees,
3 and subject to the approval of the attorney general or other appropriate legal counsel of the
4 member state represented by an Interstate Commission representative, shall defend such
5 Interstate Commission representative in any civil action seeking to impose liability arising out of
6 an actual or alleged act, error or omission that occurred within the scope of Interstate
7 Commission employment, duties or responsibilities, or that the defendant had a reasonable basis
8 for believing occurred within the scope of Interstate Commission employment, duties, or
9 responsibilities, provided that the actual or alleged act, error, or omission did not result from
10 intentional or willful and wanton misconduct on the part of such person.

11 (3) To the extent not covered by the state involved, member state, or the Interstate
12 Commission, the representatives or employees of the Interstate Commission shall be held
13 harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained
14 against such persons arising out of an actual or alleged act, error, or omission that occurred
15 within the scope of Interstate Commission employment, duties, or responsibilities, or that such
16 persons had a reasonable basis for believing occurred within the scope of Interstate Commission
17 employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission
18 did not result from intentional or willful and wanton misconduct on the part of such persons.

19

20 **SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE**
21 **COMMISSION**

22 (a) The Interstate Commission shall promulgate reasonable rules in order to effectively
23 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event

1 the Interstate Commission exercises its rulemaking authority in a manner that is beyond the
2 scope of the purposes of the Compact, or the powers granted hereunder, then such an action by
3 the Interstate Commission shall be invalid and have no force or effect.

4 (b) Rules deemed appropriate for the operations of the Interstate Commission shall be
5 made pursuant to a rulemaking process that substantially conforms to the “Model State
6 Administrative Procedure Act” of 2010, and subsequent amendments thereto.

7 (c) Not later than thirty (30) days after a rule is promulgated, any person may file a
8 petition for judicial review of the rule in the United States District Court for the District of
9 Columbia or the federal district where the Interstate Commission has its principal offices,
10 provided that the filing of such a petition shall not stay or otherwise prevent the rule from
11 becoming effective unless the court finds that the petitioner has a substantial likelihood of
12 success. The court shall give deference to the actions of the Interstate Commission consistent
13 with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable
14 exercise of the authority granted to the Interstate Commission.

15
16

SECTION 16. OVERSIGHT OF INTERSTATE COMPACT

17 (a) The executive, legislative, and judicial branches of state government in each member
18 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate
19 the Compact’s purposes and intent. The provisions of the Compact and the rules promulgated
20 hereunder shall have standing as statutory law but shall not override existing state authority to
21 regulate the practice of medicine.

22 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or
23 administrative proceeding in a member state pertaining to the subject matter of the Compact
24 which may affect the powers, responsibilities or actions of the Interstate Commission.

1 (c) The Interstate Commission shall be entitled to receive all service of process in any
2 such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure
3 to provide service of process to the Interstate Commission shall render a judgment or order void
4 as to the Interstate Commission, the Compact, or promulgated rules.

5
6 **SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT**

7 (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce
8 the provisions and rules of the Compact.

9 (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal
10 action in the United States District Court for the District of Columbia, or, at the discretion of the
11 Interstate Commission, in the federal district where the Interstate Commission has its principal
12 offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and
13 bylaws, against a member state in default. The relief sought may include both injunctive relief
14 and damages. In the event judicial enforcement is necessary, the prevailing party shall be
15 awarded all costs of such litigation including reasonable attorney's fees.

16 (c) The remedies herein shall not be the exclusive remedies of the Interstate Commission.
17 The Interstate Commission may avail itself of any other remedies available under state law or the
18 regulation of a profession.

19
20 **SECTION 18. DEFAULT PROCEDURES**

21 (a) The grounds for default include, but are not limited to, failure of a member state to
22 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and
23 bylaws of the Interstate Commission promulgated under the Compact.

1 (b) If the Interstate Commission determines that a member state has defaulted in the
2 performance of its obligations or responsibilities under the Compact, or the bylaws or
3 promulgated rules, the Interstate Commission shall:

4 (1) Provide written notice to the defaulting state and other member states, of the
5 nature of the default, the means of curing the default, and any action taken by the Interstate
6 Commission. The Interstate Commission shall specify the conditions by which the defaulting
7 state must cure its default; and

8 (2) Provide remedial training and specific technical assistance regarding the
9 default.

10 (c) If the defaulting state fails to cure the default, the defaulting state shall be terminated
11 from the Compact upon an affirmative vote of a majority of the Commissioners and all rights,
12 privileges, and benefits conferred by the Compact shall terminate on the effective date of
13 termination. A cure of the default does not relieve the offending state of obligations or liabilities
14 incurred during the period of the default.

15 (d) Termination of membership in the Compact shall be imposed only after all other
16 means of securing compliance have been exhausted. Notice of intent to terminate shall be given
17 by the Interstate Commission to the governor, the majority and minority leaders of the defaulting
18 state's legislature, and each of the member states.

19 (e) The Interstate Commission shall establish rules and procedures to address licenses and
20 physicians that are materially impacted by the termination of a member state, or the withdrawal
21 of a member state.

22 (f) The member state which has been terminated is responsible for all dues, obligations,
23 and liabilities incurred through the effective date of termination including obligations, the

1 performance of which extends beyond the effective date of termination.

2 (g) The Interstate Commission shall not bear any costs relating to any state that has been
3 found to be in default or which has been terminated from the Compact, unless otherwise
4 mutually agreed upon in writing between the Interstate Commission and the defaulting state.

5 (h) The defaulting state may appeal the action of the Interstate Commission by
6 petitioning the United States District Court for the District of Columbia or the federal district
7 where the Interstate Commission has its principal offices. The prevailing party shall be awarded
8 all costs of such litigation including reasonable attorney's fees.

9

10 **SECTION 19. DISPUTE RESOLUTION**

11 (a) The Interstate Commission shall attempt, upon the request of a member state, to
12 resolve disputes which are subject to the Compact and which may arise among member states or
13 member boards.

14 (b) The Interstate Commission shall promulgate rules providing for both mediation and
15 binding dispute resolution as appropriate.

16

17 **SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT**

18 (a) Any state is eligible to become a member state of the Compact.

19 (b) The Compact shall become effective and binding upon legislative enactment of the
20 Compact into law by no less than seven (7) states. Thereafter, it shall become effective and
21 binding on a state upon enactment of the Compact into law by that state.

22 (c) The governors of non-member states, or their designees, shall be invited to participate
23 in the activities of the Interstate Commission on a non-voting basis prior to adoption of the

1 Compact by all states.

2 (d) The Interstate Commission may propose amendments to the Compact for enactment
3 by the member states. No amendment shall become effective and binding upon the Interstate
4 Commission and the member states unless and until it is enacted into law by unanimous consent
5 of the member states.

6

7 **SECTION 21. WITHDRAWAL**

8 (a) Once effective, the Compact shall continue in force and remain binding upon each
9 and every member state; provided that a member state may withdraw from the Compact by
10 specifically repealing the statute which enacted the Compact into law.

11 (b) Withdrawal from the Compact shall be by the enactment of a statute repealing the
12 same, but shall not take effect until one (1) year after the effective date of such statute and until
13 written notice of the withdrawal has been given by the withdrawing state to the governor of each
14 other member state.

15 (c) The withdrawing state shall immediately notify the chairperson of the Interstate
16 Commission in writing upon the introduction of legislation repealing the Compact in the
17 withdrawing state.

18 (d) The Interstate Commission shall notify the other member states of the withdrawing
19 state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection

20 (c).

21 (e) The withdrawing state is responsible for all dues, obligations and liabilities incurred
22 through the effective date of withdrawal, including obligations, the performance of which extend
23 beyond the effective date of withdrawal.

1 (f) Reinstatement following withdrawal of a member state shall occur upon the
2 withdrawing state reenacting the Compact or upon such later date as determined by the Interstate
3 Commission.

4 (g) The Interstate Commission is authorized to develop rules to address the impact of the
5 withdrawal of a member state on licenses granted in other member states to physicians who
6 designated the withdrawing member state as the state of principal license.

7
8 **SECTION 22. DISSOLUTION**

9 (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the
10 member state which reduces the membership in the Compact to one (1) member state.

11 (b) Upon the dissolution of the Compact, the Compact becomes null and void and shall
12 be of no further force or effect, and the business and affairs of the Interstate Commission shall be
13 concluded and surplus funds shall be distributed in accordance with the bylaws.

14
15 **SECTION 23. SEVERABILITY AND CONSTRUCTION**

16 (a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence,
17 or provision is deemed unenforceable, the remaining provisions of the Compact shall be
18 enforceable.

19 (b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

20 (c) Nothing in the Compact shall be construed to prohibit the applicability of other
21 interstate compacts to which the states are members.

22
23 **SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS**

1 (a) Nothing herein prevents the enforcement of any other law of a member state that is
2 not inconsistent with the Compact.

3 (b) All laws in a member state in conflict with the Compact are superseded to the extent of
4 the conflict.

5 (c) All lawful actions of the Interstate Commission, including all rules and bylaws
6 promulgated by the Commission, are binding upon the member states.

7 (d) All agreements between the Interstate Commission and the member states are binding
8 in accordance with their terms.

9 (e) In the event any provision of the Compact exceeds the constitutional limits imposed
10 on the legislature of any member state, such provision shall be ineffective to the extent of the
11 conflict with the constitutional provision in question in that member state.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 10/16/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Telemedicine - Board Discussion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will discuss Telemedicine.			
11) Authorization			
Taylor Thompson		10/16/14	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Admin. Rules Coordinator		2) Date When Request Submitted: November 7, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: November 19, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters-Discussion and Consideration <ul style="list-style-type: none"> • Review Emergency Rule for Med 1,3, and 5 Physician licensure 	
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 _____ <small>(name)</small> <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 Board will discuss 165 Med 1, 3, and 5 relating to physician licensure and approve of the following:</p> <ul style="list-style-type: none"> • Approve of the draft of the Emergency Rule for forwarding to the Governor's Office. • Approve of the Public Hearing Draft of the Proposed Permanent Rule. • Appoint the Board Chair to adopt the final Emergency Rule before forwarding the rule for publication. 			
11) Shawn Leatherwood <hr/> Signature of person making this request	Authorization November 7, 2014 <hr/> Date		
Supervisor (if required)	<hr/> Date		
Bureau 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 Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING EMERGENCY RULES
:

The statement of scope for this rule, SS 075-14 was approved by the Governor on July 28, 2014 published in Register No. 704 on August 14, 2014, and approved by Medical Examining Board on August 26, 2014.

This emergency rule was approved by the Governor on (date)

ORDER

An order of the Medical Examining Board to amend Med 3 (title), 3.01, 3.02, 3.04, 3.06, Med 5 (title), 5.01, 5.02, 5.04, and 5.05; to repeal and recreate Med 1.02 (3), 3.05 and 5.06; and to create Med 23 relating to physician licensure.

Analysis prepared by the Department of Safety and Professional Services.

EXEMPTION FROM FINDING OF EMERGENCY

The Legislature by SECTION 39 in 2013 Wisconsin Act 240 provides an exemption from a finding of emergency for the adoption of the rule.

ANALYSIS

Statutes interpreted:

448.04 (1) and 448.05 (2), Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), 448.40 (1), Stats., and 2013 Wisconsin Act 240

Explanation of agency authority:

Sections 15.08 (5) (b) and 227.11 (2) (a), Stats., provide general authority from the legislature to the Medical Examining Board (Board) to promulgate rules that will provide guidance within the profession and interpret the statutes it administers. Section 448.40 (1), Stats., allows the Board to draft rules that will carry out the purposes of ch. 448, Stats. With the passage of 2013 Wisconsin Act 240, the legislature granted specific rule-

making authority to the Board to draft rules to address the new physician licensure classifications created by the Act.

Related statute or rule:

Wis. Admin. Code ch. Med 1, 3, and 5

Plain language analysis:

These rules address the changes instituted by the passage of 2013 Wisconsin Act 240 regarding physician licensure. The Act changed the postgraduate training requirement for all applicants seeking physician licensure from 12 months to 24 months. Both U.S. and foreign trained medical school graduates must complete 24 months of postgraduate training or must be currently enrolled and have successfully completed 12 months of a postgraduate training program, and have an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

Act 240, repealed the visiting professor license and created the restricted license to practice medicine and surgery as a visiting physician. The visiting physician license is open to any physician licensed outside of Wisconsin, who is invited to serve on the academic staff of a medical school in this state. The visiting physician license holder must restrict their practice to the education facility, research facility or medical college where the license holder is teaching, researching, or practicing medicine and surgery. The license is valid for one year and remains valid as long as the license holder is actively engaged in teaching, researching, or practicing medicine and surgery and is lawfully entitled to work in the U.S.

The temporary educational permit to practice medicine and surgery was also repealed and replaced with the resident educational license to practice medicine and surgery (REL). The REL allows the license holder to pursue their postgraduate training under the direction of a Wisconsin licensed physician. REL holders must restrict their practice to the postgraduate training program in which they are being trained. The REL is valid for one year and may be renewed for additional one year terms as long as the license holder is enrolled in their postgraduate training program.

The Act created the administrative physician license. The administrative physician license allows the license holder to pursue administrative or professional managerial functions but does not allow the license holder to treat patients. The administrative physician license holder must comply with all of the same application requirements as a regular license to practice medicine and surgery. The license is valid for two year and may be renewed at the discretion of the Medical Examining Board.

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

None.

Comparison with rules in adjacent states:

Illinois: Illinois requires 1 year of postgraduate clinical training for both US and Foreign graduates. 225 ILCS 60/11

Visiting Professor Permit This permit holder maintains a license to practice medicine in his or her native licensing jurisdiction during the period of the visiting professor permit and receives a faculty appointment to teach in a medical, osteopathic or chiropractic school in Illinois. A visiting professor permit is valid for 2 years from the date of its issuance or until the faculty appointment is terminated, whichever occurs first. 225 ILCS 60/18 (A)

Visiting physician permit This permit is granted to persons who have received an invitation or appointment to study, demonstrate or perform a specific medical, osteopathic, chiropractic or clinical subject or technique in a medical, osteopathic, or chiropractic school, a state or national medical, osteopathic, or chiropractic professional association or society conference or meeting, or a hospital licensed under the Hospital Licensing Act, a hospital organized under the University of Illinois Hospital Act, or a facility operated pursuant to the Ambulatory Surgical Treatment Center Act. The permit is valid for 180 days from the date of issuance or until the completion of the clinical studies or conference has concluded, whichever occurs first. 225 ILCS 60/18 (B)

Visiting resident permit is a credential that is issued to candidates who maintain an equivalent credential in his or her native licensing jurisdiction during the period of the temporary visiting resident permit. The permit holder must be enrolled in a postgraduate clinical training program outside the state of Illinois and must have been invited or appointed for a specific time period to perform a portion of that postgraduate clinical training program under the supervision of an Illinois licensed physician in an Illinois patient care clinic or facility that is affiliated with the out-of-state post graduate training program. 225 ILCS 60/18 (C)

Iowa: Iowa requires one year of residency training in a hospital-affiliated program approved by the board, graduates of international medical schools must complete 24 months of graduate training. 653 IAC 9.3.

Resident physician license allows the resident physician to practice under the supervision of a licensed practitioner in a board-approved resident training program in Iowa. The resident physician licensure is required of any resident physician enrolled in a resident training program and practicing in Iowa and can only remain active as long as the resident physician practices in the program designated in his or her application. If the resident physician leaves that program, the license immediately becomes inactive. 653 IAC 10.03 (1).

Special licensure is granted to physicians who are academic staff members of a college of medicine or osteopathic medicine if that physician does not meet the qualifications for

permanent licensure but is held in high esteem for unique contributions that have been made to medicine. This class of licensure is renewed by the board on a case-by-case basis, and specifically limits the license to practice at the medical college and at any health care facility affiliated with the medical college. 653 IAC 10.4.

The Iowa Board did not have a comparable administrative physician license.

Michigan: Michigan requires graduates of schools located in the U.S. and its territories to complete 2 years of postgraduate clinical training. Mich. Admin. Code R. 338.2317. Foreign medical school graduates are required to complete 2 years of postgraduate clinical training in a program approved by the board, or in a board approved hospital or institution. Mich. Admin. Code R. 338.2316 (4) (a).

Clinical academic limited license is a class of licensure which is granted to candidates who have graduated from medical school and have been appointed to a teaching or research position in an academic institution. Mich. Admin. Code R. 338.2327a. This license holder must practice only for an academic institution and under the supervision of one or more physicians fully licensed in Michigan. This class of license is renewable on an annual basis but not past 5 years. MCLS §333.17030.

Educational limited license This class of licensure authorizes the license holder to engage in the practice of medicine as part of a postgraduate educational training program. This license is granted to applicants who have graduated or who expect to graduate within the following 3 months from a medical school approved by the board and that the applicant has been admitted to a training program approved by the board. Foreign trained applicants must verify that they have completed a degree in medicine, have been admitted to a board approved training program and have passed an examination in the basic and clinical medical sciences conducted by the educational commission for foreign medical graduates. Mich. Admin. Code R. 338.2329a.

Michigan does not have a comparable administrative physician license.

Minnesota: Minnesota requires U.S. or Canadian medical school graduates to complete 1 year of graduate clinical medical training. Minn. Stat. § 147.02 (d). Foreign medical school graduates must complete 2 years of graduate clinical medical training. Minn. Stat §147.037 (d).

Residency permit A person must have a residency permit to participate in residency program in Minnesota. If a resident permit holder changes their residency program, that person must notify the board in writing no later than 30 days after termination of participation in the residency program. A separate residency permit is required for each residency program until a license is obtained. Minn. Stat. §147.0391.

Minnesota exempts from licensure physicians that are employed in a scientific, sanitary, or teaching capacity by the state university, the Department of Education, a public or private school, college, or other bona fide educational institution, or nonprofit

organizations operated primarily for the purpose of conducting scientific research directed towards discovering the causes of and cures for human diseases. Minn. Stat. §147.09 (6).

Minnesota does not have a comparable administrative physician license.

Summary of factual data and analytical methodologies:

The methodologies used in drafting the proposed rules include reviewing 2013 Wisconsin Act 240 and obtaining feedback from members of the Medical Examining Board.

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

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 Economic Impact Analysis.

Effect on small business:

These proposed rules do 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 Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shancethea Leatherwood, Administrative Rules Coordinator, 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; email at Shancethea.Leatherwood@wisconsin.gov.

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

Comments may be submitted to Shancethea Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Shancethea.Leatherwood@wisconsin.gov.

TEXT OF RULE

SECTION 1. Med 1.02 (3) is repealed and recreated to read:

Med 1.02 (3) (a) A verified certificate showing satisfactory completion by the applicant of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic

Association or a successor organization; or provide documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, or the American Osteopathic Association or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(b) If an applicant is a graduate of a foreign medical school, then the applicant must provide a verified certificate showing satisfactory completion of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or a successor organization; or provide documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, or the American Osteopathic Association or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(c) If the applicant is a graduate of a foreign medical school and has not completed 24 months of postgraduate training approved by the board and is not currently enrolled in a postgraduate training program but the applicant has other professional experience which the applicant believes has given that applicant the education and training substantially equivalent to 24 months of postgraduate training. The applicant may submit documentary evidence illustrating substantially equivalent education and training. The board will review the documentary evidence and may make further inquiry including a personal interview of the applicant as the board deems necessary to determine whether substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds that the documentary evidence is substantially equivalent to the required training and experience the board may accept the experience in lieu of requiring the applicant to have completed 24 months of postgraduate training in a program approved by the board.

(d) The board approves of the following facilities and training programs to include, the Council on Medical Education of the American Medical Association, the American Osteopathic Association, the Liaison Committee on Graduate Medical Education, and the National Joint Committee on Approval of Pre-Registration Physician Training Programs of Canada, or its successor organization.

SECTION 2. Med 3 (title) is amended to read:

CHAPTER MED 3

VISTING PROFESSOR PHYSICIAN LICENSE

SECTION 3. Med 3.01 and 3.02 are amended to read:

Med 3.01 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), 227.11 (2) (a) and 448.40, Stats., and govern application for ~~a temporary license to practice medicine and surgery under s. 448.04 (1) (b) 2., Stats.,~~ restricted license to practice medicine and surgery as a visiting physician under 448.04 (1) (bg), Stats., (hereinafter “visiting professor physician license”), and also govern practice thereunder.

Med 3.02 Applications, credentials, and eligibility. An applicant who is a graduate of a foreign medical school ~~located outside of the United States or Canada~~ or an osteopathic college that is approved by the board and who is invited to serve on the academic staff of a medical school in this state as a visiting ~~professor physician~~ may apply to the board for a temporary visiting professor license visiting physician license and shall submit to the board all of the following:

(1) A completed and verified application for this purpose as required in s. Med 1.02 (1), which includes proof that the applicant has graduated from and possesses a diploma from a medical or osteopathic college that is approved by the board.

(1m) Documentary evidence of licensure to practice medicine and surgery outside of Wisconsin.

(2) A signed letter from the appointing authority president or dean of a medical school, facility, or college in this state indicating that the applicant has been invited to serve on the academic staff of such medical school as a visiting professor intends to teach, research, or practice medicine and surgery at a medical education facility, medical research facility or medical college in this state.

(3) A curriculum vitae setting out the applicant's education and qualifications and a verified photographic copy of the diploma (with translation) conferring the degree of doctor of medicine granted to the applicant by such school.

~~(4) A photograph of the applicant as required in s. Med 1.02 (4).~~

(5) A verified statement that the applicant is familiar with the state health laws and the rules of the department of health services as related to communicable diseases.

~~(6) Documentary evidence of noteworthy attainment in a specialized field of medicine.~~

(7) Documentary evidence of post-graduate postgraduate training completed in the United States and/or or foreign countries.

(8) Oral interview conducted by at the discretion of the board.

(9) Documentary evidence that the applicant teaches medicine, engages in medical research, or practices medicine and surgery outside of Wisconsin.

SECTION 4. Med 3.04 is amended to read:

Med 3.04 Practice limitations. The holder of a temporary visiting professor physician license may practice medicine and surgery as defined in s. 448.01 (9), Stats., providing such practice is ~~full-time~~ and is entirely limited to the medical education facility, medical research facility, or the medical college where the license holder is teaching, researching, or practicing medicine and surgery and only within the terms and restrictions established by the board. ~~the duties of the academic position to which the holder of such license is appointed.~~

SECTION 5. Med 3.05 is repealed and recreated to read:

Med 3.05 Expiration and renewal. A visiting physician license is valid for one year and remains valid only while the license holder is actively engaged in teaching, researching, or practicing medicine and surgery and is lawfully entitled to work in the United States. The visiting physician license may be renewed at the discretion of the board.

SECTION 6. Med 3.06 is amended to read:

Med 3.06 Examination ~~and interview.~~ Applicants shall ~~participate in an oral interview conducted by the board,~~ and shall complete an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin.

SECTION 7. Med 5 (title) is amended to read:

CHAPTER MED 5

TEMPORARY EDUCATIONAL PERMIT RESIDENT EDUCATIONAL LICENSE TO PRACTICE MEDICINE AND SURGERY

SECTION 8. Med 5.01 and 5.02 are amended to read:

Med 5.01 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), 227.11 and 448.40, Stats., and govern application for ~~temporary educational permit~~ the resident educational license to practice medicine and surgery under s. 448.04 (1) (e), Stats., s. 448.04 (1) (bm), Stats., (hereinafter "temporary resident educational permit license"), and also govern practice thereunder.

Med 5.02 Applications, credentials, and eligibility. An applicant who has been ~~appointed to~~ accepted into a postgraduate training program in a facility in this state approved by the board under the provisions of s. Med 1.02 (3), and accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization may apply to the board for a ~~temporary~~

educational permit resident educational license to practice medicine and surgery and shall submit to the board all of the following:

(1) ~~A completed and verified application supplied by the board for this purpose. These application forms are furnished by the board to the directors of training programs in approved facilities in this state and are available to the applicant from such directors.~~

(1m) Documentary evidence that the application is a graduate of and possesses a diploma from a medical or osteopathic school approved by the board.

~~(2) The documentary Documentary evidence and credentials required under s. Med 1.02 (2), (4) and (5) the applicant has been accepted into a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization.~~

(3) A signed letter from the president or dean of the institution sponsoring the postgraduate training program into which the applicant has been accepted confirming that the applicant has been or will be accepted into a postgraduate training program.

(4) A verified statement that the applicant is familiar with the state health laws and rules of the department of health services as related to communicable diseases.

SECTION 9. Med 5.04 and 5.05 are amended to read:

Med 5.04 Practice limitations. ~~The holder of a temporary educational permit to practice medicine and surgery~~ resident educational license may, under the direction of a person licensed to practice medicine and surgery in this state, perform services requisite to the postgraduate training program in which ~~that holder the licensee~~ is serving. Acting under such direction, ~~the holder of such temporary educational permit~~ the resident educational licensee shall also have the right to prescribe drugs ~~other than narcotics and controlled substances~~ and to sign any certificates, reports or other papers for the use of public authorities which are required of or permitted to persons licensed to practice medicine and surgery. ~~The holder of such temporary educational permit~~ resident educational licensee shall confine his or her training and entire practice to the ~~facility~~ postgraduate training program in which ~~the permit holder~~ the resident educational licensee is taking the their training and to the duties of such training.

Med 5.05 Revocation. ~~Violation by the holder of a temporary educational permit a~~ resident educational licensee to practice medicine and surgery of any of the provisions of this chapter or of any of the provisions of the Wisconsin Administrative Code or of ch. 448, Stats., which apply to persons licensed to practice medicine and surgery shall be cause for the revocation of such ~~temporary educational permit~~ resident educational license.

SECTION 10. Med 5.06 is repealed and recreated to read:

Med 5.06 Expiration and renewal. A resident educational license to practice medicine and surgery granted under this chapter is valid for one year and may be renewed for additional one-year terms as long as the license holder is enrolled in their postgraduate training program.

SECTION 11. Ch. Med 23 is created to read:

CHAPTER MED 23

ADMINISTRATIVE PHYSICIAN LICENSE

Med 23.01 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), 227.11, and 448.40, Stats., and govern application for licensure as an administrative physician under s.448.04 (1) (ac), Stats., and also govern practice thereunder.

Med 23.02 Application, credentials and eligibility. An applicant for an administrative physician license must provide a completed and verified application which includes proof that the applicant has graduated from and possesses a diploma from a medical or osteopathic school approved by the board; and documentary evidence of completion of a postgraduate training program approved by the board. Applicants for an administrative physician license must also meet the same qualifications for licensure as applicants applying under s.448.05 (2) (a) or (b), Stats.

Med 23.03 Fees. The required fees must accompany the application, and must be made payable to the Wisconsin department of safety and professional services.

Med 23.04 Practice limitations. The Board may issue an administrative physician license to an applicant whose primary responsibilities are those of an administrative or academic nature; such as professional managerial, administrative, or supervisory activities. The holder of an administrative physician license may not examine, care for, or treat patients. An administrative physician license does not include the authority to prescribe drugs or controlled substances, delegate medical acts, issue opinions regarding medical necessity or conduct clinical trials on humans.

Med 23.05 Expiration and Renewal. An administrative physician license shall expire every 2 years after the date of its issuance and may be renewed in accordance with s. 448.013, Stats., for an additional 2 year periods at the discretion of the board.

Med 23.06 Examination. In accordance with Med 1.06 applicants may be required to complete an oral examination at the discretion of the board.

SECTION 12. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson, Bureau Assistant on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 10/24/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Primary Care Physician Reentry Act	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Informational Item			
11) Authorization			
Taylor Thompson		10/24/14	
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.			

Primary Care Physician Reentry Act

This summer, the FSMB endorsed H.R. 5498, Primary Care Physician Reentry Act, introduced by Rep. John Sarbanes (D-MD-03). The legislation would establish a grant program for medical schools, hospitals and non-profit organizations to create or expand their physician reentry programs which give physicians a streamlined process for credentialing and continuing medical education to return to medical practice after a period of absence. In return for this assistance, these physicians would serve at community health centers, VA medical centers or school-based health centers to help fill the national shortage of primary care doctors.

Source: Federation of State Medical Boards

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Taylor Thompson		2) Date When Request Submitted: 9/19/14	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 11/19/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Citizens Advocacy Center (CAC) 2014 Annual Meeting Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Robert Zondag will give a report to the Medical Examining Board on his travel to the CAC 2014 Annual Meeting.			
11) Authorization			
Taylor Thompson		09/19/14	
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.			