



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
June 17, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-4)**
- B) Minutes of May 20, 2015 – Review and Approval (5-10)**
- C) Recognition of Board Members**
 - 1) **8:00 A.M. - APPEARANCE - Dr. Timothy Swan**
 - 2) **James Barr**
- D) Administrative Updates**
 - 1) Department and Staff Updates
 - 2) Appointments/Reappointments/Confirmations
 - 3) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
 - 4) Informational Items
- E) APPEARANCE – DSPP Prescription Drug Monitoring Program (PDMP) Staff – PDMP Update (11-16)**
- F) Federation of State Medical Boards (FSMB) Matters**
 - 1) **Orientation of Non-Clinical Board Members (17)**
- G) 2014 Medical Examining Board Annual Report (18-24)**
- H) Legislative/Administrative Rule Matters**
 - 1) Review and Approval of Med 3, 5, 23 (CR 15-022) Relating to Physician Licensure **(25-39)**
 - 2) Update on Med 13 (CR 14-033), Med 18 (CR14-040), and Med 1 (CR 15-021) **(40-60)**
 - 3) Discuss Scope Statement for General Clean-Up of Administrative Rules **(61-67)**
 - 4) Administrative Physician License Transition to License to Practice Medicine and Surgery **(68)**

- 5) Assembly Bill 253 – Interstate Medical Licensure Compact (**69-103**)
- 6) Update on Pending and Possible Rule Projects

I) **Fall MEB Newsletter – Discussion**

J) Speaking Engagement(s), Travel, or Public Relation Request(s)

K) Screening Panel Report

L) Informational Items

M) **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

N) 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.).

O) **9:30 A.M. - APPEARANCE - Review of Administrative Warning - D.G. (WARN00000320) (DLSC case number 14 MED 368) (104-106)**

P) **9:45 A.M. - APPEARANCE – Full Board Oral Interview – Kevin Clark, M.D. (107-250)**

- Q) Complaint(s) for Determination of Probable Cause**
- 1) 12 MED 289 – Levi C. Leong, M.D. **(251-253)**
 - 2) 13 MED 187 – Vance Masci, M.D. **(254-257)**
 - 3) 15 MED 025 – Roger Pellmann, M.D. **(258-261)**
- R) Deliberation on Administrative Warnings**
- 1) 13 MED 525 – S.L.F. **(262-263)**
 - 2) 14 MED 365 – W.G.D. **(264-265)**
 - 3) 15 MED 001 - N.W. **(266-268)**
 - 4) 15 MED 007 – S.M.K. **(269-272)**
 - 5) 15 MED 031 – P.L.V. **(273-275)**
 - 6) 15 MED 096 – R.P.M. **(276-277)**
- S) Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)**
- 1) 12 MED 381 – David J. Drake, M.D. **(278-285)**
 - 2) 13 MED 145 – Lorne P. Schlecht, M.D. **(286-293)**
 - 3) 13 MED 510 – Eileen S. Gavin, M.D. **(294-300)**
 - 4) 14 MED 041 – Carl R. Sunby, M.D. **(301-307)**
 - 5) 14 MED 131 – Steven D. Nichols, M.D. **(308-315)**
 - 6) 14 MED 266 – Jon A. Cafaro, M.D. **(316-322)**
 - 7) 14 MED 468 – Norman C. Reynolds, Jr. , M.D. **(323-329)**
 - 8) 14 MED 496 – Vikram Gunnala, M.D. **(330-335)**
- T) Monitoring Matters**
- 1) Ronald Rubin, M.D. – Requesting to be Allowed to Provide Patient Care **(336-395)**
 - 2) Farid Ahmad, M.D. – Requesting Full Unlimited License **(396-444)**
- U) Waiver of the 24 Months of ACGME Approved Post-Graduate Training Based on Education and Training**
- 1) Marwan Abdulaal, M.D. **(445-482)**
- V) Case Closing(s)**
- 1) 13 MED 316 **(483-487)**
 - 2) 13 MED 353 **(488-493)**
 - 3) 13 MED 536 **(494-496)**
 - 4) 14 MED 046 **(497-505)**
 - 5) 14 MED 190 **(506-509)**
 - 6) 14 MED 197 **(510-514)**
 - 7) 14 MED 262 **(515-518)**
 - 8) 14 MED 283 **(519-525)**
 - 9) 14 MED 357 **(526-531)**
 - 10) 14 MED 445 **(532-533)**
 - 11) 14 MED 598 **(534-543)**
 - 12) 15 MED 016 **(544-545)**
 - 13) 15 MED 048 **(546-548)**
 - 14) 15 MED 054 **(549-551)**

- 15) 15 MED 063 **(552-555)**
- 16) 15 MED 070**(556-564)**

W) 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

X) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

ORAL INTERVIEW OF CANDIDATES FOR LICENSURE

ROOM 124D/E

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

CLOSED SESSION – Reviewing Applications and Conducting Oral Interviews of Five (5) Candidates for Licensure – Drs. Westlake, Erickson, Vasudevan, and Capodice.

**MEDICAL EXAMINING BOARD
MEETING MINUTES
May 20, 2015**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D.; Michael Phillips, M.D. (*via GoToMeeting*); Kenneth Simons, M.D.; Sridhar Vasudevan, M.D.; Carolyn Ogland Vukich, M.D; Timothy Westlake, M.D.; Russell Yale, M.D.; Robert Zondag (*via GoToMeeting*)

EXCUSED: James Barr

STAFF: Tom Ryan, Executive Director; Nilajah Madison-Head, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of eleven (11) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Remove Item "8:00 A.M. – APPEARANCE – DSPS Attorney Yolanda McGowan – Presentation on Petition for Summary Suspension and Designation of Hearing Official
1) 15 MED 004 – James B. Lisowski, M.D."*
- *Under Review of Administrative Warnings: Move items 2-5 to a separate heading titled: Deliberation on Administrative Warnings
1) 14 MED 268 – J.N.G.
2) 14 MED 370 – P.V.K.
3) 14 MED 446 – C.L.*
- *Remove Item "Deliberation on Petition for Summary Suspension and Designation of Hearing Official
1) 15 MED 004 – James B. Lisowski, M.D."*
- *Under Complaint (s) for Determination of Probable Cause: Remove Item "15 MED 004 – James B. Lisowski, M.D."*

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to approve the minutes of April 15, 2015 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

Election Of Officers

Vice Chair

NOMINATION: Sridhar Vasudevan nominated Timothy Westlake for the Office of Vice Chair.

Thomas Ryan called for nominations three (3) times.

Timothy Westlake was elected as Vice Chair by unanimous consent.

2015 ELECTION RESULTS	
Vice Chair	Timothy Westlake

Liaison Appointments

The Chair appoints the following members:

2015 LIAISON APPOINTMENTS	
Office of Education and Exams Liaison	Timothy Westlake <i>Alternate: Greg Collins</i>
Website Liaison	Robert Zondag <i>Alternate: Greg Collins</i>
Legislative Liaison	Timothy Westlake, Kenneth Simons, Sridhar Vasudevan
Newsletter Liaison	Kenneth Simons <i>Alternate: Timothy Westlake</i>
Rules Liaison	Russell Yale <i>Alternate: Greg Collins</i>

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to acknowledge the Chair’s appointment of the liaisons. Motion carried unanimously.

NC DENTAL BOARD V. FTC DECISION

The Board consulted with Board Legal Counsel regarding this matter.

CLOSED SESSION

MOTION: Sridhar Vasudevan 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; Carolyn Ogland Vukich – yes; Michael Phillips – yes; Kenneth Simons – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; Russell Yale – yes; and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:16 a.m.

RECONVENE TO OPEN SESSION

MOTION: Suresh Misra moved, seconded by Timothy Westlake, to reconvene in Open Session at 11:56 a.m. Motion carried unanimously.

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

MOTION: Sridhar Vasudevan moved, seconded by Russell Yale, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

REVIEW OF ADMINISTRATIVE WARNINGS

APPEARANCE - C.T.(WARN00000302)(DLSC case number 14 MED 138)

MOTION: Mary Jo Capodice moved, seconded by Greg Collins, to affirm the Administrative Warning in the matter of DLSC case number 14 MED 138 (C.T.). Motion carried.

APPEARANCE - D.R.T. (WARN00000256)(DLSC case number 14 MED 279)

MOTION: Rodney Erickson moved, seconded by Greg Collins, to affirm the Administrative Warning in the matter of DLSC case number 14 MED 279 (D.R.T.). Motion carried unanimously.

DELIBERATION ON ADMINISTRATIVE WARNINGS

14 MED 268 – J.N.G.

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to issue an Administrative Warning in the matter of DLSC case number 14 MED 268 (J.N.G.). Motion carried unanimously.

14 MED 370 – P.V.K.

MOTION: Greg Collins moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of DLSC case number 14 MED 370 (P.V.K.). Motion carried unanimously.

14 MED 446 – C.L.

MOTION: Suresh Misra moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of DLSC case number 14 MED 446 (C.L.). Motion carried unanimously.

MONITORING MATTERS

APPEARANCE – Stephen A. Haughey, M. D. – Requesting Access to Controlled Substances

MOTION: Sridhar Vasudevan moved, seconded by Greg Collins, to grant the request of Stephen A. Haughey, M.D. to be allowed to work in a setting where he has access to controlled substances. Motion failed.

MOTION: Suresh Misra moved, seconded by Rodney Erickson, to deny the request of Stephen A. Haughey, M.D. to be allowed to work in a setting where he has access to controlled substances. **Reason for Denial:** Due to the seriousness of the facts underlying the issuance of the Order, the Respondent's request is denied due to insufficient time of full compliance under the terms of the Order. The Board will not consider further petitions prior to May 20, 2016, as the Respondent must demonstrate further full compliance under the terms of the Order. Motion carried. (*Sridhar Vasudevan opposed*)

Ronald Rubin, M.D. – Requesting Authorization to Provide Patient Care

MOTION: Timothy Westlake moved, seconded by Carolyn Ogland Vukich, to deny the request of Ronald Rubin, M.D. to be allowed to provide patient care. **Reason for Denial:** Failure to comply with the Order. Motion carried unanimously.

COMPLAINT(S) FOR DETERMINATION OF PROBABLE CAUSE

14 MED 212 – Scott A. Schildt, M.D.

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to find probable cause to believe that Scott A. Schildt, M.D., DLSC case number 14 MED 212, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried unanimously.

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

MOTION: Greg Collins moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. Edison P. McDaniels, M.D. – 14 MED 280
2. Sarah E. Ahrens, M.D. – 14 MED 390
3. Chandralekha Bommakanti, M.D. – 14 MED 393
4. Alfred J. Coron, M.D. – 14 MED 404
5. Robert F. Douglas, M.D. – 14 MED 410
6. John S. Harris, M.D. – 14 MED 418
7. Graciela Hernandez, M.D. – 14 MED 422
8. Timothy A. Johnson, M.D. – 14 MED 432
9. Sidney H. Kohler, M.D. – 14 MED 442

10. Luz S. Moreno, M.D. – 14 MED 451
11. George A. Munkwitz, M.D. – 14 MED 452
12. David R. Nahin, M.D. – 14 MED 453
13. Robert K. Ortwien – 14 MED 456
14. Andrew M. Owsiak, M.D. – 14 MED 458
15. Steven J. Price, M.D. – 14 MED 463
16. Tracy S. Reichmuth, M.D. – 14 MED 467
17. Marcia J. Richards, M.D. – 14 MED 469
18. David E. Shapiro, M.D. – 14 MED 481
19. Bedriye Y. Tombuloglu, M.D. – 14 MED 489
20. Jeffrey W. Wilson, M.D. – 14 MED 493
21. Robert Kolb, D.O. – 14 MED 498
22. Gary T. Prohaska, M.D. – 14 Med 593
23. Amit Agarwal, M.D. – 15 MED 003
24. Mitchell R. Weisberg, M.D. – 15 MED 017
25. Jon E. Kelly, M.D. – 15 MED 116

Motion carried unanimously.

Malik S. Ali, M.D. – 14 MED 377

MOTION: Mary Jo Capodice moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the license of Malik S. Ali, M.D., DLSC case number 14 MED 377. Motion carried unanimously.

Christopher M. Huiras, M.D. – 14 MED 430

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Christopher M. Huiras, M.D., DLSC case number 14 MED 430. Motion carried.

(Rodney Erickson recused himself for the deliberation and voting in the matter of Christopher M. Huiras, M.D. – 14 MED 430.)

ORDER FIXING COSTS

MOTION: Sridhar Vasudevan moved, seconded by Misra, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against:

1. Zulfiqar Ali, M.D., Respondent - (ORDER0003813)(DLSC case number 14 MED 298)
2. Nanette Liegeois, M.D., Respondent - (ORDER0003604)(DLSC case number 14 MED 581)
3. Angelina Montemurro, M.D., Respondent - (ORDER0002139)(DLSC case number 12 MED 288).
4. Linda Rogow, M.D., Respondent - (ORDER0003411)(DLSC case number 14 MED 033)

Motion carried unanimously.

**WAIVER OF THE 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING
BASED ON EDUCATION AND TRAINING**

Bronwen Shaw, M.D.

MOTION: Mary Jo Capodice moved, seconded by Westlake, to find that the training and education of Bronwen Shaw, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

**WAIVER OF THE 24 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING
BASED ON EDUCATION AND TRAINING**

Jean Kuriakose, M.D.

MOTION: Vasudevan moved, seconded by Westlake, to find that the training and education of Jean Kuriakose, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

CASE CLOSING(S)

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

1. 13 MED 154 (C.D.N.) – No Violation (NV)
2. 14 MED 424 (P.A.H.) – No Violation (NV)
3. 14 MED 443 (J.K.L.) – No Violation (NV)
4. 14 MED 455 (R.B.F.) – Prosecutorial Discretion (P2)
5. 14 MED 531 (M.B.) – Prosecutorial Discretion (P7)
6. 14 MED 546 (J.T.J.) – No Violation (NV)
7. 14 MED 567 (A.S.H.) – No Violation (NV)
8. 14 MED 591 (C.E.F.) – Lack of Jurisdiction (L1)
9. 14 MED 609 (D.P.D.) – Prosecutorial Discretion (P1)
10. 15 MED 077 (R.L.P.) – Lack of Jurisdiction (L1)
11. 15 MED 085 (D.M.) – No Violation (NV)

Motion carried unanimously.

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

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

ADJOURNMENT

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

The meeting adjourned at 11:57 a.m.



2015 SENATE BILL 21

February 3, 2015 – Introduced by JOINT COMMITTEE ON FINANCE, by request of Governor Scott Walker. Referred to Joint Committee on Finance.

1 **AN ACT relating to:** state finances and appropriations, constituting the
2 executive budget act of the 2015 legislature.

Analysis by the Legislative Reference Bureau

INTRODUCTION

This bill is the “executive budget bill” under section 16.47 (1) of the statutes. It contains the governor’s recommendations for appropriations for the 2015–2017 fiscal biennium.

The bill repeals and recreates the appropriation schedule in chapter 20 of the statutes, thereby setting the appropriation levels for the 2015–2017 fiscal biennium. The descriptions that follow relate to the most significant changes in the law that are proposed in the bill. In most cases, changes in the amounts of existing spending authority and changes in the amounts of bonding authority under existing bonding programs are not discussed.

For additional information concerning this bill, see the Department of Administration’s publication *Budget in Brief* and the executive budget books, the Legislative Fiscal Bureau’s summary document, and the Legislative Reference Bureau’s drafting files, which contain separate drafts on each policy item. In most cases, the policy item drafts contain a more detailed analysis than is printed with this bill.

GUIDE TO THE BILL

As is the case for all other bills, the sections of the budget bill that affect statutes are organized in ascending numerical order of the statutes affected.

SENATE BILL 21

12. A program to award grants to a nonprofit organization to provide education on hunting, fishing, and trapping and to establish programs to recruit persons to engage in those activities.

13. A program to award grants to promote the safe operation of all-terrain vehicles.

RETIREMENT AND GROUP INSURANCE

Currently, state employees may receive health care coverage under Group Insurance Board plans and qualify for employer contributions toward the payment of their health insurance premiums depending on the number of hours they are employed during the year. This bill permits state employees to be paid an annual stipend of \$2,000 in lieu of health insurance coverage.

This bill increases the terms of appointed members of the Group Insurance Board from two years to four years, expiring on May 1 of the odd-numbered years.

SAFETY AND PROFESSIONAL SERVICES**ELIMINATION OF DSPTS**

Under current law, DSPTS and the various boards and councils attached to DSPTS regulate professional licensure and buildings and safety in Wisconsin. Effective January 1, 2016, this bill eliminates DSPTS and transfers all of its functions to DFIPS. The bill attaches to DFIPS the various boards and councils attached to DSPTS under current law.

PROFESSIONAL LICENSURE

Under current law, the licensure period for most credentials issued by DSPTS or a credentialing board under DSPTS is two years, with renewal dates in either the odd-numbered or even-numbered year.

This bill instead provides that the licensure period for most credentials is four years, staggered so that the actual renewal dates for credential holders who have even-numbered birth years are two years apart from the renewal dates for credential holders who have odd-numbered birth years. The bill also provides that the change from two-year to four-year credential periods may be phased in over time.

Under current law, the Veterinary Examining Board (board) regulates the practice of veterinarians and veterinary technicians in Wisconsin. Currently, the board is under the umbrella of DSPTS. This bill transfers the board to the DATCP.

Current law requires the Pharmacy Examining Board (PEB) to establish by rule and administer a prescription drug monitoring program (PDMP). The PDMP requires pharmacies and physicians or other practitioners to generate a record documenting each dispensing of a prescription drug by the pharmacy or practitioner that is covered by the PDMP, generally a controlled substance or other drug the PEB identifies as having a substantial potential for abuse. Among other requirements, the pharmacy or practitioner must deliver records generated under the PDMP to the PEB. This bill transfers the PDMP to the Controlled Substances Board (CSB), which, like the PEB, is attached to DSPTS.

The bill also adds all of the following members to the current membership of the CSB:

SENATE BILL 21

1. The chairperson of the Medical Examining Board or his or her designee.
2. The chairperson of the Dentistry Examining Board or his or her designee.
3. The chairperson of the Board of Nursing or his or her designee.

The bill also specifies that the PEB may disclose a record generated under the PDMP to law enforcement agencies, including under circumstances indicating suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient.

Current law further requires the PEB to specify by rule the discipline for failure to comply with the PDMP. Under the bill, those rules must permit the board to refer to the appropriate board for discipline, or the appropriate law enforcement agency for investigation and possible prosecution, a pharmacist, pharmacy, or practitioner that fails to comply with the PDMP.

BUILDINGS AND SAFETY

This bill transfers DSPS's responsibilities with respect to administration of the laws regulating private on-site wastewater treatment systems (POWTS) to DNR and eliminates a program to provide grants to individuals and businesses who are served by failing POWTS.

This bill further transfers \$21,000,000 from the petroleum inspection fund to the transportation fund in each year of the fiscal biennium.

STATE GOVERNMENT**STATE FINANCE**

This bill increases the amount of state public debt to refund any unpaid indebtedness used to finance tax-supported or self-amortizing facilities from \$3,785,000,000 to \$5,285,000,000.

The bill extends into the 2016-17 fiscal year a lapse requirement imposed for most state agencies during the 2013-15 fiscal biennium. Under the bill, the secretary of administration must lapse moneys to the general fund from executive branch state agency general purpose revenue and program revenue appropriations.

The bill requires the cochairpersons of the Joint Committee on Legislative Organization, during the 2015-17 fiscal biennium, to ensure that \$9,232,200 is lapsed from sum certain general purpose revenue appropriation accounts or is subtracted from the expenditure estimates for any other types of appropriations, or both.

Currently, in any fiscal year, the secretary of administration may temporarily reallocate moneys to the general fund from other funds in an amount not to exceed 5 percent of the total general purpose revenue appropriations for that fiscal year. In 2013 Wisconsin Act 20, this amount was increased to 9 percent for the 2013-15 fiscal biennium. This bill makes the increase to 9 percent permanent.

Current statutes provide that no bill directly or indirectly affecting general purpose revenues may be adopted if the bill would cause the estimated general fund balance on June 30 of any fiscal year to be less than a certain amount of the total general purpose revenue appropriations for that fiscal year. For fiscal years 2017-18 and 2018-19, and for each fiscal year thereafter, the amount is 2 percent of total general purpose revenue appropriations for that fiscal year.

SENATE BILL 21**SECTION 4474**

1 **SECTION 4474.** 450.11 (1b) (bm) of the statutes is amended to read:

2 450.11 **(1b)** (bm) A pharmacist or other person dispensing or delivering a drug
3 shall legibly record the name on each identification card presented under par. (b) to
4 the pharmacist or other person, and the name of each person to whom a drug is
5 dispensed or delivered subject to par. (e) 2., and shall maintain that record for a time
6 established by the board by rule or, for a record that is subject to s. ~~450.19~~ 961.385,
7 until the name is delivered to the controlled substances board under s. ~~450.19~~
8 961.385, whichever is sooner.

9 **SECTION 4475.** 450.11 (1m) of the statutes is amended to read:

10 450.11 **(1m)** ELECTRONIC TRANSMISSION. Except as provided in s. ~~453.068~~ 89.068
11 (1) (c) 4., a practitioner may transmit a prescription order electronically only if the
12 patient approves the transmission and the prescription order is transmitted to a
13 pharmacy designated by the patient.

14 **SECTION 4476.** 450.125 of the statutes is amended to read:

15 **450.125 Drugs for animal use.** In addition to complying with the other
16 requirements in this chapter for distributing and dispensing, a pharmacist who
17 distributes or dispenses a drug for animal use shall comply with s. ~~453.068~~ 89.068.

18 **SECTION 4477.** 450.19 of the statutes is renumbered 961.385, and 961.385 (1)
19 (ar), (2) (a) 3., (c) and (f) and (2m) (b), as renumbered, are amended to read:

20 **961.385 (1) (ar)** "Practitioner" has the meaning given in s. 450.01 (17) but does
21 not include a veterinarian licensed under ch. ~~453~~ 89.

22 **(2) (a) 3.** The prescription order is for a monitored prescription drug that is a
23 substance listed in the schedule in s. 961.22 and is not a narcotic drug, as defined in
24 s. ~~961.01 (15)~~, and the prescription order is for a number of doses that is intended to
25 last the patient 7 days or less.

SENATE BILL 21**SECTION 4477**

1 (c) Specify the persons to whom a record may be disclosed and the
2 circumstances under which the disclosure may occur. The rule promulgated under
3 this paragraph shall permit the board to ~~share~~ disclose a record generated by the
4 program ~~with~~ to relevant state and local boards and agencies, including law
5 enforcement, and relevant agencies of other states, including under circumstances
6 indicating suspicious or critically dangerous conduct or practices of a pharmacy,
7 pharmacist, practitioner, or patient. The board shall define what constitutes
8 suspicious or critically dangerous conduct or practices for purposes of the rule
9 promulgated under this paragraph.

10 (f) ~~Specify~~ Permit the board to refer to the appropriate board for discipline for
11 failure, or the appropriate law enforcement agency for investigation and possible
12 prosecution, a pharmacist, pharmacy, or practitioner that fails to comply with rules
13 promulgated under this subsection, including by failure to generate a record that is
14 required by the program.

15 (2m) (b) After consultation with representatives of licensed pharmacists and
16 pharmacies, and subject to the approval of the secretary of safety and professional
17 services, the board may delay the requirement that a record delivered to the board
18 contain the name recorded under s. 450.11 (1b) (bm) for an additional period beyond
19 the date specified in par. (a).

20 **SECTION 4478.** 451.04 (4) of the statutes is amended to read:

21 451.04 (4) EXPIRATION AND RENEWAL. Renewal applications shall be submitted
22 to the department on a form provided by the department on or before the applicable
23 renewal date ~~specified~~ determined under s. 440.08 (2) (a) and (ag) and shall include
24 the applicable renewal fee determined by the department under s. 440.03 (9) (a).

25 **SECTION 4479.** 452.025 (5) (a) of the statutes is amended to read:

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Robert Zondag		2) Date When Request Submitted: 6/4/2015	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 6/17/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Matter: Orientation of Non-Clinical Board Members	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <p>Jean Rexford from the FSMB board has reached out to several of the public members who attended the FSMB annual meeting. There is a working group being put together to develop a list of the components appropriate to the orientation of a non-clinical board examining board member. Robert Zondag has been asked to be part of the initial conference call to discuss and learn more. I can provide an update after the call if it is needed.</p>			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted: 5/22/2015	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 6/17/2015	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2014 Medical Examining Board Annual Report	
7) Place Item in: x Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Board Review.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

MEDICAL EXAMINING BOARD



DIVISION OF LEGAL SERVICES and COMPLIANCE ANNUAL REPORT

(January 1, 2014 – December 31, 2014)

DIVISION OF LEGAL SERVICES and COMPLIANCE

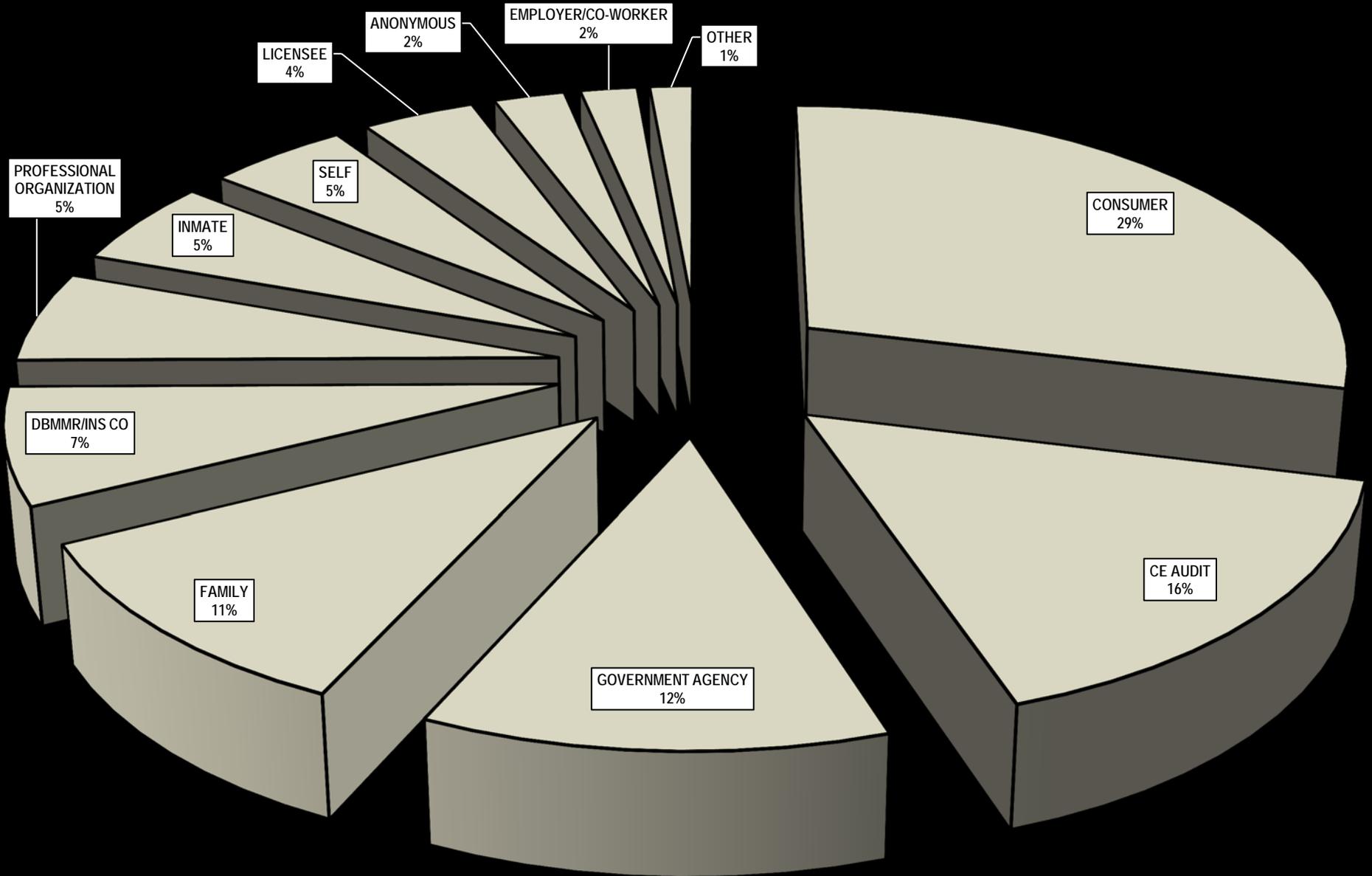
The Division of Legal Services and Compliance (DLSC) provides legal services to professional boards, regulated industries and the Department regarding the investigation and prosecution/discipline of licensed credential holders for violations of statute and administrative rule. As part of these services, DLSC provides a Medical and Affiliates Prosecution Team which consists of complaint intake personnel, consumer protection investigators, regulatory specialists, paralegals, prosecutors, and a board counsel.

DLSC is also responsible for the complaint intake process, monitoring compliance with disciplinary orders, and administering the Professional Assistance Procedure (PAP) – a confidential monitoring program for impaired professionals.

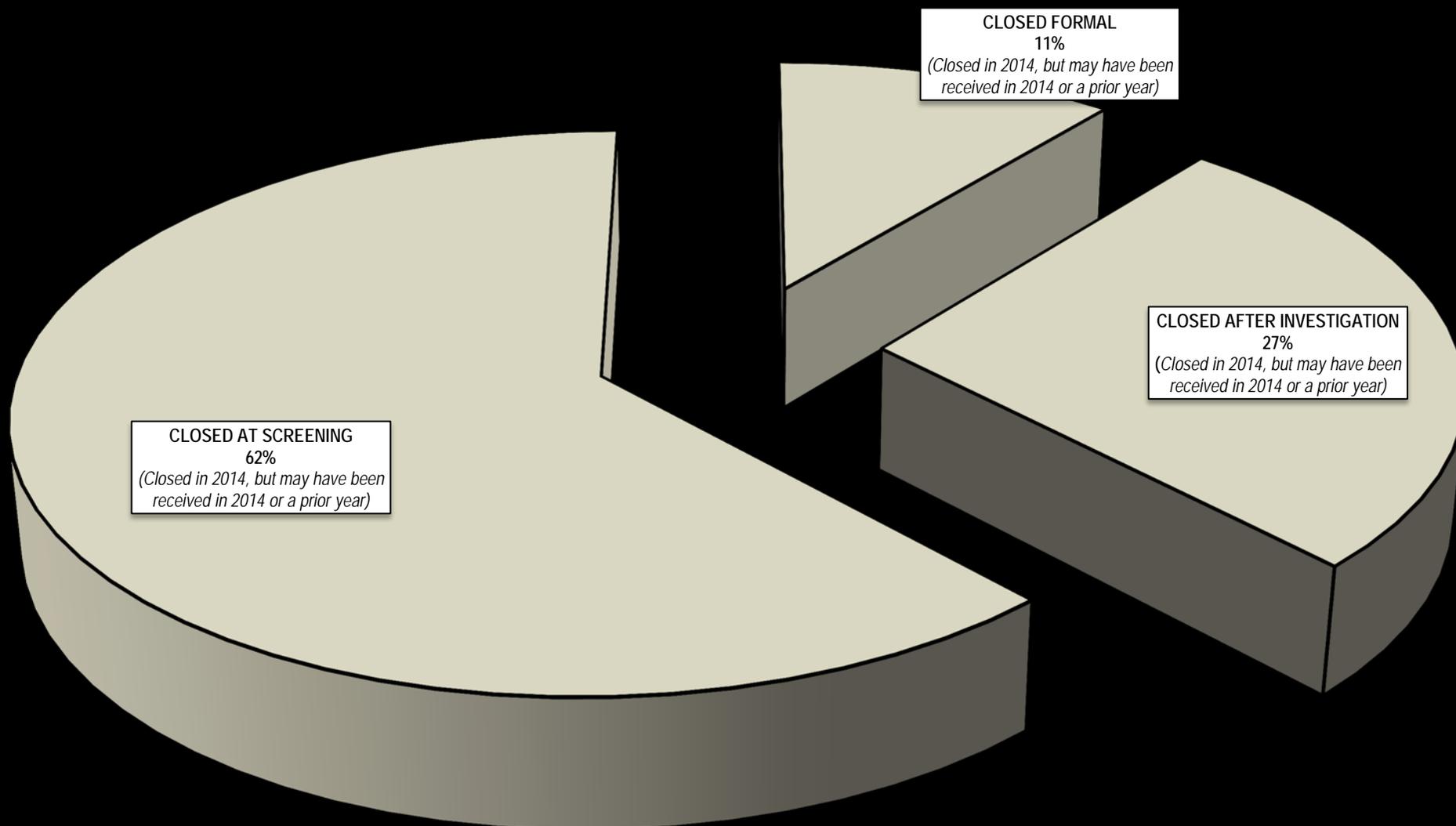
Key DLSC Statistics/Information for the Medical Examining Board (MEB) (January 1, 2014 – December 31, 2014)

- Complaints Received: **618**
- Of the **618** complaints received, **281 (45%)** were closed at screening.
- Cases/Respondents Resolved (Closed):
 - Respondents/cases closed by the MEB Formally: **75**
 - Respondents/cases closed by the MEB after Investigation (without a Formal Order): **185**
 - * **43** (of the 185) were Administrative Warnings
 - Respondents/cases closed by the MEB's Screening Panel: **425**
- MEB case backlog eliminated: Cases pending from **Year 2011 - 3** (In Hearing) and **Year 2012 - 3** (In Hearing), 3 (Open for Legal Action)
- DLSC compliance with statutory deadlines (death and three year cases): **100%**
- Average resolution time for Closed Formals: **12.37** months; Closed after Investigation (Informal): **10.34** months
- Most common discipline issued by the MEB: Reprimands and License Limitations.
- Primary sources of complaints originated from consumers, continuing education audits, and government agencies.
- M.D.s/D.O.s currently monitored with disciplinary orders (active): **78** (as of April 13, 2015).
- M.D.s/D.O.s currently enrolled in the Professional Assistance Procedure: **22** (as of April 13, 2015).
- New in 2014 - DLSC received referrals from Division of Policy Development (DPD)/Office of Education and Examinations (OEE) for violations as a result of a Continuing Education Audit completed by DPD/OEE.

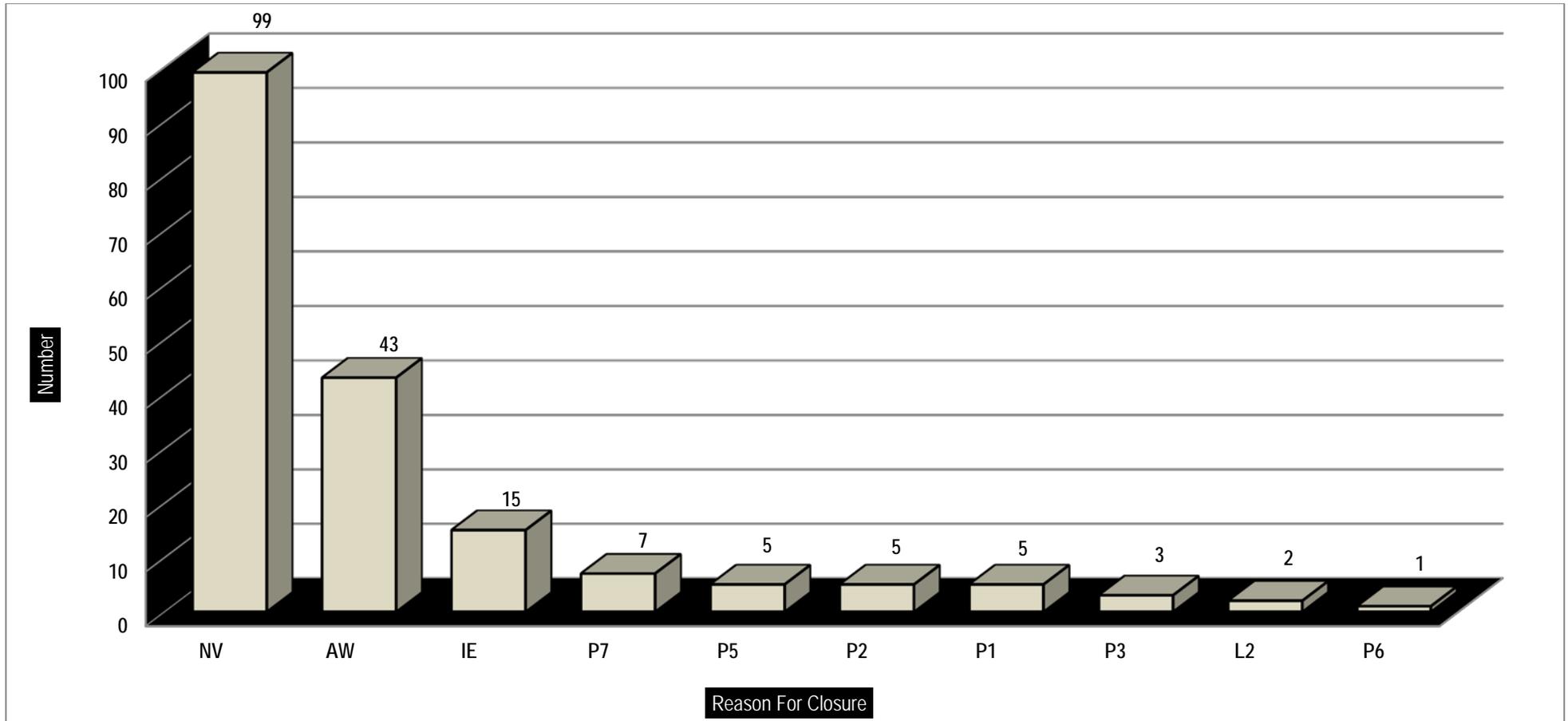
SOURCES OF COMPLAINTS RECEIVED



CASES/RESPONDENTS CLOSED (January 1, 2014 – December 31, 2014)



CASES/RESPONDENTS CLOSED AFTER INVESTIGATION (By Reason For Closure)



- **NV** - NO VIOLATION OF STATUTES OR RULES - There is sufficient evidence to show that no violation of statutes or rules occurred.
- **AW** - ADMINISTRATIVE WARNING - There was an Administrative Warning issued to the credential holder pursuant to Wis. Stat. § 440.205. Administrative warnings do not constitute disciplinary action or the imposition of discipline and may not be used as evidence that the credential holder is guilty of the alleged misconduct.
- **IE** - INSUFFICIENT EVIDENCE FOR PROSECUTION - There is insufficient evidence to meet the standard of proof required to prove that a violation occurred.
- **P7** - PROSECUTORIAL DISCRETION - There may have been a violation, but the regulatory authority has taken action in regard to this credential holder that addressed the conduct and further action is unnecessary.
- **P5** - PROSECUTORIAL DISCRETION - There may have been a violation, but because the person or entity in question cannot be located, is no longer actively practicing or does not have a current credential to practice, a decision was made to close the case and place a "FLAG OR HOLD" on the credential in accordance with the Department's "Hold Status and Flagged Credentials" Policy. In the event that the person or entity is located, an application for renewal of the credential is received or the credential is renewed, the case may be re-opened and reconsidered.
- **P2** - PROSECUTORIAL DISCRETION - There may have been a minor or technical violation but a decision was made not to commence formal disciplinary action on the grounds that compliance with statutes or rules has been gained.
- **P1** - PROSECUTORIAL DISCRETION - There may have been a minor or technical violation but a decision was made not to commence formal disciplinary action because the incident in question was not seriously harmful to the public.
- **P3** - PROSECUTORIAL DISCRETION - There may have been a violation that is more than a minor or technical violation. However, it is not a violation which caused serious harm, and a determination has been made that the expenditure of resources required to pursue the violation would greatly exceed the value to the public of having the matter pursued.
- **L2** - LACK OF JURISDICTION - There is authority to act on the subject matter of the complaint, but no authority to act regarding the person or entity in question.
- **P6** - PROSECUTORIAL DISCRETION - There may have been a violation, but litigation is pending which involves the credential holder and affects the licensing authority's ability to investigate the case. At the conclusion of the litigation, the case will be reviewed and the licensing authority may consider the case once again.

ORDERS and DISCIPLINARY ACTION (January 1, 2014 – December 31, 2014)

Orders and Disciplinary Action	Number
Reprimand (<i>Findings</i>)	31
Limitation Requiring Education/Testing (<i>Findings</i>)*	14
Limitation Restricting Practice (<i>Findings</i>)	12
Surrender - Agreement if Reapply Board May Impose Limitations (<i>No Findings</i>)	7
Limitation - Maintain Compliance With Each Term of Another State Order (<i>Findings</i>)	7
Suspension (<i>Summary</i>)	5
Suspension (<i>Findings</i>)	5
Limitation Requiring Reports (<i>Findings</i>)	5
Surrender - Agreement Not to Renew/Permanent Relinquishment (<i>No Findings</i>)	4
Limitation Requiring Mentor/Supervision/Counselor (<i>Findings</i>)	3
Remedial Education (<i>No Findings</i>)	3
Limitation Requiring Treatment (<i>Findings</i>)	2
Surrender - Agreement if Reapply Board May Impose Limitations (<i>Findings</i>)	2
Limitation Requiring Screens (<i>Findings</i>)	1
Suspension with Immediate Stay - (<i>Findings</i>)	1
Suspension (<i>Interim Order</i>)	1
Total	103

Other Orders/Action Issued	Number
Granting Full Licensure (<i>Monitoring</i>)	17
Denying Modification(s) (<i>Monitoring</i>)	6
Granting Modification(s) (<i>Monitoring</i>)	6
Denying Request for Full Licensure (<i>Monitoring</i>)	4
Reinstating Stay of Suspension (<i>Monitoring</i>)	3
Fixing Costs	2
Denying Petition for Rehearing	2
Removing Stay of Suspension (<i>Monitoring</i>)	2
Dismissed	2
Granting Stay of Suspension (<i>Monitoring</i>)	1
Approving Partial Modification (<i>Monitoring</i>)	1
Denying Request for Termination of Suspension (<i>Monitoring</i>)	1
Board's Decision Denying Application is Upheld	1
Denying Petition for Review	1
Denying Petition for Permission to Reapply for Licensure	1
Granting Permission to Reapply for Licensure	1
Total	51

Limitation: Per Wis. Stat. § 440.01(1)(d) means "to impose conditions and requirements upon the holder of the credential, to restrict the scope of the holder's practice, or both."

Remedial Education: Issued when there is a reason to believe that the deficiency can be corrected with remedial education, and a disciplinary order is not necessary to protect the public.

Reprimand: Per Wis. Stat. § 440.01(1)(e), means "publicly warn the holder of a credential."

Revocation: Per Wis. Stat. § 440.01(1)(f), means "to completely and absolutely terminate the credential and all rights, privileges and authority previously conferred by the credential."

Suspension: Per Wis. Stat. § 440.01(h) to mean "to completely and absolutely withdraw and withhold for a period of time all rights, privileges and authority previously conferred by the credential." Licensee may not engage in the practice of the profession during term of suspension.

Suspension (Summary): Wis. Admin. Code § SPS 6.01(3) provides that summary suspension may be used when the facts establish "that the respondent has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of the respondent's license." If summary suspension issued by Board, a formal complaint must be filed shortly thereafter and the hearing must be held promptly, so it is critical that all evidence is ready, including expert testimony if necessary. The Respondent has the right to a Hearing to Show Cause under the provisions of Wis. Admin. Code § SPS 6.09.

Voluntary Surrender: A voluntary relinquishment of a credential as a means of resolving the matter.

Notes

- The total number of disciplines/outcomes will be higher than the number of Final Decisions and Orders. A Final Decision and Order may involve multiple discipline/outcomes.
- * Not included in this count are 7 actions where the Board recognizes and accepts the education credits referenced in the Final Decision and Order.

**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: 5/29/2015 <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: 6/17/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review and approval of Med 3, 5, 23 (CR15-022) relating to physician licensure	
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 (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review and approve the Legislative Report and Final Rule Draft for Med 3, 5, and 23 (CR15-022) for submission to the Governor's Office and Legislature.			
11) Authorization			
Katie Paff Signature of person making this request		5/29/2015 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**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
MEDICAL EXAMINING : CR 15-022
BOARD :
:**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

None.

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA are attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

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 holder of a visiting physician license may only practice in 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 postgraduate training under the direction of

a Wisconsin licensed physician. The holder of a REL may practice online in the postgraduate training program in which the person is 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 a 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.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD’S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Medical Examining Board held a public hearing on April 15, 2015. The Board did not receive any written comments prior to the hearing. The Board did not receive testimony at the hearing.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Comment: In 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?

Response: “Established by the board” is intended to refer to individualized terms and restrictions for visiting physicians

All of the remaining recommendations suggested in the Clearinghouse Report have been accepted in whole.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

Not applicable.

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 15-022)
	:	

PROPOSED ORDER

The Medical Examining Board proposes 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.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

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

Statutory authority:

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

Explanation of agency authority:

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

Related statute or rule:

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

Plain language analysis:

These rules address the changes instituted by the passage of 2013 Wisconsin Act 240 regarding physician licensure. The Act changed the postgraduate training requirement for

all applicants seeking physician licensure from 12 months to 24 months. Both U.S. and foreign trained medical school graduates must complete 24 months of postgraduate training or must be currently enrolled and have successfully completed 12 months of a postgraduate training program, and have an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

Act 240 repealed the visiting professor license and created the restricted license to practice medicine and surgery as a visiting physician. The visiting physician license is open to any physician licensed outside of Wisconsin who is invited to serve on the academic staff of a medical school in this state. The holder of a visiting physician license may only practice in 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 postgraduate training under the direction of a Wisconsin licensed physician. The holder of a REL may practice online in the postgraduate training program in which the person is 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 a 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.

The 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 where the applicant has been admitted to a training program approved by the board. Foreign trained applicants must complete 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 organization 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

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.

TEXT OF RULE

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

Med 1.02 (3) (a) Verification of 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 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 allopathic or osteopathic 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 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 allopathic or osteopathic 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 the documented education and training demonstrating substantially equivalent education and training. The board will review the documented education and training 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 documented education and training 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, the American Association of of Colleges of Osteopathic Medicine, and the National Joint Committee on Approval of Pre-Registration of Physician Training Programs of Canada, or their successor organizations.

SECTION 2. Med 1.06 (1) (a) (intro.), (b), and (c) are amended to read:

Med 1.06 (1) (a) All applicants shall complete the computer-based examination under sub. (3) (b), and an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin. In addition, an applicant may be required to complete an oral ~~examination~~ interview if the applicant:

(b) An application filed under s. Med 1.02 shall be reviewed by an application review panel of at least 2 board members designated by the chairperson of the board. The panel shall determine whether the applicant is eligible for a regular license without completing an oral ~~examination~~ interview.

(d) Written, and computer-based examinations and oral ~~examinations~~ interviews as required shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

SECTION 3. Med 1.06 (4) is repealed.

SECTION 4. Med 1.08 (2) is amended to read:

Med 1.08 (2) If an applicant has been examined 4 or more times in another licensing jurisdiction in the United States or Canada before achieving a passing grade in written or computer-based examinations also required under this chapter, the board may require the applicant to submit evidence satisfactory to the board of further professional training or education in examination areas in which the applicant had previously demonstrated deficiencies. If the evidence provided by the applicant is not satisfactory to the board, the board may require the applicant to obtain further professional training or education as the board deems necessary to establish the applicant's fitness to practice medicine and surgery in this state. In order to determine any further professional training or education requirement, the board shall consider any information available relating to the quality of the applicant's previous practice, including the results of the applicant's performance on the oral ~~examination~~ interview required under s. 448.05 (6), Stats., and s. Med 1.06.

SECTION 5. Med 1.09 (1) is amended to read:

Med 1.09 (1) An applicant who fails the ~~oral practical~~ or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

SECTION 6. Med 1.09 (4) is repealed.

SECTION 7. Med 1.09 (6) is amended to read:

Med 1.09 (6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet ~~or oral practical tape~~ and a copy of the master answer sheet.

SECTION 8. Med 3 (title) is amended to read:

CHAPTER MED 3

VISITING ~~PROFESSOR~~ PHYSICIAN LICENSE

SECTION 9. 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~~ visiting 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 or 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.~~

(10) The required fees determined under s. 440.03 (9) (a), Stats.

SECTION 10. 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 medical school where the license holder is teaching, conducting research, or practicing medicine and surgery, and is limited to the terms and restrictions established by the board. ~~the duties of the academic position to which the holder of such license is appointed.~~

SECTION 11. 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 12. Med 3.06 is repealed.

SECTION 13. Med 5 (title) is amended to read:

CHAPTER MED 5

TEMPORARY EDUCATIONAL PERMIT RESIDENT EDUCATIONAL LICENSE TO PRACTICE MEDICINE AND SURGERY

SECTION 14. 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~~. The applicant shall submit to the board all of the following:

(1) ~~A completed and verified application form 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 an allopathic or osteopathic medical school approved by the board.

(2) ~~The documentary~~ Documentary evidence ~~that 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 15. 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~~ the 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 16. 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 from the date of issuance and may be renewed for additional one-year terms as long as the license holder is enrolled in the postgraduate training program.

SECTION 17. 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 an allopathic or osteopathic medical school approved by the board; and documentary evidence of completion of a postgraduate training program approved by the board. Applicants for an administrative physician license must also meet the same qualifications for licensure as applicants applying under s. 448.05 (2) (a) or (b), Stats.

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

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

Med 23.05 Registration and renewal. Each administrative physician licensee shall register biennially with the board. Administrative physicians who possess the degree of doctor of osteopathy must register by March 1st of each even-numbered year. Administrative physicians who possess the degree of doctor of medicine must register on or before November 1 of each odd-numbered year. The department shall mail to each licensee at his or her last known address as it appears in the records of the board a notice of renewal for registration. The board shall notify the licensee within 30 business days of receipt of a completed registration form as to 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. Applicants may be required to complete an oral interview at the discretion of the board.

SECTION 18. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

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

Dated _____

Agency _____

Chairperson
Medical Examining Board

**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: 5/29/2015 <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: 6/17/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Update on Med 13 (CR14-033), Med 18 (CR14-040), and Med 1 (CR 15-021)	
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 (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Med 13 relating to continuing education audits and Med 18 relating to physicians and informed consent went into effect on June 1, 2015. Med 1 relating to entrance to exams was submitted to the Legislature on 5/1/2015. On 5/5/2015, the Senate referred the rule to the Committee on Health and Human Services. On 5/15/2015, the Assembly referred the rule to the Committee on State Affairs and Government Operations. The legislative review period will potentially end before August.			
11) Authorization			
Katie Paff		5/29/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

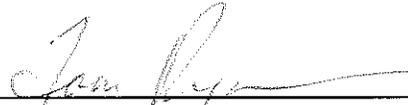
CERTIFICATE

**STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

I, Tom Ryan, Executive Director, Division of Policy Development in the Wisconsin Department of Safety and Professional Services and custodian of the official records of the Medical Examining Board, do hereby certify that the annexed rules were duly approved and adopted by the Medical Examining Board on the 15 day of April, 2015.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the board at 1400 East Washington Avenue, Madison, Wisconsin this 15 day of April, 2015.



**Tom Ryan, Executive Director
Division of Policy Development
Department of Safety & Professional Services**

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

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.

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)

Dated

April 15, 2015

Agency



Chairperson

Medical Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

Med 13.06

3. Subject

Continuing education audits

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1) (hg)

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

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.

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.

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.

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.

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.

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.

15. Compare With Approaches Being Used by Federal Government

None.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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.

17. Contact Name

Katie Paff

18. Contact Phone Number

608-261-4472

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

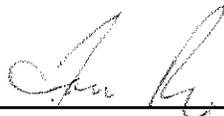
CERTIFICATE

**STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

I, Tom Ryan, Executive Director, Division of Policy Development in the Wisconsin Department of Safety and Professional Services and custodian of the official records of the Medical Examining Board, do hereby certify that the annexed rules were duly approved and adopted by the Medical Examining Board on the 15 day of April, 2015.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the board at 1400 East Washington Avenue, Madison, Wisconsin this 15 day of April, 2015.



*Tom Ryan, Executive Director
Division of Policy Development
Department of Safety & Professional Services*

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

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.

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.

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.

(END OF TEXT OF RULE)

Dated April 15, 2015

Agency 
Chairperson
Medical Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

Med 18

3. Subject

Informed consent

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

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

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.

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.

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.

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.

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.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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.

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.

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

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

**STATE OF WISCONSIN
MEDICAL EXAMINING BOARD**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
: CR 15-021
MEDICAL EXAMINING BOARD :
:**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

None.

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA are attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

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.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Medical Examining Board held a public hearing on April 15, 2015. No testimony was received at the hearing, nor did the Board receive any written comments.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Clearinghouse Report did not contain any comments.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 15-021

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.

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.

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.

(END OF TEXT OF RULE)

This Proposed Order of the Medical Examining Board is approved for submission to the Governor and Legislature.

Dated _____

Agency _____

Board Chairperson
Medical Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

Med 1

3. Subject

Entrance to Exams

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1)

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

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.

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.

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

No local governmental units participated in developing this EIA.

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.

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.

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.

15. Compare With Approaches Being Used by Federal Government

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

None.

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.

17. Contact Name

Katie Paff

18. Contact Phone Number

608-261-4472

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**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: 5/29/2015	
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: 5/29/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discuss Scope Statement for general clean-up of administrative rules	
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 (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will develop a scope statement for the general clean-up of Medical Examining Board administrative rules.			
11) Authorization			
Katie Paff		5/29/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

Medical Examining Board

Rule No.: Med 1, Med 14 Others TBD

Relating to: TBD

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

None.

2. Detailed description of the objective of the proposed rule:

Generally – Make all remaining changes necessitated by the enactment of 2013 WI Act 240 such as all references to the statutes and rules examination.

Generally - Clarify all references to exams throughout Med chapters. It is frequently unclear to which exam type a provision is referring.

Add “COMLEX-USA” Comprehensive Osteopathic Medical Licensing Examination to the definitions under Med 1.015

Update list of board recognized accrediting agencies

- Remove World Health Organization of the United Nations (Med 1.02 (2))
- Add the World Directory of Medical Schools (or its predecessor the International Medical Education Directory) (Med 1.02 (2))
- Update wording regarding the liaison committee on graduate medical education to the current ACGME wording (Med 1.02 (3))

Med 1.06

- Repeal provisions relating to statutes and rules examination
- Med 1.06 (2) – amend. Board does not determine eligibility for USMLE Step 3.
- Add section detailing COMLEX exam

Med 1.07 and 1.08 – Repeal. Wisconsin no longer administers USMLE Step 3.

Med 1.09 – Repeal provisions relating to statutes and rules examination.

Chapter 14 - Biennial registration requirements:

- Repeal provisions relating to statutes and rules examination,
- Align registration for doctor of osteopathy to renewal date March 1st of each even-numbered year (440.08 (2) (a) 58m.)
- General update of biennial registration requirements (See CME chart and CME requirements in WV, OR, and MN)

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

[ENTER TEXT]

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides examining boards, “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., sets forth the parameters of an agency’s rule-making authority, stating an agency, “may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . .but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

TBD

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

State employees will spend approximately 80 hours developing the proposed rule.

6. List with description of all entities that may be affected by the proposed rule:

The proposed rule will impact applicants for licensure to practice medicine and surgery...

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule is likely to have minimal to no economic impact on small businesses.

Contact Person: Katie Paff, Kathleen.Paff@wisconsin.gov, (608) 261-4472

Approved for publication:

Approved for implementation:

Authorized Signature

Authorized Signature

Date Submitted

Date Submitted

Chapter Med 1

LICENSE TO PRACTICE MEDICINE AND SURGERY

Med 1.01	Authority and purpose.	Med 1.06	Panel review of applications; examinations required.
Med 1.015	Definitions.	Med 1.07	Conduct of examinations.
Med 1.02	Applications and credentials.	Med 1.08	Failure and reexamination.
Med 1.03	Translation of documents.	Med 1.09	Examination review by applicant.
Med 1.04	Application deadline.	Med 1.10	Board review of examination error claim.
Med 1.05	Fees.		

Note: Chapter Med 1 as it existed on October 31, 1976 was repealed and a new chapter Med 1 was created effective November 1, 1976.

Med 1.01 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 and examination for license to practice medicine and surgery under s. 448.04 (1) (a), Stats., (hereinafter “regular license”).

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

Med 1.015 Definitions. As used in this chapter:

- (1) “FLEX” means the federated licensing examination.
- (2) “NBME” means the national board of medical examiners examination.
- (3) “USMLE” means the United States medical licensing examination.

History: Cr. Register, January, 1994, No. 457, eff. 2–1–94.

Med 1.02 Applications and credentials. Every person applying for regular license to practice medicine and surgery shall make application therefor on forms provided for this purpose by the board and shall submit to the board the following:

- (1) A completed and verified application form.
- (2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board. The board recognizes as approved those medical or osteopathic schools recognized and approved at the time of the applicant’s graduation therefrom by the American osteopathic association, or the liaison committee on medical education, or successors. If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the world health organization of the united nations, such applicant shall submit verified documentary evidence of graduation from such school and also verified documentary evidence of having passed the examinations conducted by the educational council for foreign medical graduates or successors, and shall also present for the board’s inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a 12 month supervised clinical training program under the direction of a medical school approved by the board.

(3) A verified certificate showing satisfactory completion by the applicant of 12 months’ postgraduate training in a facility approved by the board. The board recognizes as approved those facilities and training programs recognized as approved at the time of the applicant’s service therein by the council on medical education of the American medical association, or the American osteopathic association, or the liaison committee on graduate medical education, or the national joint committee on approval of pre-registration physician training programs of Canada, or successors. If an applicant is a graduate of a foreign medical school not approved by the board and if such applicant has not completed

12 months’ postgraduate training in a facility approved by the board, but such applicant has had other professional experience which the applicant believes has given that applicant education and training substantially equivalent, such applicant may submit to the board documentary evidence thereof. The board will review such documentary evidence and may make such further inquiry including a personal interview of the applicant as the board deems necessary to determine that such substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds such equivalence, the board may accept this in lieu of requiring that applicant to have completed 12 months’ postgraduate training in a program approved by the board.

(4) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken not more than 60 days prior to the date of application and bearing on the reverse side the statement of a notary public that such photograph is a true likeness of the applicant.

(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) The required fees made payable to the Wisconsin department of safety and professional services.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; cr. (6), Register, February, 1997, No. 494, eff. 3–1–97; correction in (5) made under s. 13.93 (2m) (b) 6., Stats., Register, December, 1999, No. 528; correction in (5), (6) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 13–090: am. (2) Register April 2014 No. 700, eff. 5–1–14.

Med 1.03 Translation of documents. If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation thereof, and the cost of such translation shall be borne by the applicant.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76.

Med 1.04 Application deadline. The fully completed application and all required documents must be received by the board at its office not less than 3 weeks prior to the date of examination.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76.

Med 1.05 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin medical examining board.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76.

Med 1.06 Panel review of applications; examinations required. (1) (a) All applicants shall complete the computer-based examination under sub. (3) (b), and an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin. In addition, an applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant’s ability to practice medicine and surgery with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant's ability to practice medicine and surgery with reasonable skill and safety.

3. Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been found to have been negligent in the practice of medicine or has been a party in a lawsuit in which it was alleged that the applicant had been negligent in the practice of medicine.

5. Has been convicted of a crime the circumstances of which substantially relate to the practice of medicine.

6. Has lost, had reduced or had suspended his or her hospital staff privileges, or has failed to continuously maintain hospital privileges during the applicant's period of licensure following post-graduate training.

7. Has been graduated from a medical school not approved by the board.

8. Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

9. Has within the past 2 years engaged in the illegal use of controlled substances.

10. Has been subject to adverse formal action during the course of medical education, postgraduate training, hospital practice, or other medical employment.

11. Has not practiced medicine and surgery for a period of 3 years prior to application, unless the applicant has been graduated from a school of medicine within that period.

(b) An application filed under s. Med 1.02 shall be reviewed by an application review panel of at least 2 board members designated by the chairperson of the board. The panel shall determine whether the applicant is eligible for a regular license without completing an oral examination.

(c) All examinations shall be conducted in the English language.

(d) Written, computer-based and oral examinations as required shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(2) The board will notify each applicant found eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will void that applicant's application and require the applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.

(3) (a) The board accepts the FLEX examination administered on or before December 31, 1993, as its written examination and requires a score of not less than 75.0 on each component of the 2-component FLEX examination administered on or after January 1, 1985. Every applicant shall have taken the complete 2-component examination the first time the applicant was admitted to the FLEX examination.

(b) Commencing January 1, 1994, the board accepts the 3-step USMLE sequence as its written or computer-based examination and administers step 3 of the sequence. Minimum standard passing scores for each step shall be not less than 75.0. Applicants who have completed a standard M.D. training program shall complete all 3 steps of the examination sequence within 10 years from the date upon which the applicant first passes a step, either step 1 or step 2. Applicants who have completed a combined M.D. and Ph.D. medical scientist training program shall complete all 3 steps of the examination sequence within 12 years from the date upon which the applicant first passes a step, either step 1 or step 2. Applicants who have passed a step may not repeat the step unless required to do so in order to comply with the 10-year or 12-year time limit. If the applicant fails to achieve a passing grade on any step, the applicant may apply for and be reexamined on only the step failed according to the reexamination provisions of s. Med 1.08 (1).

Note: The 10-year or 12-year time limit applies to all applicants, regardless of the date of application, including applicants denied under the prior 7-year or 9-year time limit who submit a new application for licensure.

(c) Prior to the January 1, 2000, the board shall waive completion of steps 1 and 2 of the USMLE sequence for applicants who have passed FLEX component 1; and shall waive step 3 of the USMLE sequence for applicants who have passed FLEX component 2. Prior to January 1, 2000, the board shall waive any step of the USMLE sequence for applicants who have passed the corresponding part of the NBME examination.

Note: The following table represents application of s. Med 1.06 (3) (c)

USMLE STEP 1	USMLE STEP 2	USMLE STEP 3
FLEX COMPONENT 1 or NBME PART 1	FLEX COMPONENT 1 or NBME PART 2	FLEX COMPONENT 2 or NBME PART 3

(d) The board may waive the requirement for written or computer-based examinations required in this section for any applicant who has achieved a weighted average score of no less than 75.0 on all 3 components of the FLEX examination taken prior to January 1, 1985 in a single session in another licensing jurisdiction in the United States or Canada, in no more than 3 attempts. If the applicant had been examined 4 or more times before achieving a weighted average score of no less than 75.0 on all 3 components, the applicant shall meet requirements specified in s. Med 1.08 (2).

(e) The board may waive the requirement for written or computer-based examinations required in this section for any applicant who has achieved a score of no less than 75.0 on each of the 2 components of the FLEX examination administered on or after January 1, 1985 in another licensing jurisdiction in the United States or Canada, if the applicant achieved a score of no less than 75.0 on each of the 2 components in no more than 3 attempts. If the applicant has been examined 4 or more times before achieving a score of 75.0 on either or both components of the FLEX examination, the applicant shall meet requirements specified in s. Med 1.08 (2).

(f) An applicant who has passed all 3 components of any of the examinations of the following boards and councils may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written or computer-based examination of the applicant.

1. National Board of Medical Examiners.
2. National Board of Examiners of Osteopathic Physicians and Surgeons.
3. Medical Council of Canada, if the examination is taken on or after January 1, 1978.
4. Medical Council of Canada, if the examination was taken before January 1, 1978, and the applicant is board certified at the time of application by a specialty board acceptable to the board.

(g) An applicant who has received passing grades in written or computer-based examinations for a license to practice medicine and surgery conducted by another licensing jurisdiction of the United States or Canada may submit to the board verified documentary evidence thereof. The board will review such documentary evidence to determine whether the scope and passing grades of such examinations are substantially equivalent to those of this state at the time of the applicant's examination, and if the board finds such equivalence, the board will accept this in lieu of requiring further written or computer-based examination of the candidate. The burden of proof of such equivalence shall lie upon the applicant.

(4) Oral examinations of each applicant are conducted by one or more physician members of the board. The purpose of the oral

exams is to test the applicant's knowledge of the practical application of medical principles and techniques of diagnosis and treatment, judgment and professional character and are scored pass or fail. Any applicant who fails the initial oral examination shall be examined by the board which shall then make the final decision as to pass or fail.

(5) Any applicant who is a graduate of a medical school in which English is not the primary language of communication may be examined by the board on his or her proficiency in the English language.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (4), Register, August, 1979, No. 284, eff. 9-1-79; am. (3) (b), cr. (3) (b) 1. to 3., Register, October, 1980, No. 298, eff. 11-1-80; cr. (5), Register, October, 1984, No. 346, eff. 11-1-84; emerg. am. (3) (intro.), r. and recr. (3) (a), renum. (3) (b) and (c) to be (3) (c) and (d), cr. (3) (b) eff. 2-8-85; am. (3) (intro.), r. and recr. (3) (a), renum. (3) (b) and (c) to be (3) (c) and (d), cr. (3) (b), Register, September, 1985, No. 357, eff. 10-1-85; r. and recr. (1) Register, April, 1987, No. 376, eff. 5-1-87; renum. (3) (intro.), (a), (b), (c) (intro) and (d) to be (3) (a), (d), (e), (f) (intro.) and (g) and am. (a), (d), (e) and (f) (intro.), cr. (3) (b) and (c), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (a) (intro.), 3. to 6. and (d), r. and recr. (1) (a) 1. and 2., cr. (1) (a) 8. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (1) (a) (intro.), (d), (3) (a), (b), (d), (e), (f) (intro.) and (g), Register, March, 2000, No. 531, eff. 4-1-00; CR 01-032: am. (3) (b), Register October 2001 No. 550, eff. 11-1-01; CR 03-072: am. (3) (f), cr. (3) (f) 4. Register January 2004 No. 577, eff. 2-1-04; CR 06-114: am. (3), Register April 2007 No. 616, eff. 5-1-07.

Med 1.07 Conduct of examinations. (1) At the opening of the examinations each applicant shall be assigned a number which shall be used by the applicant on all examination papers, and neither the name of the applicant nor any other identifying marks shall appear on any such papers.

(2) At the beginning of the examinations a proctor shall read and distribute to the applicants the rules of conduct to be followed during the examinations and the consequences of violation of the rules. If an applicant violates the rules of conduct, the board may withhold or invalidate the applicant's examination scores, disqualify the applicant from the practice of medicine or impose other appropriate discipline.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; r. and recr. (2), Register, December, 1984, No. 348, eff. 1-1-85.

Med 1.08 Failure and reexamination. (1) An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for reexamination on forms provided by the board and pay the appropriate fee for each reexamination as required in s. 440.05, Stats. An applicant who fails to achieve a passing grade may be reexamined twice at not less than 4-month intervals. If the applicant fails to achieve a passing grade on the second reexamination, the applicant may not be admitted to any further examination until the applicant reapplies for licensure and presents evidence satisfactory to the board of further professional training or education as the board may prescribe following its evaluation of the applicant's specific case.

(2) If an applicant has been examined 4 or more times in another licensing jurisdiction in the United States or Canada before achieving a passing grade in written or computer-based examinations also required under this chapter, the board may require the applicant to submit evidence satisfactory to the board of further professional training or education in examination areas in which the applicant had previously demonstrated deficiencies. If the evidence provided by the applicant is not satisfactory to the board, the board may require the applicant to obtain further professional training or education as the board deems necessary to establish the applicant's fitness to practice medicine and surgery in this state. In order to determine any further professional training or education requirement, the board shall consider any infor-

mation available relating to the quality of the applicant's previous practice, including the results of the applicant's performance on the oral examination required under s. 448.05 (6), Stats., and s. Med 1.06.

Note: Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (1) and cr. (2), Register, September, 1985, No. 357, eff. 10-1-85; am. (2), Register, March, 2000, No. 531, eff. 4-1-00.

Med 1.09 Examination review by applicant. (1) An applicant who fails the oral-practical or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

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

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

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

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

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

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

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

Med 1.10 Board review of examination error claim.

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

(a) The applicant's name and address.

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

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

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

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

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

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

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

Chapter Med 14

BIENNIAL REGISTRATION

Med 14.01 Authority and purpose.
 Med 14.02 Definitions.
 Med 14.03 Registration required; method of registration.

Med 14.04 Initial registration.
 Med 14.05 Registration prohibited, annulled; reregistration.
 Med 14.06 Failure to be registered.

Med 14.01 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 biennial registration of licensees of the board.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

Med 14.02 Definitions. For the purposes of these rules:

- (1) "Board" means the medical examining board.
- (2) "License" means any license, permit, or certificate issued by the board.
- (3) "Licensee" means any person validly possessing any license, permit, or certificate granted and issued to that person by the board.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77.

Med 14.03 Registration required; method of registration. Each licensee shall register biennially with the board. Prior to 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 an application form for registration. Each licensee shall complete the application form and return it with the required fee to the department located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708 prior to the next succeeding November 1. 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.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; am. Register, September, 1985, No. 357, eff. 10-1-85; am. Register, December, 1993, No. 456, eff. 1-1-94; am. Register, February, 1997, No. 494, eff. 3-1-97.

Med 14.04 Initial registration. Any licensee who is initially granted and issued a license during a given calendar year shall register for that biennium. 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.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; am. Register, March, 1979, No. 279, eff. 4-1-79; am. Register, September, No. 357, eff. 10-1-85.

Med 14.05 Registration prohibited, annulled; reregistration. Any physician required to comply with the provisions of s. 448.13, Stats., and of ch. Med 13, and who has not so complied, will not be permitted to register. Any person whose license has been suspended or revoked will not be permitted to register, and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to such person's right of appeal. A person whose license has been suspended or revoked and subsequently restored shall be reregistered by the board upon receipt by the board of both a verified report of such restoration and a completed registration form.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; renum. from Med 14.06 and am. Register, March, 1979, No. 279, eff. 4-1-79.

Med 14.06 Failure to be registered. (1) Failure for whatever reason of a licensee to be registered as required under this chapter thereby makes such licensee subject to the effect of s. 448.07 (1) (a), Stats., which states, inter alia, "*No person may exercise the rights or privileges conferred by any license or certificate granted by the board unless currently registered as required . . .*".

(2) Failure to renew a license by November 1 of odd-numbered years shall cause the license to lapse. A licensee who allows the license to lapse may apply to the board for reinstatement of the license as follows:

(a) If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements.

(b) 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 of the license, including oral examination, as the board deems appropriate. All applicants under this paragraph shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

History: Cr. Register, May, 1977, No. 257, eff. 6-1-77; renum. from Med 14.07, Register, March, 1979, No. 279, eff. 4-1-79; r. and recr. Register, December, 1993, No. 456, eff. 1-1-94.

**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: 6/9/2015 <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: 6/17/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Physician License to License to Practice Medicine and Surgery	
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 (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will discuss the requirements and the statutory authority to establish requirements for applicant transition from the administrative physician license to the license to practice medicine and surgery.			
11) Authorization			
Katie Paff		6/9/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nilajah Madison-Head, Bureau Assistant On Behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 06/09/15 <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: 06/17/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Assembly Bill 253 –Interstate Medical Licensure Compact	
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 (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: 			
11) Authorization			
<i>Nilajah Madison-Head</i>		06/09/15	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2015 ASSEMBLY BILL 253

June 4, 2015 – Introduced by Representatives VANDERMEER, PETRYK, KRUG, JACQUE, ALLEN, BALLWEG, BERNIER, BRANDTJEN, E. BROOKS, R. BROOKS, EDMING, GANNON, HEATON, HORLACHER, HUTTON, JAGLER, JARCHOW, KATZMA, KITCHENS, KNODL, KNUDSON, KREMER, KUGLITSCH, KULP, T. LARSON, MURPHY, MURSAU, MURTHA, NERISON, NOVAK, A. OTT, J. OTT, QUINN, RIPP, ROHRKASTE, STEFFEN, SWEARINGEN, TAUCHEN, THIESFELDT, TITTL, TRANEL, VORPAGEL, WEATHERSTON, BARNES, BILLINGS, DANOU, DOYLE, GENRICH, GOYKE, KAHL, KOLSTE, RIEMER, SUBECK and WACHS, cosponsored by Senators HARSDORF, COWLES, MOULTON, ERPENBACH, CARPENTER, GUDEX, MARKLEIN, BEWLEY, HARRIS DODD, LASSA, OLSEN, RINGHAND, ROTH, SHILLING, VINEHOUT and WANGGAARD. Referred to Committee on Health.

1 **AN ACT** *to renumber and amend* 440.03 (11m) (c); *to amend* 20.165 (1) (hg),
2 440.03 (13) (b) (intro.), 440.03 (13) (d), 440.05 (intro.), 440.08 (2) (c), 440.14 (2),
3 440.14 (3), 440.15, 448.01 (5), 448.05 (2) (a) (intro.), 448.05 (2) (b) (intro.), 448.07
4 (1) (a) and 448.07 (2); and *to create* 14.83, 440.03 (11m) (c) 2., 440.08 (2) (e),
5 448.015 (1dm), 448.04 (1) (ab), 448.05 (2) (f) and subchapter VIII of chapter 448
6 [precedes 448.980] of the statutes; **relating to:** ratification of the Interstate
7 Medical Licensure Compact and making appropriations.

Analysis by the Legislative Reference Bureau

This bill ratifies and enters Wisconsin into the Interstate Medical Licensure Compact (compact), which provides for, as stated in the compact, “a streamlined process that allows physicians to become licensed in multiple states.” Provisions in the compact are to be administered by boards that regulate physicians in the states that are parties to the compact (member boards). Significant provisions of the compact include:

1. The creation of an Interstate Medical Licensure Compact Commission (commission), which includes two representatives of each member board. The commission has various powers and duties granted in the compact, including overseeing the administration of the compact, enforcing the compact, adopting bylaws, promulgating binding rules for the compact, employing an executive director and employees, and maintaining records.

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2. A process whereby a physician who possesses a license to engage in the practice of medicine issued by a member board and who satisfies other criteria designates a state where the physician is already licensed as his or her state of principal license and applies to the member board in that state for licensure through the compact. After a verification and registration process that includes a background check, the physician may receive an “expedited license” in other states that are parties to the compact. If a physician’s license in his or her state of principal license is revoked or suspended, then all expedited licenses issued by other states are revoked or suspended as well until each is reinstated.

3. The ability for member boards to conduct joint investigations of physicians and the ability of member states to issue subpoenas that are enforceable in other states.

4. The creation of a coordinated information system including a database of all physicians who have applied for or received an expedited license. The compact requires, or in other cases allows, for member boards to submit public actions, complaints, or disciplinary information to the commission.

The compact provides that it becomes effective upon being enacted into law by seven states and that it may be amended upon enactment of an amendment by all member states. A state may withdraw from the compact by repealing the statute authorizing the compact, but the compact provides that a withdrawal does not take effect until one year after the effective date of that repeal.

The compact provides that laws of a member state that are not inconsistent with the compact may be enforced, but that all laws of a member state in conflict with the compact are superseded to the extent of the conflict.

In addition to enacting the compact, the bill provides all of the following:

1. Numerous limitations on the sharing of information under the compact about physicians, including limiting disclosures to physicians who have designated or applied to designate this state as their state of principal license or who hold or are applying to hold expedited licenses granted by the Wisconsin Medical Examining Board (MEB). The bill also includes limitations with respect to the enforceability of subpoenas under the compact and investigations of other states’ medical practice laws.

2. A requirement that the Wisconsin MEB report annually to the Joint Committee on Finance about investigations of physicians under the compact.

3. That payment of this state’s assessments under the commission is from licensure fees paid by physicians who have applied for licensure through the compact.

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

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

1 **SECTION 1.** 14.83 of the statutes is created to read:

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1 **14.83 Interstate medical licensure compact.** There is created an
2 interstate medical licensure compact commission as specified in s. 448.980. The
3 members of the commission representing this state under s. 448.980 (11) (d) shall be
4 members of the medical examining board and shall be appointed by the chairperson
5 of the medical examining board. The commission has the powers and duties granted
6 and imposed under s. 448.980.

7 **SECTION 2.** 20.165 (1) (hg) of the statutes is amended to read:

8 20.165 (1) (hg) *General program operations; medical examining board;*
9 *interstate medical licensure compact; prescription drug monitoring program.*
10 Biennially, the amounts in the schedule for the licensing, rule-making, and
11 regulatory functions of the medical examining board and the affiliated credentialing
12 boards attached to the medical examining board, except for preparing,
13 administering, and grading examinations; for any costs associated with the
14 interstate medical licensure compact under s. 448.980, including payment of
15 assessments under s. 448.980 (13) (a); and for the pharmacy examining board's
16 operation of the prescription drug monitoring program under s. 450.19. Ninety
17 percent of all moneys received for issuing and renewing credentials under ch. 448
18 shall be credited to this appropriation. All moneys received from the interstate
19 medical licensure compact commission under s. 448.980 shall be credited to this
20 appropriation.

21 **SECTION 3.** 440.03 (11m) (c) of the statutes is renumbered 440.03 (11m) (c)
22 (intro.) and amended to read:

23 440.03 (11m) (c) (intro.) ~~The department of safety and professional services~~
24 may not disclose a social security number obtained under par. (a) to any person
25 except for the following:

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1 1. The coordinated licensure information system under s. 441.50 (7); the.

2 3. The department of children and families for purposes of administering s.
3 49.22; and, for.

4 4. For a social security number obtained under par. (a) 1., the department of
5 revenue for the purpose of requesting certifications under s. 73.0301 and
6 administering state taxes and the department of workforce development for the
7 purpose of requesting certifications under s. 108.227.

8 **SECTION 4.** 440.03 (11m) (c) 2. of the statutes is created to read:

9 **440.03 (11m) (c) 2.** The coordinated licensure information system under s.
10 448.980 (8), if such disclosure is required under the interstate medical licensure
11 compact under s. 448.980.

12 **SECTION 5.** 440.03 (13) (b) (intro.) of the statutes is amended to read:

13 **440.03 (13) (b) (intro.)** The department may investigate whether an applicant
14 for or holder of any of the following credentials has been charged with or convicted
15 of a crime only pursuant to rules promulgated by the department under this
16 paragraph, including rules that establish the criteria that the department will use
17 to determine whether an investigation under this paragraph is necessary, except as
18 provided in par. (c) and s. 448.980 (5) (b) 3.:

19 **SECTION 6.** 440.03 (13) (d) of the statutes is amended to read:

20 **440.03 (13) (d)** The department shall charge an applicant any fees, costs, or
21 other expenses incurred in conducting any investigation under this subsection or s.
22 440.26. The department shall charge an applicant seeking licensure through the
23 interstate medical licensure compact under s. 448.980, directly or indirectly, for any
24 expenses incurred in conducting any investigation under s. 448.980 (5) (b) 3.

25 **SECTION 7.** 440.05 (intro.) of the statutes is amended to read:

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1 **440.05 Standard fees.** (intro.) The following standard fees apply to all initial
2 credentials, except as provided in ss. 440.51, 444.03, 444.11, 446.02 (2) (c), 447.04 (2)
3 (c) 2., 448.07 (2), 449.17 (1m) (d), and 449.18 (2) (d):

4 **SECTION 8.** 440.08 (2) (c) of the statutes is amended to read:

5 440.08 (2) (c) Except as provided in par. (e) and sub. (3), renewal applications
6 shall include the applicable renewal fee as determined by the department under s.
7 440.03 (9) (a) or as specified in par. (b).

8 **SECTION 9.** 440.08 (2) (e) of the statutes is created to read:

9 440.08 (2) (e) A renewal of a compact license, as defined in s. 448.015 (1dm),
10 shall be governed by s. 448.980 (7) and is subject to s. 448.07 (2).

11 **SECTION 10.** 440.14 (2) of the statutes is amended to read:

12 440.14 (2) If a form that the department or a credentialing board requires an
13 individual to complete in order to apply for a credential or credential renewal or to
14 obtain a product or service from the department or the credentialing board requires
15 the individual to provide any of the individual's personal identifiers, the form shall
16 include a place for the individual to declare that the individual's personal identifiers
17 obtained by the department or the credentialing board from the information on the
18 form may not be disclosed on any list that the department or the credentialing board
19 furnishes to another person. This subsection does not apply with respect to an
20 application filed with the medical examining board pursuant to the interstate
21 medical licensure compact under s. 448.980 (5).

22 **SECTION 11.** 440.14 (3) of the statutes is amended to read:

23 440.14 (3) If the department or a credentialing board requires an individual
24 to provide, by telephone or other electronic means, any of the individual's personal
25 identifiers in order to apply for a credential or credential renewal or to obtain a

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1 product or service from the department or a credentialing board, the department or
2 the credentialing board shall ask the individual at the time that the individual
3 provides the information if the individual wants to declare that the individual's
4 personal identifiers obtained by telephone or other electronic means may not be
5 disclosed on any list that the department or the credentialing board furnishes to
6 another person. This subsection does not apply with respect to an application filed
7 with the medical examining board pursuant to the interstate medical licensure
8 compact under s. 448.980 (5).

9 **SECTION 12.** 440.15 of the statutes is amended to read:

10 **440.15 No fingerprinting.** Except as provided under s. ss. 440.03 (13) (c) and
11 448.980 (5) (b) 3., the department or a credentialing board may not require that an
12 applicant for a credential or a credential holder be fingerprinted or submit
13 fingerprints in connection with the department's or the credentialing board's
14 credentialing.

15 **SECTION 13.** 448.01 (5) of the statutes is amended to read:

16 448.01 (5) "Physician" means an individual possessing the degree of doctor of
17 medicine or doctor of osteopathy or an equivalent degree as determined by the
18 medical examining board, and holding a license granted by the medical examining
19 board. This subsection does not apply in s. 448.980.

20 **SECTION 14.** 448.015 (1dm) of the statutes is created to read:

21 448.015 (1dm) "Compact license" means an expedited license granted by the
22 board pursuant to the interstate medical licensure compact under s. 448.980.

23 **SECTION 15.** 448.04 (1) (ab) of the statutes is created to read:

24 448.04 (1) (ab) *Compact license.* The board may grant a compact license
25 pursuant to the interstate medical licensure compact under s. 448.980.

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1 **SECTION 16.** 448.05 (2) (a) (intro.) of the statutes, as affected by 2013 Wisconsin
2 Act 240, is amended to read:

3 448.05 (2) (a) (intro.) Except as provided in pars. (b) to ~~(e)~~ (f), an applicant for
4 any class of license to practice medicine and surgery must supply evidence
5 satisfactory to the board of all of the following:

6 **SECTION 17.** 448.05 (2) (b) (intro.) of the statutes, as affected by 2013 Wisconsin
7 Act 240, is amended to read:

8 448.05 (2) (b) (intro.) Except as provided in pars. (c) to ~~(e)~~ (f), an applicant for
9 a license to practice medicine and surgery who is a graduate of a foreign medical
10 college must supply evidence satisfactory to the board of all of the following:

11 **SECTION 18.** 448.05 (2) (f) of the statutes is created to read:

12 448.05 (2) (f) The board shall grant a compact license as provided under s.
13 448.980.

14 **SECTION 19.** 448.07 (1) (a) of the statutes is amended to read:

15 448.07 (1) (a) Every person licensed or certified under this subchapter shall
16 register on or before November 1 of each odd-numbered year following issuance of
17 the license or certificate with the board. Registration shall be completed in such
18 manner as the board shall designate and upon forms the board shall provide, except
19 that registration with respect to a compact license shall be governed by the renewal
20 provisions in s. 448.980 (7). The secretary of the board, on or before October 1 of each
21 odd-numbered year, shall mail or cause to be mailed to every person required to
22 register a registration form. The board shall furnish to each person registered under
23 this section a certificate of registration, and the person shall display the registration
24 certificate conspicuously in the office at all times. No person may exercise the rights

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1 or privileges conferred by any license or certificate granted by the board unless
2 currently registered as required under this subsection.

3 **SECTION 20.** 448.07 (2) of the statutes is amended to read:

4 448.07 (2) FEES. The Except as otherwise provided in s. 448.980, the fees for
5 examination and licenses granted under this subchapter are specified in s. 440.05,
6 and the renewal fee for such licenses is determined by the department under s.
7 440.03 (9) (a). Compact licenses shall be subject to additional fees and assessments,
8 as established by the department, the board, or the interstate medical licensure
9 compact commission, to cover any costs incurred by the department or the board for
10 this state's participation in the interstate medical licensure compact under s.
11 448.980 and costs incurred by the interstate medical licensure compact commission
12 for its administration of the renewal process for the interstate medical licensure
13 compact under s. 448.980.

14 **SECTION 21.** Subchapter VIII of chapter 448 [precedes 448.980] of the statutes
15 is created to read:

CHAPTER 448

SUBCHAPTER VIII

INTERSTATE MEDICAL LICENSURE

COMPACT

16
17
18
19
20 **448.980 Interstate medical licensure compact.** The following compact is
21 hereby ratified and entered into:

22 (1) SECTION 1 — PURPOSE. In order to strengthen access to health care, and in
23 recognition of the advances in the delivery of health care, the member states of the
24 interstate medical licensure compact have allied in common purpose to develop a
25 comprehensive process that complements the existing licensing and regulatory

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1 authority of state medical boards, provides a streamlined process that allows
2 physicians to become licensed in multiple states, thereby enhancing the portability
3 of a medical license and ensuring the safety of patients. The compact creates another
4 pathway for licensure and does not otherwise change a state's existing medical
5 practice act. The compact also adopts the prevailing standard for licensure and
6 affirms that the practice of medicine occurs where the patient is located at the time
7 of the physician-patient encounter, and therefore, requires the physician to be under
8 the jurisdiction of the state medical board where the patient is located. State medical
9 boards that participate in the compact retain the jurisdiction to impose an adverse
10 action against a license to practice medicine in that state issued to a physician
11 through the procedures in the compact.

12 (2) SECTION 2 — DEFINITIONS. In this compact:

13 (a) "Bylaws" means those bylaws established by the interstate commission
14 pursuant to sub. (11) for its governance, or for directing and controlling its actions
15 and conduct.

16 (b) "Commissioner" means the voting representative appointed by each
17 member board pursuant to sub. (11).

18 (c) "Conviction" means a finding by a court that an individual is guilty of a
19 criminal offense through adjudication, or entry of a plea of guilt or no contest to the
20 charge by the offender. Evidence of an entry of a conviction of a criminal offense by
21 the court shall be considered final for purposes of disciplinary action by a member
22 board.

23 (d) "Expedited license" means a full and unrestricted medical license granted
24 by a member state to an eligible physician through the process set forth in the
25 compact.

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1 (e) “Interstate commission” means the interstate commission created pursuant
2 to sub. (11).

3 (f) “License” means authorization by a state for a physician to engage in the
4 practice of medicine, which would be unlawful without the authorization.

5 (g) “Medical practice act” means laws and regulations governing the practice
6 of allopathic and osteopathic medicine within a member state.

7 (h) “Member board” means a state agency in a member state that acts in the
8 sovereign interests of the state by protecting the public through licensure,
9 regulation, and education of physicians as directed by the state government.

10 (i) “Member state” means a state that has enacted the compact.

11 (j) “Practice of medicine” means the clinical prevention, diagnosis, or treatment
12 of human disease, injury, or condition requiring a physician to obtain and maintain
13 a license in compliance with the medical practice act of a member state.

14 (k) “Physician” means any person who:

15 1. Is a graduate of a medical school accredited by the Liaison Committee on
16 Medical Education, the Commission on Osteopathic College Accreditation, or a
17 medical school listed in the International Medical Education Directory or its
18 equivalent;

19 2. Passed each component of the United States Medical Licensing Examination
20 (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination
21 (COMLEX–USA) within 3 attempts, or any of its predecessor examinations accepted
22 by a state medical board as an equivalent examination for licensure purposes;

23 3. Successfully completed graduate medical education approved by the
24 Accreditation Council for Graduate Medical Education or the American Osteopathic
25 Association;

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1 4. Holds specialty certification or a time-unlimited specialty certificate
2 recognized by the American Board of Medical Specialties or the American
3 Osteopathic Association's Bureau of Osteopathic Specialists;

4 5. Possesses a full and unrestricted license to engage in the practice of medicine
5 issued by a member board;

6 6. Has never been convicted, received adjudication, deferred adjudication,
7 community supervision, or deferred disposition for any offense by a court of
8 appropriate jurisdiction;

9 7. Has never held a license authorizing the practice of medicine subjected to
10 discipline by a licensing agency in any state, federal, or foreign jurisdiction,
11 excluding any action related to non-payment of fees related to a license;

12 8. Has never had a controlled substance license or permit suspended or revoked
13 by a state or the united states drug enforcement administration; and

14 9. Is not under active investigation by a licensing agency or law enforcement
15 authority in any state, federal, or foreign jurisdiction.

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

17 (m) "Rule" means a written statement by the interstate commission
18 promulgated pursuant to sub. (12) that is of general applicability, implements,
19 interprets, or prescribes a policy or provision of the compact, or an organizational,
20 procedural, or practice requirement of the interstate commission, and has the force
21 and effect of statutory law in a member state, and includes the amendment, repeal,
22 or suspension of an existing rule.

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

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1 (o) "State of principal license" means a member state where a physician holds
2 a license to practice medicine and which has been designated as such by the
3 physician for purposes of registration and participation in the compact.

4 **(3) SECTION 3 — ELIGIBILITY.** (a) A physician must meet the eligibility
5 requirements as defined in sub. (2) (k) to receive an expedited license under the terms
6 and provisions of the compact.

7 (b) A physician who does not meet the requirements of sub. (2) (k) may obtain
8 a license to practice medicine in a member state if the individual complies with all
9 laws and requirements, other than the compact, relating to the issuance of a license
10 to practice medicine in that state.

11 **(4) SECTION 4 — DESIGNATION OF STATE OF PRINCIPAL LICENSE.** (a) A physician shall
12 designate a member state as the state of principal license for purposes of registration
13 for expedited licensure through the compact if the physician possesses a full and
14 unrestricted license to practice medicine in that state, and the state is:

- 15 1. The state of primary residence for the physician; or
- 16 2. The state where at least 25% of the practice of medicine occurs, or
- 17 3. The location of the physician's employer; or
- 18 4. If no state qualifies under subd. 1., 2., or 3., the state designated as state of
19 residence for purpose of federal income tax.

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

22 (c) The interstate commission is authorized to develop rules to facilitate
23 redesignation of another member state as the state of principal license.

24 **(5) SECTION 5 — APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE.** (a) A
25 physician seeking licensure through the compact shall file an application for an

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1 expedited license with the member board of the state selected by the physician as the
2 state of principal license.

3 (b) 1. Upon receipt of an application for an expedited license, the member board
4 within the state selected as the state of principal license shall evaluate whether the
5 physician is eligible for expedited licensure and issue a letter of qualification,
6 verifying or denying the physician's eligibility, to the interstate commission.

7 2. Static qualifications, which include verification of medical education,
8 graduate medical education, results of any medical or licensing examination, and
9 other qualifications as determined by the interstate commission through rule, shall
10 not be subject to additional primary source verification where already primary
11 source verified by the state of principal license.

12 3. The member board within the state selected as the state of principal license
13 shall, in the course of verifying eligibility, perform a criminal background check of
14 an applicant, including the use of the results of fingerprint or other biometric data
15 checks compliant with the requirements of the federal bureau of investigation, with
16 the exception of federal employees who have suitability determination in accordance
17 with 5 CFR 731.202.

18 4. Appeal on the determination of eligibility shall be made to the member state
19 where the application was filed and shall be subject to the law of that state.

20 (c) Upon verification in par. (b), physicians eligible for an expedited license
21 shall complete the registration process established by the interstate commission to
22 receive a license in a member state selected pursuant to par. (a), including the
23 payment of any applicable fees.

24 (d) After receiving verification of eligibility under par. (b) and any fees under
25 par. (c), a member board shall issue an expedited license to the physician. This

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1 license shall authorize the physician to practice medicine in the issuing state
2 consistent with the medical practice act and all applicable laws and regulations of
3 the issuing member board and member state.

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

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

10 (g) The interstate commission is authorized to develop rules regarding the
11 application process, including payment of any applicable fees, and the issuance of an
12 expedited license.

13 **(6) SECTION 6 — FEES FOR EXPEDITED LICENSURE.** (a) A member state issuing an
14 expedited license authorizing the practice of medicine in that state may impose a fee
15 for a license issued or renewed through the compact.

16 (b) The interstate commission is authorized to develop rules regarding fees for
17 expedited licenses.

18 **(7) SECTION 7 — RENEWAL AND CONTINUED PARTICIPATION.** (a) A physician seeking
19 to renew an expedited license granted in a member state shall complete a renewal
20 process with the interstate commission if the physician:

- 21 1. Maintains a full and unrestricted license in a state of principal license;
- 22 2. Has not been convicted, received adjudication, deferred adjudication,
23 community supervision, or deferred disposition for any offense by a court of
24 appropriate jurisdiction;

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

4 4. Has not had a controlled substance license or permit suspended or revoked
5 by a state or the united states drug enforcement administration.

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

9 (c) The interstate commission shall collect any renewal fees charged for the
10 renewal of a license and distribute the fees to the applicable member board.

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

13 (e) Physician information collected by the interstate commission during the
14 renewal process will be distributed to all member boards.

15 (f) The interstate commission is authorized to develop rules to address renewal
16 of licenses obtained through the compact.

17 **(8) SECTION 8 — COORDINATED INFORMATION SYSTEM.** (a) The interstate
18 commission shall establish a database of all physicians licensed, or who have applied
19 for licensure, under sub. (5).

20 (b) Notwithstanding any other provision of law, member boards shall report to
21 the interstate commission any public action or complaints against a licensed
22 physician who has applied or received an expedited license through the compact.

23 (c) Member boards shall report disciplinary or investigatory information
24 determined as necessary and proper by rule of the interstate commission.

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1 (d) Member boards may report any non-public complaint, disciplinary, or
2 investigatory information not required by par. (c) to the interstate commission.

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

5 (f) All information provided to the interstate commission or distributed by
6 member boards shall be confidential, filed under seal, and used only for investigatory
7 or disciplinary matters.

8 (g) The interstate commission is authorized to develop rules for mandated or
9 discretionary sharing of information by member boards.

10 **(9) SECTION 9 — JOINT INVESTIGATIONS.** (a) Licensure and disciplinary records
11 of physicians are deemed investigative.

12 (b) In addition to the authority granted to a member board by its respective
13 medical practice act or other applicable state law, a member board may participate
14 with other member boards in joint investigations of physicians licensed by the
15 member boards.

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

18 (d) Member boards may share any investigative, litigation, or compliance
19 materials in furtherance of any joint or individual investigation initiated under the
20 compact.

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

24 **(10) SECTION 10 — DISCIPLINARY ACTIONS.** (a) Any disciplinary action taken by
25 any member board against a physician licensed through the compact shall be deemed

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1 unprofessional conduct which may be subject to discipline by other member boards,
2 in addition to any violation of the medical practice act or regulations in that state.

3 (b) If a license granted to a physician by the member board in the state of
4 principal license is revoked, surrendered or relinquished in lieu of discipline, or
5 suspended, then all licenses issued to the physician by member boards shall
6 automatically be placed, without further action necessary by any member board, on
7 the same status. If the member board in the state of principal license subsequently
8 reinstates the physician's license, a license issued to the physician by any other
9 member board shall remain encumbered until that respective member board takes
10 action to reinstate the license in a manner consistent with the medical practice act
11 of that state.

12 (c) If disciplinary action is taken against a physician by a member board not
13 in the state of principal license, any other member board may deem the action
14 conclusive as to matter of law and fact decided, and:

15 1. Impose the same or lesser sanctions against the physician so long as such
16 sanctions are consistent with the medical practice act of that state; or

17 2. Pursue separate disciplinary action against the physician under its
18 respective medical practice act, regardless of the action taken in other member
19 states.

20 (d) If a license granted to a physician by a member board is revoked,
21 surrendered or relinquished in lieu of discipline, or suspended, then any license
22 issued to the physician by any other member board shall be suspended,
23 automatically and immediately without further action necessary by the other
24 member board, for 90 days upon entry of the order by the disciplining board, to permit
25 the member board to investigate the basis for the action under the medical practice

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1 act of that state. A member board may terminate the automatic suspension of the
2 license it issued prior to the completion of the 90 day suspension period in a manner
3 consistent with the medical practice act of that state.

4 (11) SECTION 11 — INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION. (a) The
5 member states hereby create the “Interstate Medical Licensure Compact
6 Commission.”

7 (b) The purpose of the interstate commission is the administration of the
8 interstate medical licensure compact, which is a discretionary state function.

9 (c) The interstate commission shall be a body corporate and joint agency of the
10 member states and shall have all the responsibilities, powers, and duties set forth
11 in the compact, and such additional powers as may be conferred upon it by a
12 subsequent concurrent action of the respective legislatures of the member states in
13 accordance with the terms of the compact.

14 (d) The interstate commission shall consist of 2 voting representatives
15 appointed by each member state who shall serve as commissioners. In states where
16 allopathic and osteopathic physicians are regulated by separate member boards, or
17 if the licensing and disciplinary authority is split between multiple member boards
18 within a member state, the member state shall appoint one representative from each
19 member board. A Commissioner shall be:

- 20 1. An allopathic or osteopathic physician appointed to a member board;
- 21 2. An executive director, executive secretary, or similar executive of a member
22 board; or
- 23 3. A member of the public appointed to a member board.

24 (e) The interstate commission shall meet at least once each calendar year. A
25 portion of this meeting shall be a business meeting to address such matters as may

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1 properly come before the commission, including the election of officers. The
2 chairperson may call additional meetings and shall call for a meeting upon the
3 request of a majority of the member states.

4 (f) The bylaws may provide for meetings of the interstate commission to be
5 conducted by telecommunication or electronic communication.

6 (g) Each commissioner participating at a meeting of the interstate commission
7 is entitled to one vote. A majority of commissioners shall constitute a quorum for the
8 transaction of business, unless a larger quorum is required by the bylaws of the
9 interstate commission. A commissioner shall not delegate a vote to another
10 commissioner. In the absence of its commissioner, a member state may delegate
11 voting authority for a specified meeting to another person from that state who shall
12 meet the requirements of par. (d).

13 (h) The interstate commission shall provide public notice of all meetings and
14 all meetings shall be open to the public. The interstate commission may close a
15 meeting, in full or in portion, where it determines by a two-thirds vote of the
16 commissioners present that an open meeting would be likely to:

17 1. Relate solely to the internal personnel practices and procedures of the
18 interstate commission;

19 2. Discuss matters specifically exempted from disclosure by federal statute;

20 3. Discuss trade secrets, commercial, or financial information that is privileged
21 or confidential;

22 4. Involve accusing a person of a crime, or formally censuring a person;

23 5. Discuss information of a personal nature where disclosure would constitute
24 a clearly unwarranted invasion of personal privacy;

25 6. Discuss investigative records compiled for law enforcement purposes; or

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1 7. Specifically relate to the participation in a civil action or other legal
2 proceeding.

3 (i) The interstate commission shall keep minutes which shall fully describe all
4 matters discussed in a meeting and shall provide a full and accurate summary of
5 actions taken, including record of any roll call votes.

6 (j) The interstate commission shall make its information and official records,
7 to the extent not otherwise designated in the compact or by its rules, available to the
8 public for inspection.

9 (k) The interstate commission shall establish an executive committee, which
10 shall include officers, members, and others as determined by the bylaws. The
11 executive committee shall have the power to act on behalf of the interstate
12 commission, with the exception of rule making, during periods when the interstate
13 commission is not in session. When acting on behalf of the interstate commission,
14 the executive committee shall oversee the administration of the compact including
15 enforcement and compliance with the provisions of the compact, its bylaws and rules,
16 and other such duties as necessary.

17 (L) The Interstate commission may establish other committees for governance
18 and administration of the compact.

19 **(12)** SECTION 12 — POWERS AND DUTIES OF THE INTERSTATE COMMISSION. The
20 interstate commission shall have the duty and power to:

21 (a) Oversee and maintain the administration of the compact;

22 (b) Promulgate rules which shall be binding to the extent and in the manner
23 provided for in the compact;

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1 (c) Issue, upon the request of a member state or member board, advisory
2 opinions concerning the meaning or interpretation of the compact, its bylaws, rules,
3 and actions;

4 (d) Enforce compliance with compact provisions, the rules promulgated by the
5 interstate commission, and the bylaws, using all necessary and proper means,
6 including but not limited to the use of judicial process;

7 (e) Establish and appoint committees including, but not limited to, an executive
8 committee as required by sub. (11), which shall have the power to act on behalf of the
9 interstate commission in carrying out its powers and duties;

10 (f) Pay, or provide for the payment of the expenses related to the establishment,
11 organization, and ongoing activities of the interstate commission;

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

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

14 (i) Purchase and maintain insurance and bonds;

15 (j) Employ an executive director who shall have such powers to employ, select
16 or appoint employees, agents, or consultants, and to determine their qualifications,
17 define their duties, and fix their compensation;

18 (k) Establish personnel policies and programs relating to conflicts of interest,
19 rates of compensation, and qualifications of personnel;

20 (L) Accept donations and grants of money, equipment, supplies, materials and
21 services, and to receive, utilize, and dispose of it in a manner consistent with the
22 conflict of interest policies established by the interstate commission;

23 (m) Lease, purchase, accept contributions or donations of, or otherwise to own,
24 hold, improve or use, any property, real, personal, or mixed;

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1 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
2 dispose of any property, real, personal, or mixed;

3 (o) Establish a budget and make expenditures;

4 (p) Adopt a seal and bylaws governing the management and operation of the
5 interstate commission;

6 (q) Report annually to the legislatures and governors of the member states
7 concerning the activities of the interstate commission during the preceding year.
8 Such reports shall also include reports of financial audits and any recommendations
9 that may have been adopted by the interstate commission;

10 (r) Coordinate education, training, and public awareness regarding the
11 compact, its implementation, and its operation;

12 (s) Maintain records in accordance with the bylaws;

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

14 (u) Perform such functions as may be necessary or appropriate to achieve the
15 purposes of the compact.

16 **(13) SECTION 13 — FINANCE POWERS.** (a) The interstate commission may levy on
17 and collect an annual assessment from each member state to cover the cost of the
18 operations and activities of the interstate commission and its staff. The total
19 assessment must be sufficient to cover the annual budget approved each year for
20 which revenue is not provided by other sources. The aggregate annual assessment
21 amount shall be allocated upon a formula to be determined by the interstate
22 commission, which shall promulgate a rule binding upon all member states.

23 (b) The interstate commission shall not incur obligations of any kind prior to
24 securing the funds adequate to meet the same.

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1 (c) The interstate commission shall not pledge the credit of any of the member
2 states, except by, and with the authority of, the member state.

3 (d) The interstate commission shall be subject to a yearly financial audit
4 conducted by a certified or licensed public accountant and the report of the audit
5 shall be included in the annual report of the interstate commission.

6 **(14) SECTION 14 — ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION.**

7 (a) The interstate commission shall, by a majority of commissioners present and
8 voting, adopt bylaws to govern its conduct as may be necessary or appropriate to
9 carry out the purposes of the compact within 12 months of the first interstate
10 commission meeting.

11 (b) The interstate commission shall elect or appoint annually from among its
12 commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom
13 shall have such authority and duties as may be specified in the bylaws. The
14 chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall
15 preside at all meetings of the interstate commission.

16 (c) Officers selected in par. (b) shall serve without remuneration from the
17 interstate commission.

18 (d) 1. The officers and employees of the interstate commission shall be immune
19 from suit and liability, either personally or in their official capacity, for a claim for
20 damage to or loss of property or personal injury or other civil liability caused or
21 arising out of, or relating to, an actual or alleged act, error, or omission that occurred,
22 or that such person had a reasonable basis for believing occurred, within the scope
23 of interstate commission employment, duties, or responsibilities; provided that such
24 person shall not be protected from suit or liability for damage, loss, injury, or liability
25 caused by the intentional or willful and wanton misconduct of such person.

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1 2. The liability of the executive director and employees of the interstate
2 commission or representatives of the interstate commission, acting within the scope
3 of such person's employment or duties for acts, errors, or omissions occurring within
4 such person's state, may not exceed the limits of liability set forth under the
5 constitution and laws of that state for state officials, employees, and agents. The
6 interstate commission is considered to be an instrumentality of the states for the
7 purposes of any such action. Nothing in this paragraph shall be construed to protect
8 such person from suit or liability for damage, loss, injury, or liability caused by the
9 intentional or willful and wanton misconduct of such person.

10 3. The interstate commission shall defend the executive director, its employees,
11 and subject to the approval of the attorney general or other appropriate legal counsel
12 of the member state represented by an interstate commission representative, shall
13 defend such interstate commission representative in any civil action seeking to
14 impose liability arising out of an actual or alleged act, error or omission that occurred
15 within the scope of interstate commission employment, duties or responsibilities, or
16 that the defendant had a reasonable basis for believing occurred within the scope of
17 interstate commission employment, duties, or responsibilities, provided that the
18 actual or alleged act, error, or omission did not result from intentional or willful and
19 wanton misconduct on the part of such person.

20 4. To the extent not covered by the state involved, member state, or the
21 interstate commission, the representatives or employees of the interstate
22 commission shall be held harmless in the amount of a settlement or judgment,
23 including attorney fees and costs, obtained against such persons arising out of an
24 actual or alleged act, error, or omission that occurred within the scope of interstate
25 commission employment, duties, or responsibilities, or that such persons had a

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1 reasonable basis for believing occurred within the scope of interstate commission
2 employment, duties, or responsibilities, provided that the actual or alleged act, error,
3 or omission did not result from intentional or willful and wanton misconduct on the
4 part of such persons.

5 **(15) SECTION 15 - RULE-MAKING FUNCTIONS OF THE INTERSTATE COMMISSION.** (a)
6 The interstate commission shall promulgate reasonable rules in order to effectively
7 and efficiently achieve the purposes of the compact. Notwithstanding the foregoing,
8 in the event the interstate commission exercises its rule-making authority in a
9 manner that is beyond the scope of the purposes of the compact, or the powers
10 granted hereunder, then such an action by the interstate commission shall be invalid
11 and have no force or effect.

12 (b) Rules deemed appropriate for the operations of the interstate commission
13 shall be made pursuant to a rule-making process that substantially conforms to the
14 "Model State Administrative Procedure Act" of 2010, and subsequent amendments
15 thereto.

16 (c) Not later than 30 days after a rule is promulgated, any person may file a
17 petition for judicial review of the rule in the United States District Court for the
18 District of Columbia or the federal district where the interstate commission has its
19 principal offices, provided that the filing of such a petition shall not stay or otherwise
20 prevent the rule from becoming effective unless the court finds that the petitioner
21 has a substantial likelihood of success. The court shall give deference to the actions
22 of the interstate commission consistent with applicable law and shall not find the
23 rule to be unlawful if the rule represents a reasonable exercise of the authority
24 granted to the interstate commission.

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1 **(16) SECTION 16 — OVERSIGHT OF INTERSTATE COMPACT.** (a) The executive,
2 legislative, and judicial branches of state government in each member state shall
3 enforce the compact and shall take all actions necessary and appropriate to
4 effectuate the compact's purposes and intent. The provisions of the compact and the
5 rules promulgated hereunder shall have standing as statutory law but shall not
6 override existing state authority to regulate the practice of medicine.

7 (b) All courts shall take judicial notice of the compact and the rules in any
8 judicial or administrative proceeding in a member state pertaining to the subject
9 matter of the compact which may affect the powers, responsibilities or actions of the
10 interstate commission.

11 (c) The interstate commission shall be entitled to receive all service of process
12 in any such proceeding, and shall have standing to intervene in the proceeding for
13 all purposes. Failure to provide service of process to the interstate commission shall
14 render a judgment or order void as to the interstate commission, the compact, or
15 promulgated rules.

16 **(17) SECTION 17 — ENFORCEMENT OF INTERSTATE COMPACT.** (a) The interstate
17 commission, in the reasonable exercise of its discretion, shall enforce the provisions
18 and rules of the compact.

19 (b) The interstate commission may, by majority vote of the commissioners,
20 initiate legal action in the United States District Court for the District of Columbia,
21 or, at the discretion of the interstate commission, in the federal district where the
22 interstate commission has its principal offices, to enforce compliance with the
23 provisions of the compact, and its promulgated rules and bylaws, against a member
24 state in default. The relief sought may include both injunctive relief and damages.

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1 In the event judicial enforcement is necessary, the prevailing party shall be awarded
2 all costs of such litigation including reasonable attorney fees.

3 (c) The remedies herein shall not be the exclusive remedies of the interstate
4 commission. The interstate commission may avail itself of any other remedies
5 available under state law or the regulation of a profession.

6 **(18) SECTION 18 — DEFAULT PROCEDURES.** (a) The grounds for default include, but
7 are not limited to, failure of a member state to perform such obligations or
8 responsibilities imposed upon it by the compact, or the rules and bylaws of the
9 interstate commission promulgated under the compact.

10 (b) If the interstate commission determines that a member state has defaulted
11 in the performance of its obligations or responsibilities under the compact, or the
12 bylaws or promulgated rules, the interstate commission shall:

13 1. Provide written notice to the defaulting state and other member states, of
14 the nature of the default, the means of curing the default, and any action taken by
15 the interstate commission. The interstate commission shall specify the conditions
16 by which the defaulting state must cure its default; and

17 2. Provide remedial training and specific technical assistance regarding the
18 default.

19 (c) If the defaulting state fails to cure the default, the defaulting state shall be
20 terminated from the compact upon an affirmative vote of a majority of the
21 commissioners and all rights, privileges, and benefits conferred by the compact shall
22 terminate on the effective date of termination. A cure of the default does not relieve
23 the offending state of obligations or liabilities incurred during the period of the
24 default.

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1 (d) Termination of membership in the compact shall be imposed only after all
2 other means of securing compliance have been exhausted. Notice of intent to
3 terminate shall be given by the interstate commission to the governor, the majority
4 and minority leaders of the defaulting state's legislature, and each of the member
5 states.

6 (e) The interstate commission shall establish rules and procedures to address
7 licenses and physicians that are materially impacted by the termination of a member
8 state, or the withdrawal of a member state.

9 (f) The member state which has been terminated is responsible for all dues,
10 obligations, and liabilities incurred through the effective date of termination
11 including obligations, the performance of which extends beyond the effective date of
12 termination.

13 (g) The interstate commission shall not bear any costs relating to any state that
14 has been found to be in default or which has been terminated from the compact,
15 unless otherwise mutually agreed upon in writing between the interstate
16 commission and the defaulting state.

17 (h) The defaulting state may appeal the action of the interstate commission by
18 petitioning the United States District Court for the District of Columbia or the
19 federal district where the interstate commission has its principal offices. The
20 prevailing party shall be awarded all costs of such litigation including reasonable
21 attorney fees.

22 **(19) SECTION 19 — DISPUTE RESOLUTION.** (a) The interstate commission shall
23 attempt, upon the request of a member state, to resolve disputes which are subject
24 to the compact and which may arise among member states or member boards.

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1 (b) The interstate commission shall promulgate rules providing for both
2 mediation and binding dispute resolution as appropriate.

3 **(20) SECTION 20 — MEMBER STATES, EFFECTIVE DATE AND AMENDMENT.** (a) Any state
4 is eligible to become a member state of the compact.

5 (b) The compact shall become effective and binding upon legislative enactment
6 of the compact into law by no less than 7 states. Thereafter, it shall become effective
7 and binding on a state upon enactment of the compact into law by that state.

8 (c) The governors of non-member states, or their designees, shall be invited to
9 participate in the activities of the interstate commission on a non-voting basis prior
10 to adoption of the compact by all states.

11 (d) The interstate commission may propose amendments to the compact for
12 enactment by the member states. No amendment shall become effective and binding
13 upon the interstate commission and the member states unless and until it is enacted
14 into law by unanimous consent of the member states.

15 **(21) SECTION 21 — WITHDRAWAL.** (a) Once effective, the compact shall continue
16 in force and remain binding upon each and every member state; provided that a
17 member state may withdraw from the compact by specifically repealing the statute
18 which enacted the compact into law.

19 (b) Withdrawal from the compact shall be by the enactment of a statute
20 repealing the same, but shall not take effect until one year after the effective date
21 of such statute and until written notice of the withdrawal has been given by the
22 withdrawing state to the governor of each other member state.

23 (c) The withdrawing state shall immediately notify the chairperson of the
24 interstate commission in writing upon the introduction of legislation repealing the
25 compact in the withdrawing state.

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1 (d) The interstate commission shall notify the other member states of the
2 withdrawing state's intent to withdraw within 60 days of its receipt of notice
3 provided under par. (c).

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

7 (f) Reinstatement following withdrawal of a member state shall occur upon the
8 withdrawing state reenacting the compact or upon such later date as determined by
9 the interstate commission.

10 (g) The interstate commission is authorized to develop rules to address the
11 impact of the withdrawal of a member state on licenses granted in other member
12 states to physicians who designated the withdrawing member state as the state of
13 principal license.

14 **(22) SECTION 22 — DISSOLUTION.** (a) The compact shall dissolve effective upon
15 the date of the withdrawal or default of the member state which reduces the
16 membership in the compact to one member state.

17 (b) Upon the dissolution of the compact, the compact becomes null and void and
18 shall be of no further force or effect, and the business and affairs of the interstate
19 commission shall be concluded and surplus funds shall be distributed in accordance
20 with the bylaws.

21 **(23) SECTION 23 — SEVERABILITY AND CONSTRUCTION.** (a) The provisions of the
22 compact shall be severable, and if any phrase, clause, sentence, or provision is
23 deemed unenforceable, the remaining provisions of the compact shall be enforceable.

24 (b) The provisions of the compact shall be liberally construed to effectuate its
25 purposes.

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1 (c) Nothing in the compact shall be construed to prohibit the applicability of
2 other interstate compacts to which the states are members.

3 **(24) SECTION 24 — BINDING EFFECT OF COMPACT AND OTHER LAWS.** (a) Nothing
4 herein prevents the enforcement of any other law of a member state that is not
5 inconsistent with the compact.

6 (b) All laws in a member state in conflict with the compact are superseded to
7 the extent of the conflict.

8 (c) All lawful actions of the interstate commission, including all rules and
9 bylaws promulgated by the commission, are binding upon the member states.

10 (d) All agreements between the interstate commission and the member states
11 are binding in accordance with their terms.

12 (e) In the event any provision of the compact exceeds the constitutional limits
13 imposed on the legislature of any member state, such provision shall be ineffective
14 to the extent of the conflict with the constitutional provision in question in that
15 member state.

16 **448.981 Implementation of the interstate medical licensure compact.**

17 **(1)** In this section:

18 (a) “Board” means the medical examining board.

19 (b) “Compact” means the interstate medical licensure compact entered into
20 under s. 448.980.

21 (c) “Expedited license” has the meaning given in s. 448.980 (2) (d).

22 (d) “Interstate commission” has the meaning given in s. 448.980 (2) (e).

23 (e) “Member board” has the meaning given in s. 448.980 (2) (h).

24 (f) “Member state” has the meaning given in s. 448.980 (2) (i).

25 (g) “State of principal license” has the meaning given in s. 448.980 (2) (o).

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1 **(2)** Notwithstanding s. 448.980 and any rules promulgated by the interstate
2 commission under s. 448.980, the board may only disclose information about an
3 individual pursuant to the compact if the information meets all of the following
4 criteria:

5 (a) Any of the following applies:

6 1. The individual has a current expedited license granted by the board
7 pursuant to the compact.

8 2. The individual has a current expedited license granted by another member
9 state or is applying to receive an expedited license in another member state, and
10 Wisconsin is currently designated as his or her state of principal license.

11 3. The individual is requesting to designate Wisconsin as his or her state of
12 principal license pursuant to the compact.

13 4. The individual is applying to receive an expedited license to practice in
14 Wisconsin pursuant to the compact.

15 (b) The information is provided only to a member board with responsibility for
16 authorizing the practice of medicine in the member state or to the interstate
17 commission.

18 (c) If the information pertains to an investigation or discipline, all identifying
19 information of individuals or entities other than the individual being investigated
20 or disciplined is removed.

21 (d) The information is not confidential under the laws of this state.

22 **(3)** A subpoena issued pursuant to s. 448.980 (9) (c) shall only be enforceable
23 in this state or against a citizen of this state if all of the following apply:

24 (a) The subpoena is issued by a member board with responsibility for
25 authorizing the practice of medicine in the member state.

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1 (b) The individual being subpoenaed is one of the following:

2 1. A physician with a current expedited license granted by the board pursuant
3 to the compact.

4 2. A physician with a current expedited license granted by another member
5 state, and Wisconsin is currently designated as the physician's state of principal
6 license.

7 (4) In applying s. 448.980 (9) (e), the board may only undertake such
8 investigation of violations of another state's statute authorizing the practice of
9 medicine if one of the following applies:

10 1. The physician being investigated has a current expedited license that was
11 granted by the board and a current expedited license that was granted by the other
12 state pursuant to the compact.

13 2. The physician being investigated has a current expedited license that was
14 granted by the board pursuant to the compact and the other state is the physician's
15 currently designated state of principal license.

16 3. The physician being investigated has a current expedited license that was
17 granted by the other state pursuant to the compact and Wisconsin is the physician's
18 currently designated state of principal license.

19 (5) The board shall, by January 1 of each year, report to the members of the joint
20 committee on finance the number of individuals investigated by the board solely
21 pursuant to s. 448.980 (9) (e) and the expenses incurred by the board undertaking
22 investigations pursued solely pursuant to s. 448.980 (9) (e).

23 (6) The payment of assessments for the interstate medical licensure compact
24 under s. 448.980 (13) (a) shall be made from the appropriation account under s.
25 20.165 (1) (hg) using the licensure fees paid by physicians licensed under the

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1 compact. No fees from physicians that have not applied for licensure through the
2 compact shall be used to pay Wisconsin's annual assessment pursuant to s. 448.980
3 (13) (a) without the approval of the joint committee on finance.

4 (END)