



**MEDICAL EXAMINING BOARD**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**April 15, 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 (1-5)**
- B) Approval and Correction of Minutes of March 18, 2015 (6-14)**
- C) 8:00 A.M. – APPEARANCE – Deputy Secretary Jay Risch and Assistant Deputy Secretary Eric Esser (15)**
- D) Administrative Updates**
  - 1) Department and Staff Updates
  - 2) Appointments/Reappointments/Confirmations
  - 3) Liaison Appointments
    - a) Affirmation of Travel Liaison (16)
  - 4) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
  - 5) Other Informational Items
- E) Board Spring Newsletter – Review and Discussion (17-22)**
- F) Federation of State Medical Boards (FSMB) Matters**
- G) Legislative/Administrative Rule Matters**
  - 1) **8:15 A.M. – Public Hearing on Clearinghouse Rule 15-021 Relating to Entrance to Exams (23-31)**
    - a) Review and Respond to Clearinghouse Report and Public Hearing Comments
  - 2) **8:30 A.M. – Public Hearing on Clearinghouse Rule 15-022 Relating to Physician Licensure (32-53)**
    - a) Review and Respond to Clearinghouse Report and Public Hearing Comments
  - 3) Med 13 Relating to Continuing Education Audits (CR14-033) (54-59)
  - 4) Med 18 Relating to Physicians and Informed Consent (CR14-040) (60-66)

- 5) Review of OT 1, 3, 4 Relating to Self-Referral of Occupational Therapy Services **(67-78)**
- 6) Update on Pending and Possible Rule Projects

H) **Speaking Engagement(s), Travel, or Public Relation Request(s)**

- 1) Marquette University Speaking Engagement – Report from Kenneth Simons

I) Screening Panel Report

J) Informational Items

K) 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

L) 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.).**

M) **Full Board Oral Interview of Candidate(s) for Licensure**

- 1) **9:45 A.M. – APPEARANCE – Sohail Imran Mohammad, M.D. (79-149)**

N) **Waiver of the 12 Months of ACGME Approved Post-Graduate Training Based on Education and Training**

- 1) FNU Faiza, M.D. **(150-178)**

**O) Monitoring Matters (179-180)**

- 1) Eleazar Kadile, M.D. – Requesting Permission to Engage or Participate in Research on Human Subjects **(181-233)**

**P) Petition for Examination in Case Number 15 MED 069, Grace Heitsch, M.D. (234-240)**

**Q) Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)**

- 1) Rick L. Perkins, M.D. – 12 MED 002 **(241-247)**
- 2) Dilip Kumar Tannan, M.D. – 13 MED 091 **(248-254)**
- 3) Louis S. Seno, Jr., M.D. – 13 MED 433 **(255-262)**
- 4) Mary Burgesser-Howard, M.D. – 13 MED 501 **(263-268)**
- 5) Richard H. Strauss, M.D. – 14 MED 070 **(269-274)**
- 6) Ann E. Stanger, M.D. – 14 MED 207 **(275-281)**
- 7) Jamal A. Zereik, M.D. – 14 MED 323 **(282-288)**
- 8) Jill M. Hunt, M.D. – 14 MED 324 **(289-295)**
- 9) Christopher A. Garces, M.D. – 14 MED 353 **(296-301)**
- 10) Glenn C. Stow, M.D. – 14 MED 379 **(302-307)**
- 11) Peter A. Fergus, M.D. – 14 MED 414 **(308-313)**
- 12) Richard J. Hendricks, M.D. – 14 MED 419 **(314-319)**
- 13) Robert C. Hert, M.D. – 14 MED 423 **(320-325)**
- 14) Janeen Hudzinski, M.D. – 14 MED 428 **(326-331)**
- 15) Eias E. Jweied, M.D. – 14 MED 437 **(332-337)**
- 16) George J. Plzak, M.D. – 14 MED 460 **(338-343)**
- 17) Susan L. Poe, M.D. – 14 MED 462 **(344-350)**
- 18) Dale S. Schaper, M.D. – 14 MED 479 **(351-356)**
- 19) William J. Smollen, M.D. – 14 MED 482 **(357-362)**
- 20) Richard G. Rilling, M.D. – 14 MED 486 **(363-368)**

**R) Deliberation on Complaints for Determination of Probable Cause**

- 1) Adegboyega Lawal, M.D. – 13 MED 310 **(369-372)**

**S) Deliberation on Administrative Warnings**

- 1) 14 MED 077 – T.J.O. **(373-374)**
- 2) 14 MED 214 – M.D.E. **(375-376)**
- 3) 14 MED 368 – D.G.G. **(377-378)**
- 4) 14 MED 407 – S.K.D. **(379-380)**
- 5) 14 MED 431 – J.F.H. **(381-382)**
- 6) 14 MED 475 – J.A.R. **(383-384)**
- 7) 14 MED 501 – M.E.N. **(385-386)**
- 8) 15 MED 035 – T.G.N. **(387-388)**

**T) Case Closing(s)**

- 1) 13 MED 090 **(389-397)**
- 2) 13 MED 157 **(398-400)**
- 3) 13 MED 193 **(401-403)**
- 4) 13 MED 247 **(404-412)**
- 5) 13 MED 341 **(413-421)**
- 6) 13 MED 468 **(422-427)**
- 7) 14 MED 103 **(428-430)**
- 8) 14 MED 128 **(431-433)**
- 9) 14 MED 227 **(434-451)**
- 10) 14 MED 247 **(452-459)**
- 11) 14 MED 349 **(460-462)**
- 12) 14 MED 367 **(463-467)**
- 13) 14 MED 384 **(468-473)**
- 14) 14 MED 392 **(474-475)**
- 15) 14 MED 394 **(476-477)**
- 16) 14 MED 395 **(478-479)**
- 17) 14 MED 396 **(480-481)**
- 18) 14 MED 426 **(482-483)**
- 19) 14 MED 478 **(484-485)**
- 20) 14 MED 480 **(486-487)**
- 21) 14 MED 484 **(488-489)**
- 22) 14 MED 532 **(490-493)**

**U) Case Status Report (494-503)**

**V) 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

- W) Consulting with Legal Counsel**  
1) Planned Parenthood Litigation

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

- X) Open Session Items Noticed Above not Completed in the Initial Open Session**  
**Y) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**  
**Z) 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 seven (7) candidates for licensure – Drs. Erickson, Phillips, Simons, and Yale.

**MEDICAL EXAMINING BOARD  
MEETING MINUTES  
March 18, 2015**

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

**EXCUSED:** James Barr; Carolyn Ogland Vukich, 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 8:01 a.m. A quorum of ten (11) members was confirmed.

**ADOPTION OF AGENDA**

**Amendments:**

- Add item P.4. Monitoring Matters – Eleazar M. Kadile – Requesting Modification of Requirements.
- Add item after BB.1. Education and Examination Matters, Mark P. Bishop – Consider Motion to Acknowledge Full Unrestricted License.

**MOTION:** Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES**

**MOTION:** Robert Zondag moved, seconded by Timothy Westlake, to approve the minutes of February 18, 2015 as published. Motion carried unanimously.

**MOTION TO VACATE: IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS  
AGAINST NANETTE J. LIEGEOIS, M.D., RESPONDENT (DHA CASE SPS-14-0101)(DLSC  
CASE 14 MED 581)**

*Christianna Finnern, Attorney of Respondent, and Joost Kap, DLSC Attorney, appeared before the Board to present the Motion to Vacate.*

**FEDERATION OF STATE MEDICAL BOARDS MATTERS**

**ANNUAL MEETING RESOLUTIONS**

**MOTION:** Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to support Resolution 15-1. Motion carried unanimously.

**MOTION:** Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to support Resolution 15-2. Motion carried unanimously.

**MOTION:** Sridhar Vasudevan moved, seconded by Timothy Westlake, to support Resolution 15-3, and to authorize the Chair to make inquiry and suggest amendment as necessary. Motion carried unanimously.

**MOTION:** Timothy Swan moved, seconded by Sridhar Vasudevan, to not support Resolution 15-4, in favor of Resolution 15-1 with provision that the Delegate would be allowed discretion to support 15-4 should 15-1 fail. Motion carried unanimously.

**MOTION:** Timothy Swan moved, seconded by Russell Yale, to support Resolution 15-5. Motion carried unanimously.

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

**MOTION:** Sridhar Vasudevan moved, seconded by Timothy Westlake, to authorize Kenneth Simons to serve on the Reference Committee at the 2015 Annual FSMB Meeting. Motion carried unanimously.

**MOTION:** Timothy Swan moved, seconded by Timothy Westlake, to authorize Kenneth Simons to speak at Marquette University on March 31, 2015. Motion carried unanimously.

#### **CLOSED SESSION**

**MOTION:** Timothy Swan moved, seconded by Mary Jo Capodice, 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; Michael Phillips – Yes; Kenneth Simons – yes; Timothy Swan – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 10:17 a.m.

#### **RECONVENE TO OPEN SESSION**

**MOTION:** Suresh Misra moved, seconded by Michael Phillips, to reconvene in Open Session at 12:45 p.m. Motion carried unanimously.

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

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

## MONITORING MATTERS

### AMY GRELE – REQUESTING MODIFICATION OF ORDER

**MOTION:** Michael Phillips moved, seconded by Rodney Erickson, to grant the request of Amy Grelle for full licensure. Motion carried.

### JOHN HALE – REQUESTING FULL REINSTATEMENT OF LICENSE

**MOTION:** Timothy Swan moved, seconded by Sridhar Vasudevan, to grant the request John Hale for termination of AA/NA requirement, and to continue therapy as recommended by his treatment provider. Motion carried unanimously.

**MOTION:** Timothy Swan moved, seconded by Sridhar Vasudevan, to deny the request John Hale for full licensure. **Reason for denial:** Failure to comply for 5 years and previous compliance failures. Motion carried unanimously.

### STEPHEN HAUGHEY – REQUESTING MODIFICATION OF ORDER

**MOTION:** Timothy Swan moved, seconded by Greg Collins, to deny the request Stephen Haughey for access to controlled substances and reduction of drug screens. **Reason for denial:** Failure to comply with the Order. Motion carried.

### ELEAZAR M. KADILE – REQUESTING MODIFICATION OF REQUIREMENTS

**MOTION:** Sridhar Vasudevan moved, seconded by Michael Phillips, to table this matter until the April meeting. Motion carried unanimously.

### PETITION FOR EXAMINATION IN CASE NUMBER 13 MED 469, SHAKER H. ITANI, M.D.

*Greg Collins recused himself for the deliberation and voting in the matter of Shaker H. Itani, M.D. – 13 MED 469.*

**MOTION:** Mary Jo Capodice moved, seconded by Timothy Westlake, to order the Respondent to complete any necessary physical, mental, or professional examinations as ordered and approved by the Board Chair, or in the event of his unavailability the highest ranking or longest serving member of the Board. Motion carried.

**PROPOSED FINAL DECISION AND ORDER: IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST ANGELINA M. MONTEMURRO, M.D., RESPONDENT (DHA CASE SPS-14-0103)(DLSC CASE 12 MED 288)**

*Robert Zondag recused himself for the deliberation and voting in the matter of Angelina M. Montemurro, M.D. – 12 MED 288.*

**MOTION:** Timothy Westlake moved, seconded by Rodney Erickson, to adopt the Proposed Findings of Fact, Conclusions of Law, and Order of the Administrative Law Judge as the Board’s Final Decision and Order in the matter of disciplinary proceedings against Angelina M. Montemurro, M.D., Respondent – DHA Case # SPS-14-0103 / DLSC Case # 12 MED 288. Motion carried.

**PROPOSED FINAL DECISION AND ORDER: IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST LINDA R. ROGOW, M.D., RESPONDENT (DHA CASE SPS-14-0100)(DLSC CASE 14 MED 033)**

*Sridhar Vasudevan recused himself for the deliberation and voting in the matter of Linda R. Rogow, M.D. – 14 MED 033.*

**MOTION:** Rodney Erickson moved, seconded by Suresh Misra, to adopt the Proposed Findings of Fact, Conclusions of Law, and Order of the Administrative Law Judge as the Board’s Final Decision and Order in the matter of disciplinary proceedings against Linda R. Rogow, M.D., Respondent – DHA Case # SPS-14-0100 / DLSC Case # 14 MED 033. Motion carried.

**PROPOSED FINAL DECISION AND ORDER: IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST ZULFIQAR ALI, M.D., RESPONDENT (DHA CASE SPS-14-0093)(DLSC CASE 14 MED 298)**

*Greg Collins recused himself for the deliberation and voting in the matter of Zulfiqar Ali, M.D. – 14 MED 298.*

**MOTION:** Michael Phillips moved, seconded by Suresh Misra, to adopt the Proposed Findings of Fact, Conclusions of Law, and Order of the Administrative Law Judge as the Board’s Final Decision and Order in the matter of disciplinary proceedings against Zulfiqar Ali, M.D., Respondent – DHA Case # SPS-14-0093 / DLSC Case # 14 MED 298. Motion carried.

**PROPOSED FINAL DECISION AND ORDER: IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST NANETTE J. LIEGEOIS, M.D., RESPONDENT (DHA CASE SPS-14-0101)(DLSC CASE 14 MED 581)**

*Timothy Westlake recused himself for the deliberation and voting in the matter of Nanette J. Liegeois, M.D. – 14 MED 581.*

**MOTION:** Timothy Swan moved, seconded by Greg Collins, to deny the Respondent’s request to Vacate the Proposed Decision and Order and allow the respondent to answer the complaint. **Reason for Denial:** The Respondent did not establish good cause pursuant to Wis. Admin. Code § SPS 2.14. Motion carried.

**MOTION:** Rodney Erickson moved, seconded by Suresh Misra, to adopt the Proposed Findings of Fact, Conclusions of Law, and Order of the Administrative Law Judge as the Board's Final Decision and Order in the matter of disciplinary proceedings against Nanette J. Liegeois, M.D., Respondent – DHA Case # SPS-14-0101 / DLSC Case # 14 MED 581. Motion carried.

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

**ARLYN A. KOELLER, M.D. – 13 MED 117**

**MOTION:** Rodney Erickson moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Arlyn A. Koeller, M.D., DLSC case number 13 MED 117. Motion carried unanimously.

**DEBORAH A. DRYER, M.D. – 13 MED 117**

**MOTION:** Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Deborah A. Dryer, M.D., DLSC case number 13 MED 117. Motion carried unanimously.

**JOHNSPENCER C. ARCHINIHU, M.D. – 13 MED 231**

**MOTION:** Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Johnspencer C. Archinihu, M.D., DLSC case number 13 MED 231. Motion carried unanimously.

**WESTCOT G. KRIEGER, M.D. – 13 MED 329**

**MOTION:** Timothy Westlake moved, seconded by Michael Phillips, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Westcot G. Krieger, M.D., DLSC case number 13 MED 329. Motion carried unanimously.

**STEPHEN F. WELCH, M.D. – 14 MED 014**

**MOTION:** Timothy Swan moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Stephen F. Welch, M.D., DLSC case number 14 MED 014. Motion carried unanimously.

**ISIDORO V. ZAMBRANO, M.D. – 14 MED 165**

**MOTION:** Sridhar Vasudevan moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Isidoro V. Zambrano, M.D., DLSC case number 14 MED 165. Motion carried unanimously.

**JOCELYN EICHE, M.D. – 14 MED 230**

**MOTION:** Timothy Westlake moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jocelyn Eiche, M.D., DLSC case number 14 MED 230. Motion carried unanimously.

**ALICIA A. FRANKWITZ, D.O. – 14 MED 305**

**MOTION:** Timothy Westlake moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Alicia A. Frankwitz, D.O., DLSC case number 14 MED 305. Motion carried unanimously.

**PRESENTATION AND DELIBERATION ON ADMINISTRATIVE WARNING(S)**

**13 MED 529 – P.N.B.**

**MOTION:** Sridhar Vasudevan moved, seconded by Michael Phillips, to issue an Administrative Warning in the matter of DLSC case number 13 MED 529 (P.N.B.). Motion carried unanimously.

**14 MED 116 – S.B.S.**

**MOTION:** Greg Collins moved, seconded by Suresh Misra, to issue an Administrative Warning in the matter of DLSC case number 14 MED 116 (S.B.S.). Motion carried unanimously.

**14 MED 135 – V.M.K.**

**MOTION:** Timothy Swan moved, seconded by Greg Collins, to issue an Administrative Warning in the matter of DLSC case number 14 MED 135 (V.M.K.). Motion carried unanimously.

**14 MED 138 – C.T.**

**MOTION:** Greg Collins moved, seconded by Suresh Misra, to issue an Administrative Warning in the matter of DLSC case number 14 MED 138 (C.T.). Motion carried unanimously.

**14 MED 166 – S.S.**

**MOTION:** Greg Collins moved, seconded by Russell Yale, to issue an Administrative Warning in the matter of DLSC case number 14 MED 166 (S.S.). Motion carried unanimously.

**PETITIONS FOR EXTENSION OF TIME**

**14 MED 070 – UNKNOWN**

**MOTION:** Greg Collins moved, seconded by Robert Zondag, to grant the Petition and Request for an Extension of Time in the matter of case # 14 MED 070 (Unknown). Motion carried unanimously.

**14 MED 104 – R.J.D.**

**MOTION:** Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to grant the Petition and Request for an Extension of Time in the matter of case # 14 MED 104 (R.J.D.). Motion carried unanimously.

**CASE CLOSING(S)**

**MOTION:** Greg Collins moved, seconded by Sridhar Vasudevan, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 13 MED 290 (T.A.J.) for no violation (NV)
2. 13 MED 426 (J.W.S.) for no violation (NV)
3. 14 MED 157 (unknown) for insufficient evidence (IE)
4. 14 MED 175 (M.L.U.) for no violation (NV)
5. 14 MED 328 (T.L.V.) for insufficient evidence (IE)
6. 14 MED 391 (R.M.A.) for no violation (NV)
7. 14 MED 397 (L.M.B.) for no violation (NV)
8. 14 MED 398 (M.B.) for no violation (NV)
9. 14 MED 399 (J.B.B.J.) for no violation (NV)
10. 14 MED 400 (A.B.B.) for no violation (NV)
11. 14 MED 401 (L.H.C.) for no violation (NV)
12. 14 MED 402 (M.E.C.) for no violation (NV)
13. 14 MED 403 (M.M.C.) for no violation (NV)
14. 14 MED 406 (M.M.C.) for no violation (NV)
15. 14 MED 408 (T.T.D.) for no violation (NV)
16. 14 MED 409 (A.J.D.) for no violation (NV)
17. 14 MED 411 (L.T.D.) for no violation (NV)
18. 14 MED 415 (R.J.G.) for no violation (NV)
19. 14 MED 416 (R.B.G.) for no violation (NV)
20. 14 MED 420 (R.M.H.) for no violation (NV)
21. 14 MED 421 (K.L.H.) for no violation (NV)
22. 14 MED 425 (M.B.H.) for no violation (NV)
23. 14 MED 427 (A.H.) for no violation (NV)
24. 14 MED 436 (M.W.J.) for no violation (NV)
25. 14 MED 438 (J.J.K.) for no violation (NV)
26. 14 MED 439 (Z.R.K.) for no violation (NV)

27. 14 MED 441 (J.T.K.) for lack of jurisdiction (L2)
  28. 14 MED 444 (E.L.L.) for no violation (NV)
  29. 14 MED 447 (D.W.L.J.) for no violation (NV)
  30. 14 MED 457 (V.O.O.) for no violation (NV)
  31. 14 MED 461 (N.P.L.) for no violation (NV)
  32. 14 MED 464 (M.L.R.) for no violation (NV)
  33. 14 MED 470 (S.J.R.) for no violation (NV)
  34. 14 MED 472 (N.S.R.) for no violation (NV)
  35. 14 MED 474 (A.E.R.) for no violation (NV)
  36. 14 MED 483 (D.D.S.) for no violation (NV)
  37. 14 MED 485 (A.T.) for no violation (NV)
  38. 14 MED 488 (R.F.T.) for no violation (NV)
  39. 14 MED 490 (J.B.T.) for no violation (NV)
  40. 14 MED 491 (E.R.T.) for no violation (NV)
  41. 14 MED 492 (J.R.W.) for no violation (NV)
  42. 14 MED 494 (D.P.W.) for no violation (NV)
  43. 14 MED 495 (Y.X.) for no violation (NV)
  44. 14 MED 499 (W.M.L.) for no violation (NV)
  45. 14 MED 500 (K.M.M.) for no violation (NV)
  46. 14 MED 502 (M.M.S.) for no violation (NV)
  47. 14 MED 540 (M.J.M. and A.E.U.) for no violation (NV)
  48. 14 MED 545 (J.S.H. and C.I.G.) for no violation (NV)
  49. 14 MED 547 (C.P.W.) for no violation (NV)
  50. 14 MED 550 (F.P.A.) for no violation (NV)
  51. 14 MED 560 (D.L.V.) for no violation (NV)
- Motion carried unanimously.

**14 MED 044 – S.I.C.**

*Timothy Westlake recused himself for the deliberation and voting in the matter of S.I.C., M.D. – 14 MED 044.*

**MOTION:** Sridhar Vasudevan moved, seconded by Russell Yale, to close DLSC case number 14 MED 044, against S.I.C., for prosecutorial discretion (P7). Motion carried.

**EDUCATION AND EXAMINATION MATTERS**

**MARK P. BISHOP – CONSIDER MOTION TO ACKNOWLEDGE FULL UNRESTRICTED LICENSE**

**MOTION:** Michael Phillips moved, seconded by Robert Zondag, to affirm the reinstatement of Mark P. Bishop, M.D.’s license to practice medicine and surgery in Wisconsin without restrictions. Motion carried.

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

**MOTION:** Suresh Misra 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 Robert Zondag, to adjourn the meeting.  
Motion carried unanimously.

The meeting adjourned at 12:46 p.m.

DRAFT

**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:  3/27/15 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:  4/15/15	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  APPEARANCE - Deputy Secretary Jay Risch and Assistant Deputy Secretary Eric Esser	
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<b>Taylor Thompson</b>		<b>3/27/15</b>	
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:  3/24/15 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:  4/15/15	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  Affirmation of Travel Liaison	
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>Dr. Simons appointed Dr. Swan as the travel liaison after the March Medical Examining Board Meeting.</b>			
11) Authorization			
<b>Taylor Thompson</b>		<b>3/24/15</b>	
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		2) Date When Request Submitted:  4/6/2015  <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  4/15/2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Review of Spring 2015 Newsletter Draft	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  Please review the draft newsletter, advise of changes and/or corrections and identify a date for distribution.  Suggested Motion Language: "to approved the Spring 2015 MEB Newsletter draft as <b>published/amended</b> and to request distribution by no later than <b>&lt;Insert Date&gt;</b> ."			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



**Wisconsin Chosen to Participate in National Governors Association Policy Academy on Reducing Prescription Drug Abuse**

Last year, Wisconsin was one of six states selected to participate in a National Governors Association (NGA) Policy Academy on Reducing Prescription Drug Abuse. Participating states are charged with developing and implementing a comprehensive, coordinated statewide strategy to reduce the abuse and diversion of prescription drugs while maintaining access for patients with a legitimate medical need.

Prescription drug abuse has reached epidemic levels in Wisconsin and the rest of the nation. Statistics documenting the epidemic are abundant. One of the most startling facts is that in the 25-64 age group, there are now more deaths from prescription opiate overdoses than motor vehicle crashes. Over 80% of heroin users began by abusing prescription drugs, so prescription drug abuse is not only an epidemic in and of itself, but it is also leading to our state's and country's heroin problems as well.

Wisconsin's participation in the program is managed by a Core Team, including Medical Examining Board member, Dr. Timothy Westlake, a member of the Pharmacy Examining Board, a representative from the State Council on Alcohol and Other Drug Abuse, and staff of the Medical Society of Milwaukee, the Department of Safety and Professional Services, the Department of Justice, and the Department of Health Services. The Core Team identified recommendation areas for the statewide strategy and engaged a large and diverse group of stakeholders to provide expertise and suggestions for each of the recommendation areas.

The recommendation areas for the statewide strategy are: (1) Prescription Drug Monitoring Program (PDMP) optimization; (2) Treatment; (3) Prescriber practices; (4) Prescriber and public education; and (5) Law enforcement.

**See NGA Policy Academy Page 2**

**Chair's Corner**

*By Dr. Kenneth Simons*

*"When you have once seen the glow of happiness on the face of a beloved person, you know that a man can have no vocation but to awaken that light on the faces surrounding him. In the depth of winter, I finally learned that within me there lay an invincible summer." - Albert Camus*

The above quote from Camus is reflective of what we as healers aspire to in caring for the patients who entrust their care to us; to awaken the light in them such that they achieve all the potential within themselves and in addition, to heal to the extent possible, those burdens of disease which they bear and bring to us. These inspirational words also compel us as physicians to persevere and find our inner strength to go on despite the challenges we too face. This particular quote also may be taken more literally such that I hope this edition of the MEB Newsletter finds all of you enjoying some good weather after surviving the depths of a most cold Wisconsin winter. This natural cycle of nature, coupled with the wisdom that comes from having lived a number of years in these environs, provides each of us with the perspective that despite its length, winter will indeed recede and give way to spring and summer. The word perspective is derived from the Latin *perspectus* -- to look through, see clearly from and Webster's dictionary defines it as the capacity to view things in their true relations or relative importance.



*Kenneth Simons*

**See Chair's Corner Page 3**

## Current Name and Address Required

All applicants and recipients of a credential are required by Wisconsin Statute to notify the Department of Safety and Professional Services (Department) when they change their name or address from that most recently provided to the Department (most likely the name and address you included on your application for credential). The applicant or credential holder has 30 days to notify the Department from the date the change is made. Failure to comply in a timely manner may result in a \$50 forfeiture.

Please keep in mind that if you do not provide the Department with name or address changes, you may not receive important information such as complaint and investigation notices concerning your credential. The Department is only legally required to try to contact you at your last known address as indicated in Department records. Finally, it is considered “unprofessional conduct” and subject to discipline on your credential if you fail to cooperate in a timely manner with a Board investigation filed against a license holder. If you fail to update your name or address, you take the chance of not receiving important correspondence from the Department, triggering the “unprofessional conduct” provisions. See Wis. Stat. §§ [440.035\(4\)](#), [440.11](#) and Wis. Admin. Code § [Med 10.03\(3\)\(g\)](#). You can update your name or address via the Department website at <http://dsps.wi.gov>.

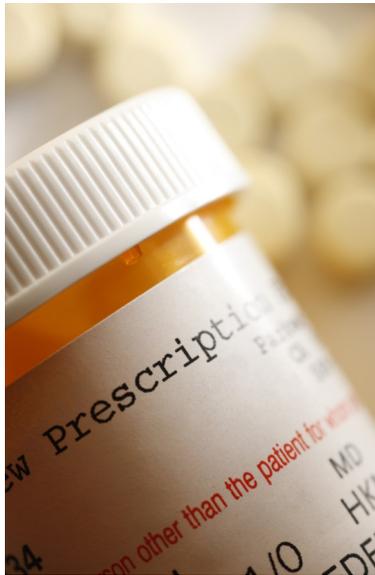
### *NGA Policy Academy from Page 1*

While all of the recommendation areas are important, the recommendation areas that affect physicians most are: PDMP optimization; prescriber practices; and prescriber education. There has been much attention placed on the role and responsibility of physician prescribing practices in the epidemic. However, it is readily apparent that most physicians who prescribe opiates do so responsibly and are not a part of the problem. But there is a small percentage of physicians whose prescriptive practices fuel the epidemic and may be referred to as “problem prescribers.” The intention of any regulatory or statutory changes that may result from the Policy Academy would be to address the issue of “problem prescribers” while not impeding the workflow of the majority of physicians and enabling patients with a legitimate need to access appropriate medications. One size does not fit all.

There are several changes that have worked well to combat prescription drug abuse problems in other states: (1) mandatory enrollment in the PDMP program as a condition of licensure; (2) mandatory use of the PDMP in specific situations; (3) mandatory targeted CME focused on prescription drug abuse and pain management for physicians who prescribe narcotics; (4) guidelines for responsible opioid prescribing; and (5) greater emphasis by regulatory boards in adjudicating diversion and inappropriate opioid prescriptive practices.

The PDMP is a valuable tool for physicians to have in their arsenal to help guide clinical decision-making around the judicious prescription of opiates. Many states across the country

have enacted policy changes along with rule and statutory changes to their prescription monitoring programs in an attempt to reign in the over-prescribing and prescription drug misuse and abuse that is occurring.



The best way to increase use of the PDMP is to make the data easier to access. Increasing the selective use of PDMP data has been shown to decrease the supply of abused prescription opiates. Since its inception, the PDMP has undergone significant change, including the addition of data from other states and the integration of data into electronic health records. For example, the Wisconsin Statewide Health Information Network (WISHIN) has already built and implemented a one-click-to-PDMP-data button into its Community Health Record, and EPIC and other electronic medical record systems are researching and testing the feasibility of similar interfaces right now. Further enhancement of the PDMP is likely to continue due to the great interest in the success of the PDMP and the availability of federal grant funds.

While the Policy Academy continues, it is important to note that Board action is not currently under consideration as part of the Policy Academy recommendations. The Board is very aware that in some circumstances, an unintended effect of regulation is to impede workflow and interfere with patient care. To that end, the Board is committed to addressing the problem of prescription drug abuse while minimizing the impact on physician practices and the delivery of high quality patient care.

## Chair's Corner from Page 1

Those who serve on the MEB also need to maintain perspective, to view things in their true relations or relative importance. The public and professional members of the MEB frequently address matters that represent the unfortunate failings of a decided minority of the medical profession such that we could possibly forget that the overwhelming majority of our colleagues are caring, compassionate, dedicated physicians committed to the welfare of their patients and communities. It would be understandable for the MEB to lose perspective when dealing with the issues impacting our profession that come before the Board: over-prescribing; boundary violations; wrong site surgery; and substance abuse, to

name a few. But while it might be understandable, it would be incorrect and a disservice to our constituents.

The Board keeps uppermost in its deliberations at all times that its job is to protect the public, remediate physician behavior and deter future inappropriate behavior; not to punish. To assist us in maintaining the appropriate perspective we are frequently reminded of and try to keep uppermost in our collective consciousness, all the noble and selfless acts that you, our peers, perform through many different avenues throughout the years. Whether it be volunteering at an AIDS walk, assisting at health screenings, speaking to local groups or simply being secure in the knowledge through direct observation and feedback that the great preponderance of physicians are caring for patients in a kind and professional manner, we reflect on and remind ourselves of your many positive actions and deeds, so that we too perform our duties responsibly and apply the required perspective needed when taking an action. The WI MEB owes this to both our patients and the licensed professionals under our purview.

In conclusion and in an effort to assist all of us in keeping the appropriate perspective, I provide the following quote from Louis L'Amour for your reflection/consideration:  
*"There will be a time when you believe everything is finished. That will be the beginning."*



### Medical Examining Board Membership and Staff Assignments

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

#### Board Members:

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

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

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

#### Department of Safety and Professional Services

##### Administrative Staff:

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

##### Executive Staff:

Dave Ross, Secretary  
Jay Risch, Deputy Secretary  
Eric Esser, Assistant Deputy Secretary

*The dates and times of the Medical Examining Board meetings are announced on the DSPS website at <http://dsps.wi.gov>.*

*Meeting agendas are posted approximately one week prior to the meeting.*

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

#### Do you have a change of name or address?

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

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

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

#### Telephone Directory:

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

## Enforcement Actions of the Medical Examining Board

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

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

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

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

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

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

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

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

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

# Board Orders

## October 2014 - March 2015

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	<a href="#">ORDER0003343</a>	10/27/2014	Jacobson, Donald M	Racine	WI
Medicine and Surgery, MD	<a href="#">ORDER0000345</a>	10/27/2014	Peterson, Kirsten D	Lake Geneva	WI
Medicine and Surgery, MD	<a href="#">ORDER0003343</a>	11/5/2014	Jacobson, Donald M	Racine	WI
Medicine and Surgery, MD	<a href="#">ORDER0003558</a>	11/19/2014	Alexander, Avery D	Appleton	WI
Medicine and Surgery, MD	<a href="#">ORDER0003559</a>	11/19/2014	Ellias, Mazin A-y	Wausau	WI
Medicine and Surgery, MD	<a href="#">ORDER0003560</a>	11/19/2014	Murphy, James T	Baraboo	WI
Medicine and Surgery, MD	<a href="#">ORDER0003561</a>	11/19/2014	Mcavoy, Stephen P	New Berlin	WI
Medicine and Surgery, MD	<a href="#">ORDER0003562</a>	11/19/2014	Cates, Robert C	Brodhead	WI
Medicine and Surgery, MD	<a href="#">ORDER0003563</a>	11/19/2014	Klingbeil, Jeffrey K	Appleton	WI
Medicine and Surgery, MD	<a href="#">ORDER0003564</a>	11/19/2014	Congdon, Sandra T	Oxford	CT
Medicine and Surgery, MD	<a href="#">ORDER0003565</a>	11/19/2014	Poser, John S	Tioga	FL
Medicine and Surgery, MD	<a href="#">ORDER0003566</a>	11/19/2014	Riesch, John D	Menomonee Falls	WI
Medicine and Surgery, MD	<a href="#">ORDER0000861</a>	11/24/2014	Berezovski, Roman	Greenfield	WI
Medicine and Surgery, MD	<a href="#">LS0302193MED</a>	11/24/2014	Godiwalla, Shirley Yezdi	Pewaukee	WI
Medicine and Surgery, MD	<a href="#">ORDER0003599</a>	12/17/2014	Kellner, Kenneth J	Marinette	WI
Medicine and Surgery, MD	<a href="#">ORDER0003126</a>	12/17/2014	Petrovani, Mark S	Madison	WI
Medicine and Surgery, MD	<a href="#">ORDER0003600</a>	12/17/2014	Chung, Sul	Mequon	WI

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

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

# Board Orders

## October 2014 - March 2015

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	<a href="#">ORDER0003603</a>	12/17/2014	Cavanaugh, Robert A	De Pere	WI
Medicine and Surgery, MD	<a href="#">ORDER0002139</a>	12/18/2014	Montemurro, Angelina M	Kenosha	WI
Medicine and Surgery, MD	<a href="#">ORDER0003411</a>	12/18/2014	Rogow, Linda R	Glendale	WI
Medicine and Surgery, MD	<a href="#">ORDER0003604</a>	12/18/2014	Liegeois, Nanette J	Oak Brook	IL
Medicine and Surgery, MD	<a href="#">ORDER0003634</a>	1/21/2015	Fletcher, James R	Shirley	MA
Medicine and Surgery, MD	<a href="#">ORDER0003635</a>	1/21/2015	Grelle, Amy Rongstad	Cross Plains	WI
Medicine and Surgery, DO	<a href="#">ORDER0003636</a>	1/21/2015	Wentzel, Andrew R	Madison	MN
Medicine and Surgery, MD	<a href="#">ORDER0003637</a>	1/21/2015	Jolepalem, Srinivas P R	Darien	IL
Medicine and Surgery, MD	<a href="#">ORDER0003638</a>	1/21/2015	Pietrafitta, Joseph J	Maple Grove	MN
Medicine and Surgery, MD	<a href="#">ORDER0003639</a>	1/21/2015	Wichser, James A	Blytheville	AR
Medicine and Surgery, MD	<a href="#">ORDER0002361</a>	1/26/2015	Sidhu, Devinder Kaur	Pleasant Prairie	WI
Medicine and Surgery, MD	<a href="#">ORDER0001276</a>	1/29/2015	Steinhaus, Lyndon	Wauwatosa	WI
Medicine and Surgery, MD	<a href="#">ORDER0003340</a>	2/6/2015	Agrawal, Vibha	Mequon	WI
Medicine and Surgery, MD	<a href="#">ORDER0003755</a>	2/18/2015	Lloyd, James Robert	Elm Grove	WI
Medicine and Surgery, DO	<a href="#">ORDER0003756</a>	2/18/2015	Wolski, John D	Pewaukee	WI
Medicine and Surgery, DO	<a href="#">ORDER0003757</a>	2/18/2015	Budde, David S	Berlin	WI
Medicine and Surgery, MD	<a href="#">ORDER0003758</a>	2/18/2015	Butler, Karen L	Sturgeon Bay	WI
Physician Assistant	<a href="#">ORDER0002310</a>	2/26/2015	Haughey, Carol T	Whitefish Bay	WI
Medicine and Surgery, DO	<a href="#">ORDER0002196</a>	2/26/2015	Meyer, Heath J	Minocqua	WI
Medicine and Surgery, MD	<a href="#">ORDER0002832</a>	2/26/2015	Ahmad, Farid A	Greenfield	WI
Medicine and Surgery, MD	<a href="#">LS09052010MED</a>	2/27/2015	Thomas, Jonathan W	Green Bay	WI
Medicine and Surgery, MD	<a href="#">LS0112061MED</a>	3/9/2015	Kadile, Eleazar M	Green Bay	WI
Medicine and Surgery, MD	<a href="#">ORDER0002139</a>	3/18/2015	Montemurro, Angelina M	Kenosha	WI
Medicine and Surgery, MD	<a href="#">ORDER0003411</a>	3/18/2015	Rogow, Linda R	Glendale	WI
Medicine and Surgery, MD	<a href="#">ORDER0003813</a>	3/18/2015	Ali, Zulfiqar	Milwaukee	WI
Medicine and Surgery, MD	<a href="#">ORDER0003604</a>	3/18/2015	Liegeois, Nanette J	Oak Brook	IL
Medicine and Surgery, DO	<a href="#">ORDER0003814</a>	3/18/2015	Frankwitz, Alicia A	Wayzata	MN
Medicine and Surgery, MD	<a href="#">ORDER0003815</a>	3/18/2015	Koeller, Arlyn A	Iron River	WI
Medicine and Surgery, MD	<a href="#">ORDER0003816</a>	3/18/2015	Eiche, Jocelyn K	Wauwatosa	WI
Medicine and Surgery, MD	<a href="#">ORDER0003817</a>	3/18/2015	Krieger, Westscot G	Appleton	WI
Medicine and Surgery, MD	<a href="#">ORDER0003818</a>	3/18/2015	Archinihu, Johnspencer C	Orlando	FL
Medicine and Surgery, MD	<a href="#">ORDER0003819</a>	3/18/2015	Welch, Stephen F	Freeport	IL
Medicine and Surgery, MD	<a href="#">ORDER0003820</a>	3/18/2015	Zambrano, Isidoro V	Fort Atkinson	WI
Medicine and Surgery, MD	<a href="#">ORDER0003821</a>	3/18/2015	Dryer, Deborah A	Iron River	WI
Medicine and Surgery, MD	<a href="#">ORDER0003604</a>	3/23/2015	Liegeois, Nanette J	Oak Brook	IL

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

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

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted:  3/9/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting									
3) Name of Board, Committee, Council, Sections:  Medical Examining Board											
4) Meeting Date:  4/15/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Public Hearing on Clearinghouse Rule 15-021 relating to entrance to exams.  Review and respond to Clearinghouse Report and Public Hearing comments.									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  None									
10) Describe the issue and action that should be addressed:  Hold Public Hearing at 8:15am  Discuss any public hearing comments. Review, discuss, and respond to any Clearinghouse comments.											
11) <span style="float: right;">Authorization</span>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-top: 1px solid black; border-bottom: 1px solid black;"><b>Kathleen Paff</b></td> <td style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;"><b>3/9/2015</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date</td> </tr> </table>				<b>Kathleen Paff</b>	<b>3/9/2015</b>	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	
<b>Kathleen Paff</b>	<b>3/9/2015</b>										
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.											

## **Notice of Hearing**

The Medical Examining Board announces that it will hold a public hearing on a permanent rule to revise ch. Med 1 related to entrance to exams, at the time and place shown below.

### **Hearing Information**

**Date:** April 15, 2015

**Time:** 8:15 AM

**Location:** 1400 East Washington Avenue  
Room 121A  
Madison, Wisconsin

### **Appearances at the Hearing and Submittal of Written Comments**

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708. Written comments must be received at or before the public hearing April 15, 2015 to be included in the record of rule-making proceedings

The rule may be reviewed and comments made at <http://dsps.wi.gov/Boards-Councils/Rulemaking/Public-Hearing-Comments/> no later than April 15, 2015.

### **Initial Regulatory Flexibility Analysis**

The proposed rule will not have an effect on small businesses, as defined under s. 227.114 (1).

### **Agency Small Business Regulatory Coordinator**

The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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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 repeal Med 1.04 relating to entrance to exams.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 440.071 (1), Stats.

**Statutory authority:**

Sections 15.08 (5) (b), 227.11 (2) (a), Stats., and 2013 Wisconsin Act 114

**Explanation of agency authority:**

Pursuant to ss. 15.08 (5) (b) and 227.11 (2) (a), Stats., the Medical Examining Board is generally empowered by the legislature to promulgate rules that will provide guidance within the profession and interpret the statutes it administers. 2013 Wisconsin Act 114 created s. 440.071 (1) Stats, which provides that neither the Department nor a credentialing board may require a person to complete any postsecondary education or training before the person is eligible to take an examination for a credential. This legislative change prompted the Medical Examining Board to exercise its rule-making authority to draft the proposed rule which seeks to bring current administrative code into compliance with the new legislation.

**Related statute or rule:**

None.

**Plain language analysis:**

This proposed rule addresses a change in policy instituted by 2013 Wisconsin Act 114. The new legislation requires the Department of Safety and Professional Services and its attached boards refrain from requiring applicants complete their postsecondary education before being eligible to take an examination for licensure. This change prompted a review of Wis. Admin. Code ch. Med 1. The pertinent section affected is s. Med 1.04, which requires applicants to submit a completed application including all required documents to the board no less than three weeks prior to the date of an administration of the United States Medical Licensing Examination (USMLE). The required documents which must be submitted includes evidence of graduation from medical school; thereby requiring, that applicants graduate medical school before submitting a completed application. However, Act 114 states that no such requirement may be imposed on applicants seeking licensure. The proposed rule repeals s. Med 1.04 in order to bring current rules into conformity with Act 114.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois requires submission of an official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree as a requirement for licensure. 68 Ill. Admin. Code tit.68 § 1285.70 a) 5).

**Iowa:** Iowa requires evidence of a diploma issued by a medical college or college of osteopathic medicine and surgery approved by the board. Iowa Code §148.3. However, this requirement is not a prerequisite for taking an examination for a credential.

**Michigan:** For licensure by examination, Michigan requires applicants to establish that he or she is a graduate of a medical school approved by the board. Mich. Admin. Code r. 338.2317 (2). However, Michigan does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

**Minnesota:** Minnesota does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

**Summary of factual data and analytical methodologies:**

No factual data or analytical methodologies were used in drafting the proposed rule due to the proposed rule being prompted by recent legislation.

**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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis are attached.

**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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Kathleen Paff, 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 608-261-4472; email at Kathleen.Paff@wisconsin.gov.

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

Comments may be submitted to Kathleen Paff, Administrative Rule 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 Kathleen.Paff@wisconsin.gov. Comments must be received on or before April 15, 2015 to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. Med 1.04 is repealed.

SECTION 2. 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.

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(END OF TEXT OF RULE)  
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Dated \_\_\_\_\_

Agency \_\_\_\_\_

Board Chairperson  
Medical Examining Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis

Original    Updated    Corrected

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2. Administrative Rule Chapter, Title and Number

Med 1

---

3. Subject

Entrance to Exams

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4. Fund Sources Affected

GPR    FED    PRO    PRS    SEG    SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1)

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6. Fiscal Effect of Implementing the Rule

No Fiscal Effect    Increase Existing Revenues    Increase Costs  
 Indeterminate    Decrease Existing Revenues    Could Absorb Within Agency's Budget  
 Decrease Cost

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7. The Rule Will Impact the Following (Check All That Apply)

State's Economy    Specific Businesses/Sectors  
 Local Government Units    Public Utility Rate Payers  
 Small Businesses **(if checked, complete Attachment A)**

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8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes    No

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9. Policy Problem Addressed by the Rule

This proposed rule addresses a policy change due to the passage of 2013 Wisconsin Act 114. The Act requires the Department of Safety and Professional Services and its attached boards to allow applicants to take their credentialing examination before completing any postsecondary education. This statute seeks to remove barriers to licensure and allow applicants to become credentialed as soon as they are prepared to enter their chosen profession. The proposed rule implements the legislative intent of 2013 Wisconsin Act 114 by eliminating the application deadline requirement found in Wis. Admin. Code s Med. 1.04. The application deadline requirement is no longer necessary.

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10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses associations representing businesses, local governmental units and individuals that may be affected by the rule. No comments were received.

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11. Identify the local governmental units that participated in the development of this EIA.

No local governmental units participated in developing this EIA.

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12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

The proposed rule will have minimal or no economic or fiscal impact on specific businesses, business sectors, and public utility rate payers, local governmental units or the state's economy as a whole.

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13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

This proposed rule will implement the legislative intent of 2013 Wisconsin Act 114 and bring greater consistency between Wis. Admin. Code ch. Med 1 and Wisconsin statutes.

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14. Long Range Implications of Implementing the Rule

The long range implication of implementing the proposed rule includes eliminating barriers that prevent applicants from taking their credentialing exams as soon as they are prepared to enter their chosen profession.

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15. Compare With Approaches Being Used by Federal Government

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

None.

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

**Illinois:** Illinois requires submission of an official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree as a requirement for licensure. 68 Ill. Admin. Code tit.68 § 1285.70 a) 5).

**Iowa:** Iowa requires evidence of a diploma issued by a medical college or college of osteopathic medicine and surgery approved by the board. Iowa Code §148.3. However, this requirement is not a prerequisite for taking an examination for a credential.

**Michigan:** For licensure by examination, Michigan requires applicants to establish that he or she is a graduate of a medical school approved by the board. Mich. Admin. Code r. 338.2317 (2). However, Michigan does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

**Minnesota:** Minnesota does not require applicants to complete any postsecondary education as a prerequisite to taking an examination for a credential.

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17. Contact Name

Katie Paff

18. Contact Phone Number

608-261-4472

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This document can be made available in alternate formats to individuals with disabilities upon request.



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## WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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Scott Grosz  
*Clearinghouse Director*

Margit S. Kelley  
*Clearinghouse Assistant Director*

Terry C. Anderson  
*Legislative Council Director*

Jessica Karls-Ruplinger  
*Legislative Council Deputy Director*

### CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

#### CLEARINGHOUSE RULE **15-021**

AN ORDER to repeal Med 1.04, relating to entrance to exams.

Submitted by **MEDICAL EXAMINING BOARD**

03-04-2015 RECEIVED BY LEGISLATIVE COUNCIL.

03-27-2015 REPORT SENT TO AGENCY.

SG:BL

**LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT**

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached            YES                             NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached            YES                             NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached            YES                             NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS  
[s. 227.15 (2) (e)]

Comment Attached            YES                             NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached            YES                             NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL  
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached            YES                             NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached            YES                             NO

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted:  3/9/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting									
3) Name of Board, Committee, Council, Sections:  Medical Examining Board											
4) Meeting Date:  4/15/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Public Hearing on Clearinghouse Rule 15-022 relating to physician licensure.  Review and respond to Clearinghouse Report and Public Hearing comments.									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  None									
10) Describe the issue and action that should be addressed:  Hold Public Hearing at 8:30am  Discuss any public hearing comments. Review, discuss, and respond to any Clearinghouse comments.											
11) <span style="float: right;">Authorization</span>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-top: 1px solid black; border-bottom: 1px solid black;"><b>Kathleen Paff</b></td> <td style="width: 30%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;"><b>3/9/2015</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date</td> </tr> </table>				<b>Kathleen Paff</b>	<b>3/9/2015</b>	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	
<b>Kathleen Paff</b>	<b>3/9/2015</b>										
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.											

## **Notice of Hearing**

The Medical Examining Board announces that it will hold a public hearing on a permanent and emergency rule to revise ch. Med 3, 5, 6 related to physician licensure, at the time and place shown below.

### **Hearing Information**

**Date:** April 15, 2015

**Time:** 8:30 AM

**Location:** 1400 East Washington Avenue  
Room 121A  
Madison, Wisconsin

### **Appearances at the Hearing and Submittal of Written Comments**

Interested persons are invited to present information at the hearing. Persons appearing may make an oral presentation but are urged to submit facts, opinions and argument in writing as well. Facts, opinions and argument may also be submitted in writing without a personal appearance by mail addressed to the Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708. Written comments must be received at or before the public hearing April 15, 2015 to be included in the record of rule-making proceedings

The rule may be reviewed and comments made at <http://dsps.wi.gov/Boards-Councils/Rulemaking/Public-Hearing-Comments/> no later than April 15, 2015.

### **Initial Regulatory Flexibility Analysis**

The proposed rule will not have an effect on small businesses, as defined under s. 227.114 (1).

### **Agency Small Business Regulatory Coordinator**

The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE )
	:	

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PROPOSED ORDER

An order of the Medical Examining Board to repeal Med 3.06; to amend Med 3 (title), 3.01, 3.02, 3.04, 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.

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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 school 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 school 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 school and at any health care facility affiliated with the medical school. 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, school, 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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435

**Fiscal Estimate:**

The Fiscal Estimate and Economic Impact Analysis are attached.

**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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435

**Agency contact person:**

Kathleen Paff, 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 608-261-4472; email at Kathleen.Paff@wisconsin.gov.

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

Comments may be submitted to Kathleen Paff, 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 Kathleen.Paff@wisconsin.gov. Comments must be received on or before April 15, 2015 to be included in the record of rule-making proceedings.

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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 training programs accredited by the following organizations: 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~~ an allopathic medical school located outside of the United States or Canada or an osteopathic medical school 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 an allopathic medical or osteopathic medical school 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 or delegate of the president of dean of a medical school, or facility 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, conduct research, or practice medicine and surgery at a medical education facility, medical research facility or medical school 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 college.~~

~~(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 school where the license holder is teaching, conducting research, 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, conducting research, 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 repealed.

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 or the delegate of the president or dean of the institution sponsoring the postgraduate training program into which the applicant has been accepted confirming that the applicant has been or will be accepted into a postgraduate training program.

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

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

**Med 5.04 Practice limitations.** The holder of a ~~temporary educational permit to practice medicine and surgery~~ resident educational license may, under the direction of a person licensed to practice medicine and surgery in this state, perform services requisite to the postgraduate training program in which ~~that holder~~ the licensee is serving. Acting under such direction, ~~the holder of such temporary educational permit~~ the resident educational licensee shall also have the right to prescribe drugs ~~other than narcotics and controlled substances~~ and to sign any certificates, reports or other papers for the use of public authorities which are required of or permitted to persons licensed to practice medicine and surgery. The ~~holder of such temporary educational permit~~ resident educational licensee shall confine ~~his or her~~ their training and entire practice to the facility postgraduate training program in which ~~the permit holder~~ the resident educational licensee is taking the 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 1<sup>st</sup> 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)  
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This Proposed Order of the Medical Examining Board is approved for submission to the Governor's office.

Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
Medical Examining Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis

Original  Updated  Corrected

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2. Administrative Rule Chapter, Title and Number

Med 1, 3 and 5

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3. Subject

Physician licensure

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4. Fund Sources Affected

GPR  FED  PRO  PRS  SEG  SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165 (1) (hg)

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6. Fiscal Effect of Implementing the Rule

No Fiscal Effect  Increase Existing Revenues  Increase Costs  
 Indeterminate  Decrease Existing Revenues  Could Absorb Within Agency's Budget  
 Decrease Cost

---

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy  Specific Businesses/Sectors  
 Local Government Units  Public Utility Rate Payers  
 Small Businesses (if checked, complete Attachment A)

---

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes  No

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9. Policy Problem Addressed by the Rule

This proposed rule addresses a policy change instituted by recent legislation, specifically 2013 Wisconsin Act 240. This legislation transformed physician licensure in Wisconsin by discontinuing the visiting professor license and the temporary educational license and creating three new licensure classes. One of the new licensure classes is the visiting physician license. The visiting physician license is open to candidates from outside of Wisconsin who have been invited to serve on the academic staff of a medical school in this state. The visiting physician license holder must limit their teaching, researching, and practice of medicine to the education facility, research facility or college where the visiting physician licensee has been invited to teach, research, or practicing medicine. The resident education license allows new medical school graduates to become licensed in order to complete their postgraduate training. The resident educational license holder must practice medicine and surgery only in connection with his or her duties under their postgraduate training program. Lastly, the administrative physician license allows the license holder to pursue professional managerial functions but does not allow treating patients. The Act also increased the required graduate medical educational training from one year to two years. The proposed rule seeks to amend Wis. Admin. Code s. Med 1, 3, and 5 to reflect these changes.

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10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, associations representing businesses, local governmental units and individuals that may be affected by the rule. No comments were received.

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11. Identify the local governmental units that participated in the development of this EIA.

No local government units participated in the development of this EIA.

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12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This proposed rule will have minimal or no economic impact on specific businesses, business sectors, public utility rate payers, local government units or the state's economy as a whole.

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit of implementing this proposed rule includes carrying out the statutory goals of 2013 Wisconsin Act 240 and giving clear guidance on the requirements for licensure to those applying for a license to practice medicine and surgery in Wisconsin.

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14. Long Range Implications of Implementing the Rule

Long range implications of implementing the rule include greater consistency in the licensure process for applicants seeking to practice medicine and surgery in Wisconsin.

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15. Compare With Approaches Being Used by Federal Government

None.

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

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

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

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

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

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

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

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## **ADMINISTRATIVE RULES**

### **Fiscal Estimate & Economic Impact Analysis**

Special licensure is granted to physicians who are academic staff members of a college of medicine or osteopathic medicine if that physician does not meet the qualifications for permanent licensure but is held in high esteem for unique contributions that have been made to medicine. This class of licensure is renewed by the board on a case-by-case basis, and specifically limits the license to practice at the medical college and at any health care facility affiliated with the medical college. 653 IAC 10.4.

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

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

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

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

Michigan does not have a comparable administrative physician license.

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

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

Minnesota exempts from licensure physicians that are employed in a scientific, sanitary, or teaching capacity by the state university, the Department of Education, a public or private school, college, or other bona fide educational institution, or nonprofit organizations operated primarily for the purpose of conducting scientific research directed towards discovering the causes of and cures for human diseases. Minn. Stat. §147.09 (6).

**ADMINISTRATIVE RULES**  
**Fiscal Estimate & Economic Impact Analysis**

Minnesota does not have a comparable administrative physician license.

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17. Contact Name

Katie Paff

18. Contact Phone Number

608-261-4472

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This document can be made available in alternate formats to individuals with disabilities upon request.



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## WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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Scott Grosz  
*Clearinghouse Director*

Margit S. Kelley  
*Clearinghouse Assistant Director*

Terry C. Anderson  
*Legislative Council Director*

Jessica Karls-Ruplinger  
*Legislative Council Deputy Director*

### CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

#### CLEARINGHOUSE RULE 15-022

AN ORDER to repeal Med 3.06; to amend Med 3 (title), 3.01, 3.02, 3.04, 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.

Submitted by **MEDICAL EXAMINING BOARD**

03-04-2015 RECEIVED BY LEGISLATIVE COUNCIL.

04-01-2015 REPORT SENT TO AGENCY.

MSK:JEO

**LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT**

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES  NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES  NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES  NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS [s. 227.15 (2) (e)]

Comment Attached YES  NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES  NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES  NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES  NO



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## WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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Scott Grosz  
Clearinghouse Director

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Legislative Council Deputy Director

### CLEARINGHOUSE RULE 15-022

#### Comments

**NOTE:** All citations to “Manual” in the comments below are to the **Administrative Rules Procedures Manual**, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

#### **2. Form, Style and Placement in Administrative Code**

a. In the introductory clause that enumerates the rule provisions treated by the proposed rule, the style should be revised to conform to the example given in s. 1.02 (1) (Ex.) of the Manual. For example:

- (1) The clause should begin: “The Medical Examining Board proposes an order to repeal Med 3.06;”.
- (2) A comma should be inserted after the reference to “Med 23”, before the relating clause for the subject matter of the proposed order.

b. In the rule summary, the heading and section titled “Fiscal Estimate” could be removed. [s. 1.02 (2), Manual.]

#### **4. Adequacy of References to Related Statutes, Rules and Forms**

a. Section Med 23.06 references an optional “interview” that may be required in accordance with s. Med 1.06. However, s. Med 1.06 sets forth requirements regarding “oral examinations”. It is unclear whether these two different terms have the same meaning, and it is unclear what the board means by “in accordance with Med 1.06”. Is it the board’s intent to state that, if required under s. Med 1.06 (1) (a), an applicant may be required to complete an oral examination? Or is it the intent to state that, at the discretion of the board, an applicant may be required to complete an oral examination in the manner provided in s. Med 1.06 (4)?

## 5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In the heading above the caption, the spelling of the word “Examining” in “Medical Examining Board” should be corrected.

b. In the rule summary’s plain language analysis, use of the words “they” and “their” as sex-neutral language is an ungrammatical substitute for proper singular form. For instance, the phrase “REL holders must restrict his or her practice to the postgraduate training program in which they are being trained” could be rewritten to read: “The holder of an REL may practice only in the postgraduate training program in which the person is being trained.” Likewise, in ss. Med 5.04 and Med 5.06, the word “the” should replace the instances of the word “their”. [s. 1.01 (3), Manual.]

c. In the rule summary’s comparison with rules in adjacent states, for Iowa, it appears that the subtitle formatting should be removed, and that the phrases from the subtitles should be included in the first sentences of those paragraphs.

d. In the rule summary’s comparison with rules in adjacent states, for Michigan, it appears that the word “where” should replace the phrase “and that” in the fourth line under the subtitle “Educational limited license”.

e. In the rule summary’s comparison with rules in adjacent states, for Minnesota, the word “organizations” in the phrase “in a nonprofit organizations” should be in the singular, rather than the plural form, in the second paragraph under the subtitle “Residency permit”.

f. In s. Med 1.02 (3) (a), the word “provide” before the phrase “documentary evidence” should be removed. Also, in that paragraph, the word “or” before the phrase “the American Osteopathic Association” should be removed, and commas should be inserted after that phrase and after the phrase “successor organization”.

g. In s. Med 1.02 (3) (b), review and revise the use of punctuation and the placement of the word “or” to follow the same format as suggested for par. (a).

h. In s. Med 1.02 (3) (c), the phrase “documented education and training” should replace the phrase “documentary evidence”.

i. In s. Med 3.02, should an initial credential fee requirement be included, for the restricted license, similar to the requirement listed in s. Med 1.02 (6)?

j. In s. Med 3.04, the word “the” before “medical school” could be deleted. Also, a comma should be inserted after the phrase “practicing medicine and surgery”, and the phrase “is limited to” should replace the phrase “only within”. Lastly, the reference to terms and restrictions “established by the board” is unclear. Is this intended to refer to individualized terms and restrictions for the visiting physician, or to terms and conditions given in the rule?

k. In s. Med 5.02 (intro.), the comma before the phrase “and accredited” should be deleted. Also, a period should be inserted after the phrase “to practice medicine and surgery”, and the phrase “An applicant shall submit” should replace the phrase “and shall submit”, in order to begin a new sentence.

l. In s. Med 5.02 (1), it appears that the word "form" should be inserted after the word "application".

m. In s. Med 5.02 (2), the word "that" should be inserted after the phrase "Documentary evidence".

n. In s. Med 5.06, the phrase "from the date of issuance" could be inserted after the phrase "valid for one year".

o. In s. Med 23.01, a space should be inserted between "s." and "448.04".

p. In s. Med 23.04, a comma should replace the semicolon in the first sentence. Also, a comma could be inserted in the last sentence after the phrase "medical necessity".

q. In s. Med 23.05, it appears that the phrase "as to" should be inserted between the phrases "completed registration form" and "whether the application for registration is approved or denied".

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted:  4/1/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  4/15/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Med 13 relating to continuing education audits (CR14-033)	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <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:  Review and approve the Adoption Order for Med 13 relating to continuing education audits.			
11) Authorization			
<b>Kathleen Paff</b>		<b>4/1/2015</b>	
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  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 14-033)

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ORDER

An order of the Medical Examining Board to amend Med 13.06 relating to continuing education audits.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 448.13 (1m), Stats.

**Statutory authority:**

Sections 15.08 (5) (b), 227.11 (2) (a), and 448.13, Stats.

**Explanation of agency authority:**

Pursuant to ss. 15.08 (5) (b) and 227.11 (2) (a), Stats., the Medical Examining Board, (Board), is generally empowered by the legislature to promulgate rules that will provide guidance within the profession and rules that interpret the statutes it enforces or administers. The Board administers s. 448.13, Stats., which sets forth the Board's authority to conduct random audits of continuing education compliance. The proposed rule seeks to require the performance of audits every two years in accordance with s. 448.13 (1m), Stats. Therefore, the Board is both generally and specifically empowered to promulgate the proposed rule.

**Related statute or rule:**

None.

**Plain language analysis:**

The Medical Examining Board reviewed its administrative rules and determined that there was no mechanism to require regular audits of licensees' compliance with the continuing education requirement specified s. Med 13.02 (1). The Board sought to rectify the matter by requiring a random audit of licensees' continuing education compliance

every two years. Auditing licensees' compliance with the continuing education requirement will act as a deterrent to non-compliance and ensure licensees are maintaining their skills in keeping with the highest standards within the profession.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:** Licensees in Illinois have a 36 month renewal cycle in which they must complete 150 hours of continuing medical education. Applicants are required to certify on their renewal application that they have complied with the continuing education requirement. It is the responsibility of each renewal applicant to retain or otherwise produce additional evidence of compliance in case of a random audit. ILL. ADMIN. CODE tit. 68 §1285.110 d).

**Iowa:** Licensees are required to maintain documentation evidencing completion of continuing education for five years after the date of continuing education and training. Conducting an audit is not compulsory but if an audit is conducted the licensee must respond within 30 days of a request made by the board. IOWA ADMIN. CODE r. 653-11.4 (7).

**Michigan:** Licensees must complete 150 hours of continuing education in 3 years. Licensees certify at the time of renewal that they have completed the required continuing education and must retain evidence of his or her compliance for a period of 4 years from the date of application. MICH. ADMIN. CODE r. 388.2381.

**Minnesota:** Minnesota has a 3 year cycle in which to complete 75 hours of continuing education. Licensees provide a signed statement to the board indicating compliance. Licensees that fail to comply are subject to discipline. Minn. R. 5605.0100.

**Summary of factual data and analytical methodologies:**

The Board reviewed its current administrative rules and observed that the rules did not require a standardized audit of licensees' compliance with continuing education requirement. The proposed rule seeks to address this concern. No other factual data or analytical methodologies were used. The Board ensures the accuracy, integrity, objectivity and consistency of data were used in preparing the proposed rule and related analysis.

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

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received relating to the economic impact of the rule.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis are attached.

**Effect on small business:**

The 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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone (608) 261-4472; email at Kathleen.Paff@wisconsin.gov.

-----  
TEXT OF RULE

SECTION 1. MED 13.06 is amended to read:

Med 13.06 The board shall conduct a random audit of licensees on a biennial basis for compliance with the continuing education requirement stated in s. Med 13.02 (1). The board may require any physician to submit evidence of compliance with the continuing education requirement to the board during the biennium for which 30 hours of credit are required for registration to audit compliance.

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

-----  
(END OF TEXT OF RULE)  
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Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
Medical Examining Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis  
 Original    Updated    Corrected

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2. Administrative Rule Chapter, Title and Number  
Med 13.06

---

3. Subject  
Continuing education audits

---

4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected 20.165(1) (hg)
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6. Fiscal Effect of Implementing the Rule

<input type="checkbox"/> No Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input checked="" type="checkbox"/> Increase Costs
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	<input checked="" type="checkbox"/> Could Absorb Within Agency's Budget
		<input type="checkbox"/> Decrease Cost

---

7. The Rule Will Impact the Following (Check All That Apply)

<input type="checkbox"/> State's Economy	<input type="checkbox"/> Specific Businesses/Sectors
<input type="checkbox"/> Local Government Units	<input type="checkbox"/> Public Utility Rate Payers
<input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	

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8. Would Implementation and Compliance Costs Be Greater Than \$20 million?  
 Yes    No

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9. Policy Problem Addressed by the Rule  
The Medical Examining Board reviewed its administrative rules concerning continuing education and determined that licensees were not being regularly audited for compliance with the continuing education requirement specified in s. Med 13.02 (1). The Board concluded that mandatory audits should take place every two years to ensure that licensees are acquiring the required 30 hours of continuing education. The proposed rule will amend s. Med 13.06 to reflect that change.

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10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.  
The rule was posted on the Department of Safety and Professional Service's website for 14 days in order to solicit comments from businesses, associations representing businesses, local governmental units and individuals that may be affected by the rule. No comments were received.

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11. Identify the local governmental units that participated in the development of this EIA.  
No local governmental units participated in the development of this EIA.

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12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)  
This proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole.

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13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule  
The benefit of implementing the rule ensures that licensees will maintain their skill level and knowledge base by maintaining their required 30 hours of continuing education.

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14. Long Range Implications of Implementing the Rule  
Implementing the proposed rule will act as a deterrent to non-compliance with the continuing education requirement.

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15. Compare With Approaches Being Used by Federal Government  
None.

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

**Illinois:** Licensees in Illinois have a 36 month renewal cycle in which they must complete 150 hours of continuing medical education. Applicants are required to certify on their renewal application that they have complied with the continuing education requirement. It is the responsibility of each renewal applicant to retain or otherwise produce additional evidence of compliance in case of a random audit. ILL. ADMIN. CODE tit. 68 §1285.110 d).

**Iowa:** Licensees are required to maintain documentation evidencing completion of continuing education for five years after the date of continuing education and training. Conducting an audit is not compulsory but if an audit is conducted the licensee must respond within 30 days of a request made by the board. IOWA ADMIN. CODE r. 653-11.4 (7).

**Michigan:** Licensees must complete 150 hours in 3 years. Licensees certify at the time of renewal that they have completed the required continuing education and must retain evidence of his or her compliance for a period of 4 years from the date of application. MICH. ADMIN. CODE r. 388.2381.

**Minnesota:** Minnesota has a 3 year cycle in which to complete 75 hours of continuing education. Licensees provide a signed statement to the board indicating compliance. Licensees that fail to comply are subject to discipline. Minn. R. 5605.0100.

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17. Contact Name

Katie Paff

18. Contact Phone Number

608-261-4472

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This document can be made available in alternate formats to individuals with disabilities upon request.

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted:  4/2/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  4/15/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Med 18 relating to physicians and informed consent (CR14-040)	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <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:  Review and approve the Adoption Order for Med 18 relating to physicians and informed consent.			
11) Authorization			
<b>Kathleen Paff</b>		<b>4/2/2015</b>	
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  
MEDICAL EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 14-040)

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ORDER

An order of the Medical Examining Board to amend Med 18.02 (3), 18.04 (3) and (5) and 18.05; to repeal and recreate chapter Med 18 (title) Med 18.03 (title); and to create Med 18.04 (6), relating to physicians and informed consent.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 448.30, Stats.

**Statutory authority:**

Sections 15.08 (5) (b), 227.11 (2) (a), and 448.40 (2) (a), Stats., 2013 Wisconsin Act 111

**Explanation of agency authority:**

Examining boards are authorized by s. 15.08 (5) (b), Stats., to promulgate rules that will provide guidance within their profession. Section 227.11 (2) (a), Stats., grants authority to boards to promulgate rules interpreting the statutes it enforces or administers as long as the proposed rule does not exceed proper interpretation of the statute. This proposed rule will interpret s. 448.30, Stats., which sets forth the guidelines physicians must follow in order to properly inform their patients regarding alternate modes of treatment. Section 448.40 (2) (a), Stats., grants express authority from the legislature to the Medical Examining Board to draft rules regarding informed consent.

**Related statute or rule:**

None.

**Plain language analysis:**

Recent legislation, 2013 Wisconsin Act 111, significantly impacted s. 448.30, Stats., and Wis. Admin Code s. Med 18. Before the Act, physicians had a duty to inform their

patients, under s. 448.30, Stats., of all alternate viable medical modes of treatment and about the benefits and risks of those treatments. After the passage of Act 111, physicians are required to inform their patients of reasonable alternate medical modes of treatment. The latter standard is not as broad as the former standard and in fact lessens the burden on physicians.

Another major change is the reasonable physician standard has replaced the reasonable patient standard. The reasonable physician standard requires doctors to disclose only the information that a reasonable physician in the same or similar medical specialty would know and disclose under the circumstances. The reasonable patient standard requires a physician to disclose information necessary for a reasonable person to make an intelligent decision with respect to the choices of treatment. The reasonable physician standard is a more objective approach and is the standard to which Wisconsin physicians must now adhere.

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

Several federal agencies, including but not limited to the Food and Drug Administration, have rules protecting human subjects participating in investigative trials. Investigators are required to obtain informed consent of each person that will participate in experimental studies, 21 CFR 50.20, including experiments involving drugs for human use found in 21 CFR 312.60. Obtaining informed consent from participants in the investigatory research is not intended to preempt any applicable federal, state, or local laws which require additional information to be disclosed in order for **informed consent** to be legally effective.

### **Comparison with rules in adjacent states:**

**Illinois:** Illinois does not have a comparable statute or rule.

**Iowa:** Iowa statutes create a presumption that informed consent was given if it is documented in writing. “A consent in writing to any medical or surgical procedure or course of procedure in patient care which meets the requirements of this section shall create a presumption that informed consent was given.” IOWA CODE § 147.137.

**Michigan:** Michigan’s statute has comparable language which is directed towards physicians who are treating breast cancer patients. Physicians are required to inform patients verbally and in writing about alternative modes of treatment of cancer. The statute sets forth the reasonable physician standards. “A physician’s duty to inform a patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would know.” MCLS §333.17013 (6).

**Minnesota:** Minnesota does not have comparable statute or rule.

### **Summary of factual data and analytical methodologies:**

No factual data was required for the rule-making in this proposal, due to the changes being necessitated by the passage of 2013 Wisconsin Act 111. For that reason, no factual data or analytical methodologies were used in the preparation of these proposed rules.

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

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received relating to the economic impact of the rule.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone (608) 261-4472; email at Kathleen.Paff@wisconsin.gov.

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TEXT OF RULE

SECTION 1. Chapter Med 18 (title) is repealed and recreated to read:

CHAPTER MED 18 (title)  
INFORMED CONSENT

SECTION 2. Med 18.02 (3) is amended to read:

**Med 18.02 (3)** ~~“Viable” as used in s. 448.30, Stats., to modify the term “medical modes of treatment” means modes of treatment~~ “Modes of treatment” means treatment, including diagnostic procedures, generally considered by the medical profession to be within the scope of current, acceptable standards of care.

SECTION 3. Med 18.03 is repealed and recreated to read:

**Med 18.03 (title) Informed consent.** Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances.

SECTION 4. Med 18.04 (3) and (5) are amended to read:

**Med 18.04 (3)** A physician is not required to communicate any mode of treatment which is not ~~viable~~ a reasonable alternate mode of treatment or which is experimental.

**Med 18.04 (5)** A physician may simplify or omit communication of ~~viable~~ reasonable alternate modes of treatment if the communication would unduly confuse or frighten a patient or if a patient refuses to receive the communication.

SECTION 5. Med 18.04 (6) is created to read:

**Med 18.04 (6)** A physician is not required to communicate information about alternate medical modes of treatment for any condition the physician has not included in his or her diagnosis at the time the physician informs the patient.

SECTION 6. Med 18.05 is amended to read:

**Med 18.05 Recordkeeping.** A physician shall indicate on a patient's medical record he or she has communicated to the patient reasonable alternate ~~viable~~ modes of treatment.

SECTION 7. 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.

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(END OF TEXT OF RULE)  
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Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
Medical Examining Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis  
 Original    Updated    Corrected

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2. Administrative Rule Chapter, Title and Number  
Med 18

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3. Subject  
Informed consent

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4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected
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6. Fiscal Effect of Implementing the Rule  
 No Fiscal Effect    Increase Existing Revenues    Increase Costs  
 Indeterminate    Decrease Existing Revenues    Could Absorb Within Agency's Budget  
 Decrease Cost

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7. The Rule Will Impact the Following (Check All That Apply)  
 State's Economy    Specific Businesses/Sectors  
 Local Government Units    Public Utility Rate Payers  
 Small Businesses **(if checked, complete Attachment A)**

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8. Would Implementation and Compliance Costs Be Greater Than \$20 million?  
 Yes    No

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9. Policy Problem Addressed by the Rule  
This proposed rule is a result of recent legislation. 2013 Wisconsin Act 111 changed the standard regarding doctors informing patients of their health care options by removing the reasonable patient standard and replacing it with the reasonable physician standard. The reasonable physician standard requires doctors to disclose only the information that a reasonable physician in the same or similar medical specialty would know and disclose under the circumstances. As a result of the legislation doctors must obtain informed consent from their patients by advising them of reasonable alternate medical modes of treatment and the benefits and risks of those treatments in a manner consistent with the reasonable physician standard. The proposed rule will update Wis. Admin. Code s. Med 18 to reflect these changes.

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10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.  
The Rule was posted on the Department and Professional Services website for 14 days in order to solicit comments from businesses, associations representing of Safety businesses, local governmental units and individuals that may be affected by the rule. No comments were received.

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11. Identify the local governmental units that participated in the development of this EIA.  
No local governmental units participated in the development of this EIA.

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12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)  
This proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole.

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13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule  
Physicians will advise their patients their patients in a manner of alternate modes of treatment in a manner that is consistent with current law. There is no alternative to implementing the proposed rule due to the changes being necessitated by passage of legislation.

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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14. Long Range Implications of Implementing the Rule

Physicians consistently advising patients of reasonable alternate medical modes of treatment will result in physicians upholding their duty to inform patients in accordance with s. 448.30, Stats.

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15. Compare With Approaches Being Used by Federal Government

Several federal agencies, including but not limited to the Food and Drug Administration, have rules protecting human subjects participating in investigative trials. Investigators are required to obtain informed consent of each person that will participate in experimental studies, 21 CFR 50.20, including experiments involving drugs for human use found in 21 CFR 312.60. Obtaining informed consent from participants in the investigatory research is not intended to preempt any applicable federal, state, or local laws which require additional information to be disclosed in order for informed consent to be legally effective.

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

**Illinois:** Illinois does not have a comparable statute or rule.

**Iowa:** Iowa statutes create a presumption that informed consent was given if it is documented in writing. “A consent in writing to any medical or surgical procedure or course of procedure in patient care which meets the requirements of this section shall create a presumption that informed consent was given.” IOWA CODE § 147.137.

**Michigan:** Michigan’s statute has comparable language which is directed towards physicians who are treating breast cancer patients. Physicians are required to inform patients verbally and in writing about alternative modes of treatment of cancer. The statute sets forth the reasonable physician standards. “A physician’s duty to inform a patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would know.” MCLS §333.17013 (6).

**Minnesota:** Minnesota does not have comparable statute or rule.

---

17. Contact Name

Katie Paff

18. Contact Phone Number

608-261-4472

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This document can be made available in alternate formats to individuals with disabilities upon request.

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Katie Paff Administrative Rules Coordinator		2) Date When Request Submitted:  4/2/2015  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  4/15/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Review of OT 1, 3, 4 relating to self-referral of occupational therapy services	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  N/A	
10) Describe the issue and action that should be addressed:  The Medical Examining Board has the authority under s. 15.085 (5) (b) 1. to review and comment on rules promulgated by the affiliated credentialing boards. The Medical Examining Board will review OT 1, 3, 4 relating to self-referral of occupational therapy services prior to submission to the Legislative Clearinghouse.			
11) Authorization			
<b>Kathleen Paff</b>		<b>4/2/2015</b>	
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  
OCCUPATIONAL THERAPISTS  
AFFILIATED CREDENTIALING BOARD

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

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PROPOSED ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to repeal OT 1.02 (17), 4.03 (2) (a), and 4.03 (2) (c) and (d); to amend OT 3.05 (title) and (intro.), 3.05 (2), 4.02 (2) (f), 4.03 (2) (title), 4.03 (2) (b), 4.03 (3) (a), and 4.03 (3) (f); to create OT 3.05 (1) (title) and 3.05 (3) relating to self-referral of occupational therapy services.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 448.965, Stats.

**Statutory authority:**

Sections 15.085 (5) (b), 227.11 (2) (a), 440.08 (3) (b), 448.965 (1) (c), Wisconsin Statutes.

**Explanation of agency authority:**

Section 15.085 (5) (b), Stats., provides that affiliated credentialing boards such as the Occupational Therapists Affiliated Credentialing Board, “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .” The proposed rule will provide guidance to occupational therapists regarding the topic of who may refer occupational therapy services.

Section 227.11 (2) (a), Stats., provides that, “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 440.08 (3) (b), Stats., provides that affiliated credentialing boards such as the Occupational Therapists Affiliated Credentialing Board, “[...] may promulgate rules

requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, that the [...] affiliated credentialing board determines are necessary to protect the public health, safety, or welfare.”

Section 448.965 (1) (c), Stats., provides that the affiliated credentialing board shall promulgate rules that establish, “[s]tandards of practice for occupational therapy, including a code of ethics and criteria for referral.”

**Related statute or rule:**

None.

**Plain language analysis:**

Under the current administrative rules, an occupational therapist may receive an order or a referral to perform occupational therapy services for a patient. Orders identify the need for occupational therapy evaluation and intervention while a referral is the act of requesting occupational therapy services. Currently, physicians, dentists, or podiatrists may order occupational therapy evaluation. However, occupational therapists may accept referrals from a variety of health care professionals including advance practice nurses, chiropractors, optometrists, physical therapists and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore there are some services occupational therapist can perform without the need of a referral such as consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services. According to Wisconsin Administrative Code OT 4.03 (2) (e) neither an order or a referral from a physician is required for evaluation or intervention if OT services are provided in an educational environment, including in a child’s home if the child has disabilities.

The proposed rule seeks to clarify that occupational therapists are able to self-refer occupational therapy services along with the host of other health care professionals that are listed above. Currently, the rule allows other health care professionals to refer occupational therapy services. However, the rule does not specifically state that occupational therapists are allowed to self-refer. Occupational therapists self-referring would allow patients greater access to health care and would alleviate occupational therapists from relying solely on receiving orders and referrals from other health care professionals in order to provide health care services. The proposed rule will also remove all references to orders received by health care professionals as this is outdated terminology that no longer reflects current practices.

The proposed rule will also provide clarity to the process of renewing a license after 5 years by updating provisions regarding late renewal and reinstatement. The term reinstatement will be defined as a process by which a licensee whose license has been surrendered or revoked or has a license with unmet disciplinary requirements which has

not been renewed within five years of the renewal date may apply to have their license reinstated with or without conditions.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:** Illinois state statute provides that the implementation of direct occupational therapy treatment to individuals for their specific health care conditions shall be based upon a referral from a licensed physician, dentist, podiatric physician, or advanced practice nurse who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, physician assistant who has been delegated authority to provide or accept referrals from or to licensed occupational therapists, or optometrist (225 ILCS 75/3.1). An occupational therapist may consult with, educate, evaluate, and monitor services for individuals groups, and populations concerning occupational therapy needs without referral. A referral is not required for providing consultation, habilitation, screening, education, wellness, prevention, environmental assessments, and work-related ergonomic services to individuals, groups, or populations. Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home (225 ILCS 75/3.1).

Illinois administrative code provides that an occupational therapist seeking to restore a license that has expired or been placed on inactive status for 5 years must file an application, pay the required fees, demonstrate completion of 24 hours of continuing education within 24 months prior to the restoration and one of the following: (1) Sworn evidence of active practice in another jurisdiction; (2) An affidavit attesting to military service; (3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or (4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration (68 Ill. Admin. Code pt. 1315.160).

**Iowa:** Iowa statutes provide that occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy provided in the hospital be performed only following prior review by and authorization of the performance of the occupational therapy by a member of the hospital medical staff (Iowa Code s. 148B.3A).

Iowa administrative code provides that an occupational therapist seeking to reactivate a license that has been inactive for 5 years or less must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation. If the license has been on inactive status for more than five years, an applicant must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; or evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation (Iowa Admin. Code r. 645 – 206.11). A licensee whose license has been revoked, suspended, or voluntarily surrendered must reinstate their license in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the license is permanently revoked. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. If the board determines that the license can be reinstated, then the license reactivation process is followed (Iowa Admin. Code r. 645 – 206.11 and Iowa Admin. Code r. 645 – 11.31).

**Michigan:** Michigan statutes and code are silent with regards to required orders or referrals from other healthcare providers. An applicant whose license has lapsed for 3 years or more may be relicensed by meeting the following: (1) Passing the examination on state laws and rules related to the practice of occupational therapy; (2) Completing supervised practice experience requirements; (3) Verifying any license or registration from another state that was held while the license was lapsed; and (4) Either completing of the NBCOT's certification examination for occupational therapists or presenting evidence that he or she was registered or licensed as an occupational therapist in another state during the 3-year period immediately preceding the application for relicensure (Mich. Admin. Code R. 338.1227).

**Minnesota:** Minnesota statutes do not require referral from a healthcare provider, however, in the absence of a physician referral or prior authorization, an occupational therapist must provide the following written notification: "Your health care provider, insurer, or plan may require a physician referral or prior authorization and you may be obligated for partial or full payment for occupational therapy services rendered." (Minn. Stat. s. 148.6438).

**Summary of factual data and analytical methodologies:**

The Board received input from the Wisconsin Occupational Therapy Association, and adjacent states’ administrative rules were reviewed. No other factual data or analytical methodologies were used.

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

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis are attached.

**Effect on small business:**

These proposed rules do not have a negative 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 Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

**Agency contact person:**

Katie Paff, 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 608-261-4472; email at Kathleen.Paff@wisconsin.gov.

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

Comments may be submitted to Katie Paff, 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 Kathleen.Paff@wisconsin.gov. ~~Comments must be received on or before \* to be included in the record of rule-making proceedings.~~

-----  
TEXT OF RULE

SECTION 1. OT 1.02 (17) is repealed.

SECTION 2. OT 3.05 (title) and (intro.) are amended to read:

**~~OT 3.05 Failure to be registered~~ Late renewal and reinstatement.** Failure to be registered. Failure to renew a license by June 1 of an odd numbered year shall cause the license to ~~lapse~~ expire. A licensee who allows the license to ~~lapse~~ expire may apply to the board for late renewal or reinstatement of the license as follows by completing one of the following:

SECTION 3. OT 3.05 (1) (title) is created to read:

**OT 3.05 (1) LATE RENEWAL BEFORE 5 YEARS.**

SECTION 4. OT 3.05 (2) is amended to read:

**OT 3.05 (2) LATE RENEWAL AFTER 5 YEARS.** If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on ~~reinstatement~~ the renewal of the license, including oral examination, as the board deems appropriate. All applicants under this section shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants. This section does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

SECTION 5. OT 3.05 (3) is created to read:

**OT 3.05 (3) REINSTATEMENT.** A licensee who has unmet disciplinary requirements and failed to renew within 5 years of the renewal date or whose license has been surrendered or revoked, may apply to have the license reinstated in accordance with all of the following:

- (a) Evidence of the completion of the requirements under sub. (2).
- (b) Evidence of completion of disciplinary requirements, if applicable.
- (c) Evidence of rehabilitation or change in circumstances warranting reinstatement of the license.

SECTION 6. OT 4.02 (2) (f) is amended to read:

**OT 4.02 (2) (f)** Application of physical agent modalities based on a physician ~~order~~ referral as an adjunct to or in preparation for engagement in treatment. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence

SECTION 7. OT 4.03 (2) (title) is amended to read:

**OT 4.03 (2) REFERRALS AND ORDERS.**

SECTION 8. OT 4.03 (2) (a) is repealed.

SECTION 9. OT 4.03 (2) (b) is amended to read:

**OT 4.03 (2)** (b) Referrals may be accepted from advanced practice nurses, chiropractors, dentists, optometrists, physical therapists, physicians, physician assistants, podiatrists, psychologists, or other health care professionals.

SECTION 10. OT 4.03 (2) (c) and (d) are repealed.

SECTION 11. OT 4.03 (3) (a) is amended to read:

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

SECTION 12. OT 4.03 (3) (f) is amended to read:

**OT 4.03 (3)** (f) Evaluation results shall be communicated to the ~~ordering~~ referring health care professional and to the appropriate persons in the facility and community

SECTION 13. 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.

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(END OF TEXT OF RULE)  
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Dated \_\_\_\_\_

Agency \_\_\_\_\_

Chairperson  
Occupational Therapists  
Affiliated Credentialing Board

## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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1. Type of Estimate and Analysis

Original    Updated    Corrected

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2. Administrative Rule Chapter, Title and Number

OT 1, 3, 4

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3. Subject

Self-Referral of Occupational Therapy Services

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4. Fund Sources Affected

GPR    FED    PRO    PRS    SEG    SEG-S

5. Chapter 20, Stats. Appropriations Affected

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6. Fiscal Effect of Implementing the Rule

No Fiscal Effect    Increase Existing Revenues    Increase Costs  
 Indeterminate    Decrease Existing Revenues    Could Absorb Within Agency's Budget  
 Decrease Cost

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7. The Rule Will Impact the Following (Check All That Apply)

State's Economy    Specific Businesses/Sectors  
 Local Government Units    Public Utility Rate Payers  
 Small Businesses **(if checked, complete Attachment A)**

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8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes    No

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9. Policy Problem Addressed by the Rule

Under the current administrative rules, an occupational therapist may receive an order or a referral to perform occupational therapy services for a patient. Orders identify the need for occupational therapy evaluation and intervention while a referral is the act of requesting occupational therapy services. Currently, physicians, dentists, or podiatrists may order occupational therapy evaluation. However, occupational therapists may accept referrals from a variety of health care professionals including advance practice nurses, chiropractors, optometrists, physical therapists and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore there are some services occupational therapist can perform without the need of a referral such as consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services. According to Wisconsin Administrative Code OT 4.03 (2) (e) neither an order or a referral from a physician is required for evaluation or intervention if OT services are provided in an educational environment, including in a child's home if the child has disabilities.

The proposed rule seeks to clarify that occupational therapists are able to self-refer occupational therapy services along with the host of other health care professionals that are listed above. Currently, the rule allows other health care professionals to refer occupational therapy services. However, the current rule does not specifically state that occupational therapists are allowed to self-refer.

The proposed rule will also provide clarity to the process of renewing a license after 5 years by updating provisions regarding late renewal and reinstatement. The term reinstatement will be defined as a process by which a licensee whose license has been surrendered or revoked or has a license with unmet disciplinary requirements which has not been renewed within five years of the renewal date may apply to have their license reinstated with or without conditions.

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10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

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This rule was posted for 14 days for economic impact comments and none were received.

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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11. Identify the local governmental units that participated in the development of this EIA.

None. This rule does not affect local government units.

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12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local government units or the state's economy as a whole.

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13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

Occupational therapists self-referring would allow patients greater access to health care and would alleviate occupational therapists from relying solely on receiving orders and referrals from other health care professionals in order to provide health care services. The proposed rule will also remove all references to orders received by health care professionals as this is outdated terminology that no longer reflects current practices.

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14. Long Range Implications of Implementing the Rule

Greater access to health care.

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15. Compare With Approaches Being Used by Federal Government

None

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16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

**Illinois:** Illinois state statute provides that the implementation of direct occupational therapy treatment to individuals for their specific health care conditions shall be based upon a referral from a licensed physician, dentist, podiatric physician, or advanced practice nurse who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, physician assistant who has been delegated authority to provide or accept referrals from or to licensed occupational therapists, or optometrist (225 ILCS 75/3.1). An occupational therapist may consult with, educate, evaluate, and monitor services for individuals groups, and populations concerning occupational therapy needs without referral. A referral is not required for providing consultation, habilitation, screening, education, wellness, prevention, environmental assessments, and work-related ergonomic services to individuals, groups, or populations. Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home (225 ILCS 75/3.1).

Illinois administrative code provides that an occupational therapist seeking to restore a license that has expired or been placed on inactive status for 5 years must file an application, pay the required fees, demonstrate completion of 24 hours of continuing education within 24 months prior to the restoration and one of the following: (1) Sworn evidence of active practice in another jurisdiction; (2) An affidavit attesting to military service; (3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or (4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing

## **ADMINISTRATIVE RULES**

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education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration (68 Ill. Admin. Code pt. 1315.160).

**Iowa:** Iowa statutes provide that occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy provided in the hospital be performed only following prior review by and authorization of the performance of the occupational therapy by a member of the hospital medical staff (Iowa Code s. 148B.3A).

Iowa administrative code provides that an occupational therapist seeking to reactivate a license that has been inactive for 5 years or less must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation. If the license has been on inactive status for more than five years, an applicant must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; or evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation (Iowa Admin. Code r. 645 – 206.11). A licensee whose license has been revoked, suspended, or voluntarily surrendered must reinstate their license in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the license is permanently revoked. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. If the board determines that the license can be reinstated, then the license reactivation process is followed (Iowa Admin. Code r. 645 – 206.11 and Iowa Admin. Code r. 645 – 11.31).

**Michigan:** Michigan statutes and code are silent with regards to required orders or referrals from other healthcare providers. An applicant whose license has lapsed for 3 years or more may be relicensed by meeting the following: (1) Passing the examination on state laws and rules related to the practice of occupational therapy; (2) Completing supervised practice experience requirements; (3) Verifying any license or registration from another state that was held while the license was lapsed; and (4) Either completing of the NBCOT's certification examination for occupational therapists or presenting evidence that he or she was registered or licensed as an occupational therapist in another state during the 3-year period immediately preceding the application for relicensure (Mich. Admin. Code R. 338.1227).

**Minnesota:** Minnesota statutes do not require referral from a healthcare provider, however, in the absence of a physician referral or prior authorization, an occupational therapist must provide the following written notification: "Your health care provider, insurer, or plan may require a physician referral or prior authorization

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**ADMINISTRATIVE RULES**  
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and you may be obligated for partial or full payment for occupational therapy services rendered." (Minn. Stat. s. 148.6438).

17. Contact Name Katie Paff	18. Contact Phone Number 608-261-4472
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