



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
February 18, 2015

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 January 21, 2015 (5-12)**
- C) Administrative Updates**
 - 1) Department 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
 - 3) **Delegation to Monitoring Liaison and Department Monitor (13-14)**
 - 4) Other Informational Items
- D) Intake Complaint Process (15)**
 - 1) **APPEARANCE** – Kelley Sankbeil, DLSC Records Management Supervisor
- E) Council on Anesthesiologist Assistants Report (16)**
- F) Board Newsletter – Review and Discussion**
- G) Consideration of Jennifer L. Jarrett, MPAS, PA-C, for Appointment to the Council on Physician Assistants (17-19)**
- H) Federation of State Medical Boards (FSMB) Matters**
 - 1) Interstate Medical Licensure Compact Update **(20-48)**
- I) National Governors Association’s Policy Academy on Reducing Prescription Drug Abuse – Update (49)**
- J) National Board of Osteopathic Medical Examiners Request for Nominations to Standard Setting Panel for the Humanistic Domain of COMLEX-USA Level 1 – Performance Evaluation – Board Consideration (50-51)**

- K) Legislative/Administrative Rule Matters**
 - 1) **Review Permanent Rule Regarding MED 1, 3, and 5 Physician Licensure (52-63)**
 - 2) Update on Pending and Possible Rule Projects
- L) Speaking Engagement(s), Travel, or Public Relation Request(s)
- M) Licensing Committee Report
- N) Screening Panel Report
- O) Informational Items
- P) 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), and Reports
- Q) 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.).

- R) Seeking Equivalency for the 12 Months of ACGME Approved Post-Graduate Training Based on Education and Training**
 - 1) Azar Sheikholeslami, M.D. (**64-110**)

- S) Monitoring Matters (111-112)**
- 1) Farid A. Ahmad – Requesting Return of Full Unrestricted License **(113-136)**
 - 2) Carol Haughey, P.A. – Requesting Modifications of Requirements **(137-156)**
 - 3) Eleazar Kadile, M.D. – Requesting Modifications of Requirements **(157-206)**
 - 4) Heath Meyer, D.O. – Requesting Modifications of Requirements **(207-229)**
 - 5) Johnathan Thomas, M.D. – Requesting Reduction in Drug and Alcohol Screens **(230-254)**
- T) Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)**
- 1) Karen Butler, M.D. – 13 MED 161 **(255-261)**
 - 2) Karen Butler, M.D. – 13 MED 308 **(262-267)**
 - 3) James R. Lloyd, M.D. – 13 MED 321 **(268-274)**
 - 4) Louis Seno, Jr., M.D. – 13 MED 433 **(275-282)**
 - 5) David S. Budde, M.D. – 14 MED 519 **(283-288)**
 - 6) John D. Wolski, D.O. – 14 MED 579 **(289-293)**
- U) Deliberation on Complaints for Determination of Probable Cause**
- 1) Glenn Stow, M.D. – 14 MED 379 **(294-296)**
- V) Deliberation on Administrative Warnings**
- 1) 14 MED 319 – A.J. **(297-298)**
- W) Petitions for Extension of Time**
- 1) 12 MED 042 – A.Y. and H.D. **(299-302)**
- X) Case Closing(s)**
- 1) 12 MED 042 – A.Y. and H.D. **(303-320)**
 - 2) 13 MED 181 – S.B.A. **(321-324)**
 - 3) 13 MED 308 – T.C. **(325-328)**
 - 4) 13 MED 509 – J.C.L. **(329-331)**
 - 5) 14 MED 342 – A.J.C. **(332-334)**
 - 6) 14 MED 512 – M.A.B. **(335-340)**
 - 7) 14 MED 541 – C.L.K. **(341-348)**
 - 8) 14 MED 548 – S.G.S. **(349-354)**
 - 9) 14 MED 551 – S.H.V. **(355-357)**
- Y) Case Status Report (358-375)**
- Z) 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

AA) Consulting with Legal Counsel

- 1) Planned Parenthood Litigation **(376)**

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 124D/E

11:30 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing applications and conducting oral examinations of two (2) candidates for licensure – Drs. Simons, Ogland Vukich, Yale, and Vasudevan.

**MEDICAL EXAMINING BOARD
MEETING MINUTES
January 21, 2015**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D. (*arrived at 8:15 a.m.*); Carolyn Ogland Vukich, M.D. (*via GoToMeeting*); Michael Phillips, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Timothy Westlake, M.D. (*arrived at 8:03 a.m.*); Russell Yale, M.D.; Robert Zondag

EXCUSED: James Barr; Sridhar Vasudevan, M.D.

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

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

MOTION: Greg Collins moved, seconded by Michael Phillips, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Robert Zondag moved, seconded by Michael Phillips, to approve the minutes of December 17, 2014 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

ELECTION OF OFFICERS

BOARD CHAIR

NOMINATION: Greg Collins nominated Kenneth Simons for the Office of Board Chair. Nomination carried by unanimous consent.

Tom Ryan called for other nominations three (3) times.

Kenneth Simons was elected as Board Chair.

VICE CHAIR

NOMINATION: Mary Jo Capodice nominated Timothy Swan for the Office of Vice Chair. Nomination carried by unanimous consent.

Tom Ryan called for other nominations three (3) times.

Timothy Swan was elected as Vice Chair.

SECRETARY

NOMINATION: Russell Yale nominated Mary Jo Capodice for the Office of Secretary. Nomination carried by unanimous consent.

Tom Ryan called for other nominations three (3) times.

Mary Jo Capodice was elected as Secretary.

| 2015 ELECTION RESULTS | |
|------------------------------|-------------------------|
| Board Chair | Kenneth Simons |
| Vice Chair | Timothy Swan |
| Secretary | Mary Jo Capodice |

APPOINTMENT OF LIAISONS, ALTERNATES, AND DELEGATED AUTHORITY

| 2015 LIAISON APPOINTMENTS | |
|---|--|
| Professional Assistance Procedure Liaison | Mary Jo Capodice <i>Alternate: Michael Phillips</i> |
| Office of Education and Exams Liaison | Timothy Westlake <i>Alternate: Timothy Swan</i> |
| Website Liaison | Timothy Swan <i>Alternate: Greg Collins</i> |
| Credentialing Liaison | Timothy Westlake, Mary Jo Capodice <i>Alternates: Rodney Erickson, Sridhar Vasudevan</i> |
| Legislative Liaison | Timothy Swan, Timothy Westlake, Kenneth Simons, Sridhar Vasudevan |
| Maintenance of Licensure Liaison | Rodney Erickson, Carolyn Ogland Vukich <i>Alternate: Mary Jo Capodice</i> |
| Newsletter Liaison | Kenneth Simons <i>Alternate: Timothy Swan</i> |
| Monitoring Liaison | Sridhar Vasudevan <i>Alternate: Mary Jo Capodice</i> |
| Continuing Education Liaison | Rodney Erickson <i>Alternate: Michael Phillips</i> |
| Rules Liaison | Timothy Swan <i>Alternate: Russell Yale</i> |
| Prescription Drug Monitoring Program Liaison | Timothy Westlake <i>Alternate: Sridhar Vasudevan</i> |

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to affirm the Chair’s appointment of Liaisons for 2015. Motion carried unanimously.

DELEGATED AUTHORITY MOTIONS

MOTION: Robert Zondag moved, seconded by Suresh Misra, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters, make appointments to vacant liaison, panel and committee positions, and to act when knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Such actions will be reported to the Board at the next meeting. Motion carried unanimously.

MOTION: Robert Zondag moved, seconded by Suresh Misra, to delegate to the Board's Councils and/or its liaison(s) the authority to review applications and conduct examinations or interviews of candidates for licensure and to make recommendations regarding the licensure of applicants based upon the application reviews and examinations or interviews. Recommended credential denials should be considered by the Medical Examining Board. This delegation motion is not intended to be exhaustive of the Councils' advisory authority. Motion carried unanimously.

MOTION: Robert Zondag moved, seconded by Suresh Misra, that Board Counsel or another Department attorney is formally authorized to serve as the Board's designee for purposes of Wis. Admin. Code SPS § 1.08(1). Motion carried unanimously.

MOTION: Robert Zondag moved, seconded by Michael Phillips, that the full Board delegates authority to the Chair or chief presiding officer, or longest serving member of the Board, by order of succession, to sign documents on behalf of the Board. In order to carry out the duties of the Board, the Chair, chief presiding officer, or longest serving member of the Board, has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair, chief presiding officer, or longest serving member of the Board delegates the authority to Executive Director or designee to sign the name of any Board member on documents as necessary and appropriate. Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to adopt the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

REVIEW OF MED 1.04 RELATING TO ENTRANCE TO EXAM

MOTION: Michael Phillips moved, seconded by Russell Yale, to approve the draft of Med 1.04 relating to Entrance to Exam for posting of EIA Comments and submission to the Clearinghouse. Motion carried. *Timothy Swan voted no.*

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATION REQUEST(S)

MOTION: Russell Yale moved, seconded by Robert Zondag, to authorize Tom Ryan to attend the FSMB 2015 Annual Meeting on April 23-25, 2015 in Fort Worth, Texas. Motion carried unanimously.

MOTION: Suresh Misra moved, seconded by Greg Collins, to designate Kenneth Simons as the delegate, and Robert Zondag as the alternate, to the FSMB 2015 Annual Meeting on April 23-25, 2015 in Fort Worth, Texas, and to authorize travel. Motion carried unanimously.

CLOSED SESSION

MOTION: Michael Phillips moved, seconded by Robert Zondag, 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; Timothy Westlake – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 8:54 a.m.

RECONVENE TO OPEN SESSION

MOTION: Suresh Misra moved, seconded by Michael Phillips, to reconvene in Open Session at 11:39 a.m. Motion carried unanimously.

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

MOTION: Suresh Misra moved, seconded by Timothy Swan, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

FULL BOARD ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

SAMIR HADDAD, MD

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to find that Samir Haddad, MD, passed the MEB Full Board Oral Examination. Motion carried unanimously.

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to grant the application of Samir Haddad, MD, for license to practice medicine and surgery, once all requirements are met. Motion carried. *Timothy Swan voted no.*

MONITORING MATTERS

FARID A. AHMAD – REQUESTING RETURN OF FULL UNRESTRICTED LICENSE

MOTION: Timothy Swan moved, seconded by Russell Yale, to table this matter until the next meeting. Motion carried unanimously.

DEVINDER SIDHU – REQUESTING ELIMINATION OF THERAPY REQUIREMENT

MOTION: Timothy Swan moved, seconded by Suresh Misra, to grant the request of Devinder Sidhu for elimination of therapy requirement. Motion carried unanimously.

REQUEST FOR BOARD TO TAKE ACTION ON APPLICATION. EQUIVALENCY FOR 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING FOUND NOT EQUIVALENT.

NITINRAI PANDYA, MD

MOTION: Timothy Westlake moved, seconded by Greg Collins, to deny the application for licensure. **Reason for denial:** The Board has determined the training and education of Nitinrai Pandya, M.D not substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

REVIEW OF ADMINISTRATIVE WARNING WARN00000241 DLSC CASE NUMBER 14 MED 264 (R.B.)

MOTION: Robert Zondag moved, seconded by Rodney Erickson, to affirm the Administrative Warning issued to R.B. Motion carried.

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

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:

1. Amy Rongstad Grelle, M.D. – 14 MED 008
2. James R. Fletcher, M.D. – 14 MED 162
3. James A. Wichser, M.D. – 14 MED 180
4. Joseph J. Pietrafitta, M.D. – 14 MED 306
5. Srinivas P. Jolepalem, M.D. – 14 MED 435
6. Andrew R. Wentzel, M.D. – 14 MED 503

Motion carried unanimously.

DELIBERATION ON COMPLAINTS FOR DETERMINATION OF PROBABLE CAUSE

KAREN BUTLER, M.D. – 13 MED 161

Suresh Misra recused himself for the deliberation and voting in the matter of Karen Butler, M.D. – 13 MED 161

MOTION: Michael Phillips moved, seconded by Timothy Swan, to find probable cause to believe that Karen Butler, M.D., DLSC case number 13 MED 161, 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 WARNING(S)

13 MED 076 – J.T.K.

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of DLSC case number 13 MED 076 (J.T.K.). Motion carried unanimously.

14 MED 279 – D.R.T.

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of DLSC case number 14 MED 279 (D.R.T.). Motion carried unanimously.

14 MED 514 – W.K.K.

Carolyn Ogland Vukich recused herself in the deliberation and voting in the matter of 14 MED 514 – W.K.K.

MOTION: Mary Jo Capodice moved, seconded by Michael Phillips, to issue an Administrative Warning in the matter of DLSC case number 14 MED 514 (W.K.K.). Motion carried.

CASE CLOSING(S)

13 MED 278 – K.J.K.

MOTION: Greg Collins moved, seconded by Suresh Misra, to close DLSC case number 13 MED 278, against K.J.K., for no violation (NV). Motion carried unanimously.

13 MED 358 – B.S.H.

MOTION: Greg Collins moved, seconded by Timothy Swan, to close DLSC case number 13 MED 358, against B.S.H., for no violation (NV). Motion carried unanimously.

14 MED 133 – N.A.H.

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to close DLSC case number 14 MED 133, against N.A.H., for no violation (NV). Motion carried unanimously.

14 MED 149 – J.L.G.

MOTION: Greg Collins moved, seconded by Michael Phillips, to close DLSC case number 14 MED 149, against J.L.G., for prosecutorial discretion (P5). Motion carried unanimously.

14 MED 171 – S.A.W.

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to close DLSC case number 14 MED 171, against S.A.W., for no violation (NV). Motion carried unanimously.

14 MED 255 – R.N.H.

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to close DLSC case number 14 MED 255, against R.N.H., for insufficient evidence (IE). Motion carried unanimously.

14 MED 332 – K.D. AND R.K.

MOTION: Rodney Erickson moved, seconded by Russell Yale, to close DLSC case number 14 MED 332, against K.D. and R.K., for no violation (NV). Motion carried unanimously.

14 MED 337 – A.M.

MOTION: Timothy Swan moved, seconded by Mary Jo Capodice, to close DLSC case number 14 MED 337, against A.M., for prosecutorial discretion (P2). Motion carried unanimously.

14 MED 389 – A.V.D.

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to close DLSC case number 14 MED 389, against A.V.D., for prosecutorial discretion (P1). Motion carried unanimously.

12 MED 444 – S.S.B.

Timothy Swan recused himself in the deliberation and voting in the matter of 12 MED 444 – S.S.B.

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to close DLSC case number 12 MED 444, against S.S.B., for no violation (NV). Motion carried.

14 MED 508 AND 14 MED 509 – I.Z.

MOTION: Greg Collins moved, seconded by Michael Phillips, to close DLSC case numbers 14 MED 508 and 14 MED 509, against I.Z., for prosecutorial discretion (P5). Motion carried unanimously.

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

MOTION: Mary Jo Capodice moved, seconded by Robert Zondag, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Michael Phillips moved, seconded by Russell Yale, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:40 a.m.

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

AGENDA REQUEST FORM

| | | | |
|---|---|--|--|
| 1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance | | 2) Date When Request Submitted: January 13, 2015 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | |
| 3) Name of Board, Committee, Council, Sections: | | | |
| 4) Meeting Date: | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Delegation to Monitoring Liaison and Department Monitor | |
| 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: Delegated Authority Motion: <i>“_____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i> | | | |
| 11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 30%; text-align: center;"> January 13, 2015 </div> <div style="width: 30%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 20%; text-align: center;">Date</div> <div style="width: 20%;"></div> </div> | | | |
| 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. | | | |

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. **Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.**

Monitoring Liaison currently has the authority to grant an extension up to 90 days. This change will allow the Liaison to grant payment plans and longer extensions on a case-by-case basis, which will be particularly helpful for Board/Sections that do not meet every month.

7. **Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.**

This addition was initiated and approved by the Medical Examining Board in October 2014. The Liaison may choose to defer a particular request to the full Board/Section for review if needed.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

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

AGENDA REQUEST FORM

| | | | | | | | | | | | | | |
|---|---|---|--|-----------------|------------------|---|------|--------------------------|------|--|--|------|--|
| 1) Name and Title of Person Submitting the Request: Kelley Sankbeil Records Management Supervisor Division of Legal Services and Compliance | | 2) Date When Request Submitted: December 8, 2014 | | | | | | | | | | | |
| | | Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others | | | | | | | | | | | |
| 3) Name of Board, Committee, Council, Sections: Medical Examining Board | | | | | | | | | | | | | |
| 4) Meeting Date: 2-18-2015 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Intake Complaint Process | | | | | | | | | | | |
| 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 <input type="checkbox"/> No | 9) Name of Case Advisor(s), if required: None | | | | | | | | | | | |
| 10) Describe the issue and action that should be addressed: Discuss possible change in approach to obtaining records for Screening Panel review. | | | | | | | | | | | | | |
| 11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> Kelley Sankbeil </td> <td style="width: 40%; border-bottom: 1px solid black;"> December 8, 2014 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Signature of person making this request </td> <td style="border-bottom: 1px solid black;"> Date </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Supervisor (if required) </td> <td style="border-bottom: 1px solid black;"> Date </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> Date </td> </tr> </table> | | | | Kelley Sankbeil | December 8, 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 | |
| Kelley Sankbeil | December 8, 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. | | | | | | | | | | | | | |

**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: 1/22/15 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: 2/18/15 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Council on Anesthesiologist Assistants 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: | | | |
| 11) Authorization | | | |
| Taylor Thompson | | 1/22/15 | |
| 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: Kimberly Wood, Program Assistant Supervisor-Adv. | | 2) Date When Request Submitted: 1/8/2015 | |
| | | 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: 2/18/2015 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Consideration of Jennifer L. Jarrett, MPAS, PA-C, for Appointment to the Council on Physician 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 resume provided by Jennifer Jarrett who recently expressed interest in appointment to the Wisconsin Council on Physician Assistants. The Board should determine whether or not to appoint Jennifer Jarrett to the Council seat currently held by Anne Hletko whose 2nd term expired in 2011.</p> <p>Should the Board wish to appoint Jennifer Jarrett, the Board will then need to consider when the appointment should occur:</p> <p>a) Immediately - Ms. Jarrett's first term would be effective 2/18/2015 and would expire on 7/1/2015</p> <p>b) Delayed - Ms. Jarrett's first term would be effective as of 7/1/2015 with expiration on 7/1/2019 thus allowing Ms. Jarrett an opportunity for two full terms of service.</p> <p>Motion: ___ moved, seconded by ___, to appoint Jennifer L. Jarrett to the Council on Physician Assistants as a physician assistant member, as of _____ for a term to expire on _____.</p> | | | |
| 11) Authorization | | | |
| Kimberly D. Wood | | 1/8/2015 | |
| 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. | | | |

PROFESSIONAL HEALTH CARE EXPERIENCE

| | | |
|---|---------------------------------------|--------------|
| <i>Internal Medicine</i> | UW Medical Foundation, Madison, WI | 2014-present |
| <ul style="list-style-type: none">▪ Management of acute and chronic conditions with various levels of complexity.▪ Coordinate care of established patients.▪ Perform complete physicals and pre-operative exams.▪ Proficient user of EPIC ambulatory electronic medical record. | | |
| <i>Hospitalist</i> | Dean/St. Mary's Hospital, Madison, WI | 2010 - 2014 |
| <ul style="list-style-type: none">▪ Admit patients to hospitalist service.▪ Perform inpatient consultations.▪ Perform daily patient rounding and coordinate patient care on general medical and ICU patients.▪ Participate in daily multi-disciplinary unit-based rounds.▪ Complete and coordinate hospital discharges.▪ Provide evening management/cross coverage of adult patients in 350 bed hospital.▪ Manage life-threatening emergency situations.▪ Manage and coordinate end-of-life care.▪ Proficient user of EPIC inpatient electronic medical record. | | |
| <i>Obstetrics and Gynecology Surgery</i> | Dean/St. Mary's Hospital, Madison, WI | 2010 |
| <ul style="list-style-type: none">▪ Assist with Gynecologic inpatient and outpatient surgeries.▪ Management of post-partum and post-operative patients.▪ Complete hospital discharges.▪ Perform inpatient and outpatient consultations.▪ Proficient user of EPIC inpatient electronic medical record. | | |
| <i>Internal Medicine</i> | Dean Clinic, Madison, WI | 2001 - 2009 |
| <ul style="list-style-type: none">▪ Management of acute and chronic conditions with various levels of complexity.▪ Coordinate care an unlimited number of new and established patients.▪ Perform complete physicals and pre-operative exams.▪ Proficient user of EPIC ambulatory electronic medical record.▪ Met 100% annual productivity goal since hiring in 2001. | | |
| <i>Occupational Medicine/Urgent Care</i> | Mercy Health System, Janesville, WI | 1999 - 2000 |
| <ul style="list-style-type: none">▪ Evaluate work related injuries.▪ Perform pre-employment physical exams and determine fitness for work.▪ Perform a variety of urgent care procedures.▪ Served as primary care provider at local businesses' in-house clinics. | | |

PRECEPTORSHIP EXPERIENCE

Family Practice, UW Health, Randolph Community Clinic, Randolph, WI
Emergency Room, Mercy Hospital, Janesville, WI
Family Practice, Dean East Madison Clinic, Madison, WI
Peripheral Vascular Surgery, University of Wisconsin Hospital, Madison, WI
Endocrinology, Physician's Plus, Madison, WI
Cardiology, St. Mary's Hospital, Madison, WI
General Surgery, Sauk Prairie Memorial Hospital, Prairie Du Sac, WI
General Surgery, University of Wisconsin Hospital, Madison, WI

BUSINESS EXPERIENCE

- Director – Practice Development* Meriter, Madison, WI 2009
- Responsible for management of fourteen Advanced Practitioners, involved in new clinic development including clinic design, marketing, practice promotion, and clinic management. Also involved in EPIC Ambulatory design and implementation. Develop practice analysis for primary care and specialty practices.
- Marketing Communications Manager* Superconductivity, Inc, Middleton, WI 1992 -1996
- Responsible for developing, implementing and analyzing the effectiveness of all product promotion and public relations efforts.
- Market Research/Database Analyst* Lab Safety Supply, Janesville, WI 1990 - 1992
- Developed and analyzed qualitative and quantitative research projects. Specified database parameters, analyzed customer and market profiles of over one million customers.

EDUCATION and ASSOCIATIONS

Master's Completion Program: Physician Assistant, University of Wisconsin - Madison 8/2014
Bachelor of Science Degree: Physician Assistant, University of Wisconsin – Madison
Bachelor of Science Degree: Public Affairs Management, Michigan State University
NCCPA Certified most recently in 2011, scored in the 94th percentile
ACLS recertified 10/2012
BLS recertified 05/2013
Fellow Member of AAPA American Academy of Physician Assistants
Fellow Member of WAPA Wisconsin Academy of Physician Assistants
ember of Society of Hospital Medicine

References are available upon request.

**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: 1/30/15 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: 2/18/15 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? FSMB Matters Interstate Medical Licensure Compact Update | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: | | | |
| 11) Authorization | | | |
| Taylor Thompson | | 1/30/15 | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | |
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DATE: January 28, 2015

TO: Member Medical Board Executive Directors –
Interstate Medical Licensure Compact Supporters

FROM: Humayun J. Chaudhry, DO, MACP
FSMB President and CEO

CC: Don Polk, DO, FSMB Chair
FSMB Board of Directors

RE: Interstate Medical Licensure Compact Misinformation

The Federation of State Medical Boards (FSMB) has become aware in recent days of an effort being conducted by various individuals to undermine the Interstate Medical Licensure Compact.

This memorandum is being sent to the Executive Directors of those state medical and osteopathic boards that have formally endorsed or supported the Compact. It lists the concerns of those opposed to the Compact and refutes each of the misrepresentations and falsehoods that we have heard. Please feel free to share these with your state board members, state legislators and state medical and osteopathic societies, as appropriate.

As you know, the Compact was put together by representatives of several state boards and has been endorsed by physician organizations such as the American Medical Association (AMA) and by 25 state medical and osteopathic boards in just the few short months since it was introduced. It provides a reasonable, innovative way to get more physicians licensed in the states where their services are vitally needed – while preserving all of the protections of state-based medical regulation and allowing physicians the freedom to choose the licensing path that works best for them. The Compact has already been introduced in 10 state legislatures (Iowa, Minnesota, Nebraska, Oklahoma, South Dakota, Texas, Utah, Vermont, West Virginia, and Wyoming).

There have been false and misleading public statements and distortions made about the Compact in an effort to discredit it and help thwart its adoption by state legislatures. Ironically, such an effort empowers those that favor a national approach to medical licensure.

The anti-Compact campaign is riddled with falsehoods that are easily debunked by simply reading the model legislation that was crafted in an open and collaborative fashion by the state medical boards with input from stakeholders across the nation. Perhaps the most egregious of these falsehoods is the notion that the Compact would somehow force practicing physicians to participate in additional levels of medical certification beyond basic licensing and standard requirements for continuing medical education (CME).

Participation in the proposed Compact is totally optional, and is intended only for those physicians who wish to practice in multiple states and who want to avoid the process of applying for multiple state licenses one at a time. It in no way changes the requirements for state medical licensure for physicians seeking one license within a state or for those who choose to become licensed in multiple states through existing processes. The status quo remains, for any physician who wants to continue to use current licensing processes.

The FSMB has prepared a fact sheet about “Six Myths About the Compact”, outlined below, that refutes the misleading claims.. The fact sheet will also soon be available at the FSMB’s Interstate Medical Licensure Compact website (www.licenseportability.org).

SIX MYTHS ABOUT THE INTERSTATE MEDICAL LICENSURE COMPACT

MYTH: It is alleged that the definition of a physician in the Compact is at variance with the definition of a physician by all other state medical boards.

FACT: The definition of a physician in the Interstate Compact relates only to the eligibility to receive a license through the process outlined in the Compact. The Compact definition does not change the existing definition of a physician in a state’s existing Medical Practice Act, nor does it change the basic requirements for state medical licensure of a physician seeking only one license within a state or who chooses to become licensed in additional states through existing processes.

FACT: In order for the Compact to be acceptable in ALL states, the definition of a physician was drafted by state medical boards in a manner that meets the highest standards already required for expedited licensure or licensure by endorsement (many states already have standards in place for expedited licensure or licensure by endorsement that require specialty-board certification.)

FACT: Physicians who do not meet the requirements, including those not specialty certified, are still eligible to apply for state medical licensure in a member state through the current process. Initial estimates show that up to 80% of licensed physicians in the U.S. are currently eligible to participate in the Compact, if they choose to do so.

MYTH: It is alleged that physicians participating in the Compact would be required to participate in Maintenance of Certification (MOC), or that MOC is an eligibility requirement for the Compact.

FACT: The Compact makes absolutely no reference to Maintenance of Certification (MOC) or its osteopathic counterpart, Osteopathic Continuous Certification (OCC). The Compact does not require a physician to participate in MOC, nor does it require or even make mention of the need to participate in MOC as a licensure renewal requirement in any state. Once a physician is issued a license via the Compact from a state, he or she must adhere (as now) to the renewal and continuing medical education requirements of that state. No state requires MOC as a condition for licensure renewal, and therefore, this will not be required for physicians participating in the Compact.

MYTH: It is claimed that the Compact would "supersede a state's authority and control over the practice of medicine."

FACT: The Compact reflects the effort of the state medical boards to develop a dynamic, self-regulatory system of expedited state medical licensure over which the participating states maintain control through a coordinated legislative and administrative process. Coordination through a compact is not the same as commandeering state authority. It is the ultimate expression of state authority.

FACT: Some of the groups that are distorting the facts about the Compact are contradicting their own policies and goals: The American Legislative Exchange Council (ALEC), for example, which is now criticizing the Compact, has supported interstate compacts as solutions to other multi-state-based legislative challenges in the past.

MYTH: It is claimed that the Compact would change a state's Medical Practice Act.

FACT: The Compact clearly states that it would not change a state's Medical Practice Act. From the Compact's preamble: "The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act."

FACT: The Compact also adopts the prevailing standard for state medical licensure found in the Medical Practice Acts of each state, affirming that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter.

MYTH: It is asserted that it would be expensive for a state to extricate itself from the Interstate Medical Licensure Compact.

FACT: State participation in the Compact is, and will remain, voluntary. States are free to withdraw from the Compact and may do so by repealing the enacted statute. The withdrawal provisions of the Interstate Compact are consistent with interstate compacts currently enacted throughout the country.

MYTH: It is claimed that the Compact represents a regulatory excess, and costs and burdens on the state will be increased.

FACT: The process of licensure proposed in the Compact would reduce costs, streamlining the process for licensees. Rather than having to obtain individual documents for multiple states, which is both expensive and time consuming, member states can rely on verified, shared information to speed the licensee through the licensing process. Licensees would have to pay the fees set by their state in order to obtain and maintain a license via the Compact, just as with licenses currently obtained via current methods. The Compact is not an example of regulatory excess but an example of regulatory common sense.

For more information about the Compact, visit www.licenseportability.org.

About the Federation of State Medical Boards: The Federation of State Medical Boards (FSMB) is a national non-profit organization representing all medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. FSMB leads by promoting excellence in medical practice, licensure and regulation as the national resource and voice on behalf of state medical boards in their protection of the public. To learn more about FSMB visit: <http://www.fsmb.org/>. You can also follow FSMB on Twitter (@theFSMB and @FSMBPolicy) and Facebook by liking the Federation of State Medical Boards page.

INTERSTATE MEDICAL LICENSURE COMPACT

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 though 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: 1/30/15 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: 2/18/15 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? National Governors Association's Policy Academy on Reducing Prescription Drug Abuse - Update | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: | |
| 10) Describe the issue and action that should be addressed: | | | |
| 11) Authorization | | | |
| Taylor Thompson | | 1/30/15 | |
| 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: 2/3/15 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: 2/18/15 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? National Board of Osteopathic Medical Examiners Request for Nominations to Standard Setting Panel for the Humanistic Domain of COMLEX-USA Level 1 - Performance Evaluation - 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: | | | |
| 11) Authorization | | | |
| Taylor Thompson | | 2/3/15 | |
| 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. | | | |



January 23, 2015

Dear Osteopathic State Board Representatives,

NBOME is actively searching for leaders among the osteopathic medical profession to be members of a standard setting panel for the Humanistic Domain of COMLEX-USA Level 2-Performance Evaluation (PE), the clinical skills examination component of NBOME's Comprehensive Osteopathic Medical Licensing Examination. The panel will convene in Fall 2015. The recommendations from this panel will be considered in making a decision for the cut score for the COMLEX-USA Level 2-PE Humanistic domain for the test cycle beginning in March, 2016.

We are therefore soliciting nominations of individuals who are qualified to make judgments regarding these skills. We will consider all qualified DOs, and non-DOs who work in the field of doctor patient communication, interpersonal skills and professionalism. We are also requesting nominations of senior level residents who have completed the COMLEX-USA series of examinations. These panels are integral to the setting of defensible standards for the Level 2-PE examination.

During the standard setting sessions, panelists will be asked to evaluate actual examinee performances and make expert judgments which will be used in calculating the passing standard. Expert panelists selected to attend the sessions will receive a thorough orientation and training regarding the process at the meeting. Therefore, no experience in setting standards is necessary.

The sessions will be held at the NBOME National Center for Clinical Skills Testing in Conshohocken, PA (just outside of Philadelphia). Panelists will be required to arrive the Thursday evening before the sessions and stay through the conclusion of the sessions on Saturday or Sunday.

If you would like to nominate someone for this standard setting panel, please forward names and contact information to Ann McNair (amcnair@nbome.org) by March 15, 2015. We will contact your nominees directly to obtain further demographic information. Expert panelists comprising the most balanced representation (discipline, school, geographic location, gender, graduate versus undergraduate involvement, etc.) will be selected and confirmed with formal invitations in June 2015. *Panelists cannot be a current physician examiner for COMLEX-USA Level 2-PE or on the Case Development Committee for the examination.*

For more information on COMLEX-USA Level 2-PE, including a link to the informational program video, visit NBOME's website at www.nbome.org. Should you have further questions regarding the standard setting activities, please call me at 610-825-6551. Thank you for your interest.

Sincerely,

Jeanne M. Sandella, DO
Vice President for Clinical Skills Testing
National Board of Osteopathic Medical Examiners

**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: February 3, 2015 <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: February 18, 2015 | 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 Permanent Rule regarding 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 approve the draft for filing Med 1, 3, 5 for relating to physician licensure for posting of EIA comments and submission to the Clearinghouse.</p> | | | |
| 11) Shawn Leatherwood | | Authorization February 3, 2015 | |
| Signature of person making this request | | Date | |
| Supervisor (if required) | | Date | |
| Bureau Director signature (Indicates approval to add post agenda deadline item to agenda) | | | |
| Date | | | |
| Directions for including supporting documents: 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 RULES |
| | : | (CLEARINGHOUSE RULE) |
| | : | |

PROPOSED 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.

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 his or her 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.

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. This permit is a credential that is issued to a candidate who maintains 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, and 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 license 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 does 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. This credential 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 a residency program in Minnesota. If a resident permit holder changes a 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 in a nonprofit organizations that operates 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:

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.

Fiscal Estimate:

The Department finds that this rule will have a fiscal effect resulting in a one-time anticipated cost of approximately \$38,600. The Department will attempt to absorb this cost within the existing budget.

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.L 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.L 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, then 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 Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Liaison Committee on Medical Education, and the National Joint Committee on Approval of Pre-Registration of Physician Training Programs of Canada, or their successor organizations.

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

CHAPTER MED 3

VISITING ~~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.

(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 applicant 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 their~~ training and entire practice to the facility postgraduate training program in which ~~the permit holder~~ the resident educational licensee is taking 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 Registration and renewal. Each administrative physician licensee shall register biennially with the board. Administrative physicians who possess the degree of doctor of osteopathy must register by March 1st of each even-numbered year. Administrative physicians who possess the degree of doctor of medicine must register on or before November 1 of each odd-numbered year. The department shall mail to each licensee at his or her last known address as it appears in the records of the board a notice of renewal for registration. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied. The administrative physician licensee must comply with all other provisions of s. 448.13, Stats. and of ch. Med 13.

Med 23.06 Interview. In accordance with Med 1.06 applicants may be required to complete an oral interview 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)

This Proposed Order of the Medical Examining Board is approved for submission to the Governor's office.

Dated _____

Agency _____

Chairperson
Medical Examining Board