



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
September 16, 2015

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A) Adoption of Agenda (1-5)

B) Minutes of August 19, 2015 – Review and Approval (6-13)

C) Administrative Updates

- 1) Department and Staff Updates
- 2) Introductions, Announcements and Recognition
 - a) New Members
 - 1) David Roelke, M.D. **(14-15)**
 - 2) John Tripoli **(16-17)**
- 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

D) Elections, Appointments, Reappointments, Confirmations, and Committee Panel and Liaison Appointments

E) Oral Interview Delegation Motion (18)

F) Legislative/Administrative Rule Matters

- 1) Legislation Relating to the Physician Licensure Compact **(19-53)**
- 2) Legislation Relating to Licensing – Timothy Westlake
- 3) HOPE Legislation – Timothy Westlake
- 4) Opioid Prescribing – Board Discussion
- 5) Consulting Regarding 2015 Wisconsin Act 34, Relating to Optometrists Prescribing Hydrocodone Combination Products **(54)**
- 6) Update on Med 1, Med 23 and Med 3 and 5 **(55-81)**
- 7) Update on Pending and Possible Rule Projects

- G) **Federation of State Medical Boards (FSMB) Matters (82-100)**
 - 1) Consider MEB recommendations for nominations for 2016 FSMB Board of Directors and Nominating Committee Elections, and for the following appointments by the incoming FSMB Chair: Audit, Bylaws, Editorial, Education, Ethics and Professionalism, Finance, and potentially to FSMB Special Committees and Workgroups
- H) **Speaking Engagement(s), Travel, or Public Relation Request(s) (101-114)**
 - 1) Consider Attendance at the Citizen Advocacy Center 2015 Annual Meeting – Washington, D.C. – November 12-13, 2015
- I) **Screening Panel Report**
- J) Newsletter Matters
- K) Informational Items
- L) **Items Added After Preparation of Agenda**
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 4) Education and Examination Matters
 - 5) Credentialing Matters
 - 6) Practice Matters
 - 7) Future Agenda Items
 - 8) Legislation/Administrative Rule Matters
 - 9) Liaison Report(s)
 - 10) Newsletter Matters
 - 11) Annual Report Matters
 - 12) Informational Item(s)
 - 13) Disciplinary Matters
 - 14) Presentations of Petition(s) for Summary Suspension
 - 15) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 16) Presentation of Proposed Decisions
 - 17) Presentation of Interim Order(s)
 - 18) Petitions for Re-Hearing
 - 19) Petitions for Assessments
 - 20) Petitions to Vacate Order(s)
 - 21) Petitions for Designation of Hearing Examiner
 - 22) Requests for Disciplinary Proceeding Presentations
 - 23) Motions
 - 24) Petitions
 - 25) Appearances from Requests Received or Renewed
 - 26) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports
- M) Future Agenda Items
- 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 – R.P.M. (WARN00000364) (DLSC case number 15 MED 096) (115-119)

P) Deliberation on Complaint(s) for Determination of Probable Cause

- 1) 13 MED 224 – Scott D. Jenkins, M.D. (120-124)
- 2) 13 MED 501 – Ricardo R. Sinense, M.D. (125-129)
- 3) 14 MED 104 – Robert J. Defatta, M.D. (130-134)
- 4) 15 MED 308 – Ricardo R. Sinense, M.D. (135-138)

Q) Deliberation on Administrative Warning(s)

- 1) 13 MED 265 – J.A.S. (139-141)
- 2) 14 MED 005 – S.K.M. (142-143)
- 3) 14 MED 022 – J.E.D. (144-145)
- 4) 14 MED 038 – A.D. (146-147)
- 5) 14 MED 186 – C.R.C. (148-149)
- 6) 15 MED 226 – J.R.K. (150-151)

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

- 1) 13 MED 385 – Barbara J. O’Connell, M.D. (152-158)
- 2) 14 MED 449 – Farzaneh Masool Tondkar, M.D. (159-164)
- 3) 14 MED 513 – William D. Wacker, M.D. (165-175)
- 4) 14 MED 578 – John H. Braxton, M.D. (176-181)
- 5) 15 MED 142 – Ravi Murali, M.D. (182-187)
- 6) 15 MED 170 – Phillip S. Yee, M.D. (188-193)

S) Deliberation on Proposed Stipulations and Interim Orders by the Division of Legal Services and Compliance (DLSC)

- 1) 15 MED 150 and 15 MED 151 – Troy D. Schrock, D.O. (194-199)

T) Deliberation on Credentialing Matters

- 1) Full Board Review of Additional Information – Sohail Imran Mohammad (200-295)
- 2) Application of My-My Huynh, M.D. (296-304)

U) Request for Waiver of the 24 Months of Accreditation Council for Graduate Medical Education (ACGME) Approved Post-Graduate Training Based on Education and Training

- 1) **10:00 A.M. – APPEARANCE:** Attorney Dan Icenogle and William Blanchard, M.D. (305-391)

V) Case Closing(s)

- 1) 13 MED 103 (392-396)
- 2) 13 MED 265 (397-408)
- 3) 13 MED 304 (409-413)
- 4) 14 MED 007 (414-417)
- 5) 14 MED 057 (418-423)
- 6) 14 MED 182 (424-430)
- 7) 14 MED 199 (431-435)
- 8) 14 MED 273 (436-438)
- 9) 14 MED 371 (439-449)
- 10) 14 MED 382 (450-460)
- 11) 14 MED 539 (461-467)
- 12) 14 MED 596 (468-473)
- 13) 14 MED 613 (474-501)
- 14) 15 MED 062 (502-505)
- 15) 15 MED 080 (506-508)
- 16) 15 MED 099 (509-511)
- 17) 15 MED 191 (512-538)
- 18) 15 MED 202 (539-550)

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 Four (4) Candidates for Licensure – Drs. Ogland, Simons, Westlake, and Vasudevan

NEXT MEETING: October 21, 2015

**MEDICAL EXAMINING BOARD
MEETING MINUTES
July 15, 2015**

PRESENT: Mary Jo Capodice, D.O. (*via GoToMeeting*); Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D. (*via GoToMeeting, joined the meeting at 8:54 a.m.*); Carolyn Ogland Vukich, M.D.; Michael Phillips, M.D.; Kenneth Simons, M.D.; Sridhar Vasudevan, M.D. (*via GoToMeeting, joined the meeting at 8:42 a.m. and left at 9:45 a.m., rejoined the meeting at 11:18 a.m. and was excused at 11:25 a.m.*); Timothy Westlake, M.D., Russell Yale, M.D.; Robert Zondag

EXCUSED: David Roelke, M.D.

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 nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Remove Items:*
 - *C) 8:00 A.M. – APPEARANCE – DSPS Attorney Yolanda McGowan – Presentation on Petition for Summary Suspension and Designation of Hearing Official*
 - 1) *APPEARANCE – 15 MED 150 and 15 MED 151 – Troy D. Schrock, D.O.*
 - *P) Deliberation on Petition for Summary Suspension and Designation of Hearing Official*
 - 1) *15 MED 150 and 15 MED 151 – Troy D. Schrock, D.O.*

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

APPROVAL OF MINUTES

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to approve the minutes of July 15, 2015 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

APPEARANCE - Sarah Norberg, Supervising Attorney, Division of Legal Services and Compliance – Screening Panel Discussion

MOTION: Robert Zondag moved, seconded by Mary Jo Capodice, to authorize a special reoccurring screening panel to address complaints involving death to be held in between regularly scheduled screening panel meetings as needed. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Scope Statement Relating to Telemedicine

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to approve the Scope Statement on Med 23 relating to telemedicine for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

Update

Med 1 and 14 – General Cleanup of Administrative Rules

MOTION: Greg Collins moved, seconded by Carolyn Ogland Vukich, to designate the Chair to serve as liaison to DSPS staff for drafting Med1 and 14 relating to general cleanup of Administrative Rules. Motion carried unanimously.

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

MOTION: Rodney Erickson moved, seconded by Russell Yale, to designate Timothy Westlake to speak on the Board's behalf at the Wisconsin Psychiatric Association Annual Meeting on October 16, 2015. Motion carried unanimously.

CLOSED SESSION

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

The Board convened into Closed Session at 8:36 a.m.

RECONVENE TO OPEN SESSION

MOTION: Michael Phillips moved, seconded by Carolyn Ogland Vukich, to reconvene in Open Session at 11:17 a.m. Motion carried unanimously.

Sridhar Vasudevan rejoined the meeting at 11:18 a.m.

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

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

DELIBERATION ON ADMINISTRATIVE WARNINGS

14 MED 520 – J.P.K.

MOTION: Carolyn Ogland Vukich moved, seconded by Russell Yale, to issue an Administrative Warning in the matter of DLSC case number 14 MED 520 (J.P.K.). Motion carried unanimously.

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

11 MED 351 and 12 MED 224 – Siamak B. Arassi, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Michael Phillips, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Siamak B. Arassi, M.D., DLSC case numbers 11 MED 351 and 12 MED 224. Motion carried unanimously.

Sridhar Vasudevan joined the meeting at 8:42 a.m.

13 MED 243 – Yasmin Safavi, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Michael Phillips, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Yasmin Safavi, M.D., DLSC case number 13 MED 243. Motion carried unanimously.

13 MED 355 – Rajesh Malhotra, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Rajesh Malhotra, M.D., DLSC case number 13 MED 355. Motion carried unanimously.

13 MED 482 – Charles D. Pratt, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Russell Yale, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Charles D. Pratt, M.D., DLSC case number 13 MED 482. Motion carried unanimously.

14 MED 041 – Carl R. Sunby, M.D.

MOTION: Rodney Erickson moved, seconded by Russell Yale, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Carl R. Sunby, M.D., DLSC case number 14 MED 041. Motion carried. Recused: Carolyn Ogland Vukich

(Carolyn Ogland Vukich recused herself and left the room for deliberation and voting in the matter of Carl R. Sunby, M.D., DLSC case number 14 MED 041.)

14 MED 440 – Gregory S. Keeling, M.D.

MOTION: Greg Collins moved, seconded by Michael Phillips, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Gregory S. Keeling, M.D., DLSC case number 14 MED 440. Motion carried unanimously.

14 MED 539 – Mon L. Yee, M.D.

MOTION: Timothy Westlake moved, seconded by Michael Phillips, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Mon L. Yee, M.D., DLSC case number 14 MED 539. Motion carried unanimously.

14 MED 592 – Thomas H. Williams, M.D.

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas H. Williams, M.D., DLSC case number 14 MED 592. Motion carried unanimously.

15 MED 057 – Mark S. Ruttum, M.D.

MOTION: Greg Collins moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Mark S. Ruttum, M.D., DLSC case number 15 MED 057. Motion carried unanimously.

DELIBERATION ON CREDENTIALING MATTERS

Suresh Misra joined the meeting at 8:54 a.m.

Full Board Review – Donald Thomas

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to deny the application of Donald Thomas, for a perfusionist license. **Reason for Denial:** Wis. Admin. Code § Med 10.03(c). Motion carried unanimously.

Review for Visiting Physician Licensure – Raphael Sacho, M.D.

MOTION: Michael Phillips moved, seconded by Russell Yale, to grant the application of Raphael Sacho, M.D., for a visiting physician license, once all requirements are met. Motion failed. Recused: Kenneth Simons

MOTION: Michael Phillips moved, seconded by Russell Yale, to grant the application of Raphael Sacho, M.D., for a visiting physician license, once all requirements are met. Motion carried. Recused: Kenneth Simons

(Kenneth Simons recused himself and left the room for deliberation and voting in them matter of Raphael Sacho, M.D.)

Application Review – My-My Huynh, M.D.

MOTION: Michael Phillips moved, seconded by Carolyn Ogland Vukich, to table the application of My-My Huynh, M.D. to a future meeting. Motion carried unanimously.

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to pursue legislative change regarding competency and public protection. Motion carried unanimously.

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

Sarika Pamarthy, M.D.

MOTION: Mary Jo Capodice moved, seconded by Suresh Misra, to grant a waiver to the 24-month post-graduate training program accredited by the ACGME, to Sarika Pamarthy, M.D., per Wis. Stat. § 448.05(2)(c). Motion carried. Recused: Kenneth Simons

(Kenneth Simons recused himself and left the room for deliberation and voting in them matter of Sarika Pamarthy, M.D.)

Sridhar Vasudevan left the meeting at 9:45 a.m.

REVIEW OF ADMINISTRATIVE WARNING(S)

APPEARANCE – S.B.S. (WARN00000304) (DLSC case number 14 MED 116)

MOTION: Michael Phillips moved, seconded by Carolyn Ogland Vukich, to rescind the Administrative Warning in the matter of DLSC case number 14 MED 116 (S.B.S.). Motion carried unanimously.

FULL BOARD ORAL INTERVIEW

APPEARANCE – Patrick Wycihowski, M.D.

MOTION: Michael Phillips moved, seconded by Carolyn Ogland Vukich, to deny the application of Patrick Wycihowski, M.D., for license to practice medicine and surgery. **Reason for Denial:** Failure to possess the education and training required for licensure per Wis. Stat. § 448.06 (2). Motion carried unanimously.

PETITION FOR AMENDMENT OF ORDER – JOEL LUESKOW, P.A.

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to grant the petition of Joel Lueskow, P.A. to amend the Board Order (04/20/2011). Motion carried unanimously.

DELIBERATION ON MONITORING MATTERS

Roman Berezovski, M.D. – Requesting Full Unrestricted License

MOTION: Timothy Westlake moved, seconded by Michael Phillips, to deny the request of Roman Berezovski, M.D. for full licensure. **Reason for Denial:** Failure to comply with the terms of the Board Order (05/18/2011). Respondent must demonstrate continuous successful compliance for a period of at least five years, including 600 hours of active practice for every year the suspension is stayed. Motion carried unanimously.

John Edward Kelly, M.D. – Requesting Change in Drug Screens

MOTION: Greg Collins moved, seconded by Russell Yale, to grant the request of John Edward Kelly, M.D. for a reduction in drug screens to 25 per year and to continue SoberLink breathalyzer testing as required by the treater. Motion carried.
Recused: Michael Phillips and Timothy Westlake

(Michael Phillips and Timothy Westlake recused themselves and left the room for deliberation and voting in the matter of John Edward Kelly, M.D.)

Devinder Sidhu, M.D. – Requesting a Reduction in Drug Screens

MOTION: Mary Jo Capodice moved, seconded by Michael Phillips, to deny the request of Devinder Sidhu, M.D. for a reduction in drug screens. **Reason for Denial:** Respondent has had insufficient time in compliance with the Board Order (09/18/2013). Motion carried unanimously.

Barry Spiegel, D.O. – Requesting to Voluntarily Surrender License

MOTION: Timothy Westlake moved, seconded by Michael Phillips, to grant the request of Barry Spiegel, D.O. for the surrender of his license. Motion carried unanimously.

Andrew R. Wentzel, D.O. – Requesting to Voluntarily Surrender License

MOTION: Timothy Westlake moved, seconded by Greg Collins, to grant the request of Andrew R. Wentzel, D.O. for the surrender of his license. Motion carried unanimously.

CASE CLOSING(S)

MOTION: Robert Zondag moved, seconded by Mary Jo Capodice, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 14 MED 059 – Prosecutorial Discretion (P3)
2. 14 MED 242 – No Violation (NV)
3. 14 MED 555 – No Violation (NV)
4. 14 MED 572 – No Violation (NV)
5. 15 MED 013 – No Violation (NV)
6. 15 MED 073 – No Violation (NV)
7. 15 MED 137 – Prosecutorial Discretion (P5 – Hold)
8. 15 MED 184 – Prosecutorial Discretion (P5 – Hold)

Motion carried unanimously.

13 MED 159 – A.E.G.

MOTION: Timothy Westlake moved, seconded by Suresh Misra, to close DLSC case number 13 MED 159, against A.E.G., for no violation (NV). Motion carried unanimously.

14 MED 271 – N.L.F.

MOTION: Michael Phillips moved, seconded by Rodney Erickson, to close DLSC case number 14 MED 271, against N.L.F., for no violation (NV). Motion carried unanimously.

15 MED 044 – J.G.

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to close DLSC case number 15 MED 044, against J.G., no violation (NV). Motion carried.

15 MED 123 – B.L.K.

MOTION: Rodney Erickson moved, seconded by Mary Jo Capodice, to close DLSC case number 15 MED 123, against B.L.K., for no violation (NV). Motion carried unanimously.

15 MED 155 – M.W.B.

MOTION: Timothy Westlake moved, seconded by Michael Phillips, to close DLSC case number 15 MED 155, against M.W.B., for no violation (NV). Motion carried unanimously.

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

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

Sridhar Vasudevan was excused from the meeting 11:25 a.m.

POSSIBLE BOARD RETREAT - DISCUSSION

MOTION: Timothy Westlake moved, seconded by Michael Phillips, to revisit the following items at a future meeting:

1. Examination of targeted CME, prescriptive guidelines, and targeted mandatory PDMP access
2. Maintenance of licensure
3. Board strategic plan
4. Reentry to practice
5. Professional resource list.
6. Review of the disciplinary process

Motion carried unanimously.

ADJOURNMENT

MOTION: Suresh Misra moved, seconded by Robert Zondag, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:27 a.m.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood		2) Date When Request Submitted: 9/2/2015 <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: 9/16/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newly Appointed Members David Roelke	
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: Welcome new member David Roelke who fills the seat previously occupied by Timothy Swan.			
11) Authorization			
Kimberly Wood		9/2/2015	
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.			



SCOTT WALKER
OFFICE OF THE GOVERNOR
STATE OF WISCONSIN

P.O. Box 7863
MADISON, WI 53707

GOVERNOR'S APPOINTMENT

NAME: Dr. David Roelke

MAILING ADDRESS: [REDACTED]

E-MAIL ADDRESS: [REDACTED]

RESIDES IN: Hartland, WI

TELEPHONE: [REDACTED]

OCCUPATION: Radiology Waukesha, S.C.
Radiology Partner

APPOINTED TO: Medical Examining Board
Doctor-Medicine

TERM: A term to expire July 1, 2017

SUCCEEDS: Dr. Timothy Swan

SENATE CONFIRMATION: Required

DATE OF APPOINTMENT: August 10, 2015

DATE OF NOMINATION: August 10, 2015

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood		2) Date When Request Submitted: 9/2/2015 <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: 9/16/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newly Appointed Members John Tripoli	
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: Welcome new member John Tripoli who fills the seat previously occupied by James Barr.			
11) Authorization			
Kimberly Wood		9/2/2015	
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.			



SCOTT WALKER
OFFICE OF THE GOVERNOR
STATE OF WISCONSIN

P.O. Box 7863
MADISON, WI 53707

GOVERNOR'S APPOINTMENT

NAME: Mr. John Tripoli

MAILING ADDRESS: [REDACTED]

E-MAIL ADDRESS: [REDACTED]

RESIDES IN: Elm Grove, WI

TELEPHONE: [REDACTED]

OCCUPATION: Simandl Law Group, S.C.
Attorney

APPOINTED TO: Medical Examining Board
Public Member

TERM: A term to expire July 1, 2016

SUCCEEDS: Mr. James Barr

SENATE CONFIRMATION: Required

DATE OF APPOINTMENT: August 21, 2015

DATE OF NOMINATION: August 21, 2015

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: DSPS		2) Date When Request Submitted: 8/26/2015 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: 9/16/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Oral Interview Delegation Motion	
7) Place Item in: <input 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 type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: As a result of recent legislation, the Board should consider a motion delegating its interview authority to a 2 person panel consisting of professional members.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



2015 SENATE BILL 196

June 17, 2015 – Introduced by Senators HARSDORF, COWLES, MOULTON, ERPENBACH, CARPENTER, GUDEX, MARKLEIN, BEWLEY, HARRIS DODD, LASSA, OLSEN, RINGHAND, ROTH, SHILLING, VINEHOUT and WANGGAARD, cosponsored 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. Referred to Committee on Health and Human Services.

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

SENATE BILL 196**SECTION 19**

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.

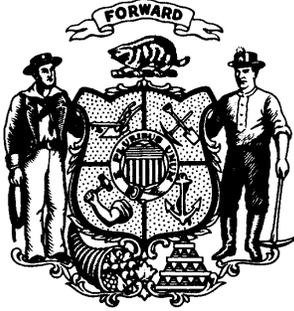
4 (END)

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 4 September 2015	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 16 September 2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration Consultation Regarding 2015 Wisconsin Act 34, Relating to Optometrists Prescribing Hydrocodone Combination Products	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>4 September 2015</i>	
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



2015 Senate Bill 74

Date of enactment: **July 1, 2015**
Date of publication*: **July 2, 2015**

2015 WISCONSIN ACT 34

AN ACT *to amend* 961.39 (3) (b); and *to create* 961.39 (2m) of the statutes; **relating to:** prescriptions for controlled substances issued by optometrists and providing an exemption from emergency rule procedures.

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

SECTION 1. 961.39 (2m) of the statutes is created to read:

961.39 (2m) Notwithstanding sub. (1), may prescribe, dispense, or administer any of the following, if permitted for prescription or administration under the rules promulgated under s. 449.18 (6) (cm):

(a) Not more than 300 milligrams of hydrocodone per 100 milliliters or per 100 grams or not more than 15 milligrams per dosage unit, with a four-fold or greater quantity of an isoquinoline alkaloid of opium.

(b) Not more than 300 milligrams of hydrocodone per 100 milliliters or per 100 grams or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

SECTION 2. 961.39 (3) (b) of the statutes is amended to read:

961.39 (3) (b) The indicated use of the controlled substance included in schedule III, IV, or V so prescribed

or the indicated use of the controlled substance under sub. (2m) (a) or (b) so prescribed.

SECTION 3. Nonstatutory provisions.

(1) Using the procedure under section 227.24 of the statutes, the department of safety and professional services may promulgate rules under section 449.18 (6) (cm) of the statutes to account for section 961.39 (2m) of the statutes, as created by this act, for the period before the effective date of any corresponding permanent rules, but not to exceed the period authorized under section 227.24 (1) (c) of the statutes, subject to extension under section 227.24 (2) of the statutes. Notwithstanding section 227.24 (1) (a), (2) (b), and (3) of the statutes, the department is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted: 9/3/2015 <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: 9/16/2015	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 1, Med 23 and Med 3 and 5	
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 1 relating to entrance to exams (CR15-021) became effective on September 1 st , 2015. The scope statement for Med 23 relating to telemedicine was submitted to the Governor's Office on August 20, 2015. The Board is still waiting for approval from the Governor's Office to publish and implement the scope statement. Med 3 and 5 (permanent rule) relating to physician licensure was submitted to the Legislature on July 10, 2015. The rule has made it through both committees in each of the houses and is now with JCRAR. The legislative review period is anticipated to end by the end of September. We anticipate an effective date of December 1 st , 2015. Med 3 and 5 (emergency rule) is due to expire on October 27, 2015. The Board has requested a second extension in order to avoid the expiration of the emergency rule prior to the effective date of the permanent rule.			
11) Authorization			
Katie Vieira		9/3/2015	
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 21st day of July, 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 21st day of July, 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 15-021

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 document 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:

Kathleen Vieira (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.Vieira@wisconsin.gov.

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)

Dated

July 21, 2015

Agency

Rennell B. Anderson

Board Chairperson
Medical Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected		
2. Administrative Rule Chapter, Title and Number Med 1		
3. Subject Entrance to Exams		
4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected 20.165(1)	
6. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget <input type="checkbox"/> Decrease Cost		
7. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)		
8. Would Implementation and Compliance Costs Be Greater Than \$20 million? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Shawn Leatherwood	18. Contact Phone Number 608-261-4438
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This document can be made available in alternate formats to individuals with disabilities upon request.

STATEMENT OF SCOPE

Medical Examining Board

Rule No.: Med 23

Relating to: Telemedicine

Rule Type: Permanent

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

N/A

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

The objective of the proposed rule is to provide greater clarity for physicians with regards to the practice of telemedicine in Wisconsin.

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:

The current administrative code is silent with regards to telemedicine practice. The proposed rule will define telemedicine, explain how a valid physician-patient relationship can be established in a telemedicine setting, and identify technology requirements for physicians who use electronic communications, information technology or other means of interaction with patients who are not physically present. The proposed rule will specify out-of-state physicians to hold a valid Wisconsin medical license in order to diagnose and treat patients located in Wisconsin.

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."

Section 448.40 (1), Stats., provides that the Medical Examining Board "may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

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

160 hours

Rev. 3/6/2012

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

Wisconsin licensed and out-of-state physicians

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:

2015 HR 691 - Telehealth Modernization Act of 2015 – the proposed bill seeks to establish a federal standard for telehealth and serve as guidance for states, subject to a number of specified conditions.

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 will have minimal to no economic impact on small businesses and the state's economy as a whole.

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

Approved for publication:


Authorized Signature


Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted

**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 1.06 (4), 1.09 (4), and 3.06; to amend Med 1.06 (1) (a) (intro.), (b), and (c), 1.08 (2), 1.09 (1), 1.09 (6), Chapter 3 (title), 3.01, 3.02, 3.04, Chapter 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 teach, conduct research, or practice medicine and surgery at a medical education facility, medical research facility, or medical school in this state as a visiting professor physician~~ may apply to the board for a ~~temporary visiting professor license~~ visiting physician license and shall submit to the board all of the following:

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

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

~~(2) A signed letter from the appointing authority president or dean or delegate of the president 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 June 17, 2015

Agency Fennell B. Semons, MD
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 and 5

3. Subject

Physician licensure

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

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

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

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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

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

14. Long Range Implications of Implementing the Rule

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

15. Compare With Approaches Being Used by Federal Government

None.

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

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

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

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

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

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

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

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

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

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

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

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

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

Michigan does not have a comparable administrative physician license.

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

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

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

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

Minnesota does not have a comparable administrative physician license.

17. Contact Name

Shawn Leatherwood

18. Contact Phone Number

608-261-4438

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

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nifty Lynn Dio		2) Date When Request Submitted: 09/09/2015 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: 09/16/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Consider MEB recommendations for nominations for 2016 FSMB Board of Directors and Nominating Committee Elections	
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:	
10) Describe the issue and action that should be addressed: Consider MEB recommendations for nominations for 2016 FSMB Board of Directors and Nominating Committee Elections, and for the following appointments by the incoming FSMB Chair: Audit, Bylaws, Editorial, Education, Ethics and Professionalism, Finance, and potentially to FSMB Special Committees and Workgroups .			
11) Authorization			
Nifty Lynn Dio		09/10/2015	
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.			

Wood, Kimberly - DSPS

Subject: FW: FIRST Call for Committee Appointments
Attachments: 1st Call for Appointments 08-17-15 FINAL_email packet.pdf

From: Pamela Huffman (FSMB) [<mailto:phuffman@fsmb.org>] **On Behalf Of** Humayun Chaudhry
Sent: Monday, August 17, 2015 7:27 AM
To: Pamela Huffman (FSMB)
Cc: Patricia McCarty (FSMB)
Subject: FIRST Call for Committee Appointments

Dear Colleagues:

Following the 2016 Annual Meeting, FSMB's incoming Chair, Arthur S. Hengerer, MD, will finalize appointments to the Audit, Bylaws, Editorial, Education, Ethics and Professionalism, and Finance Committees, and potentially to FSMB Special Committees and/or workgroups.

Committee responsibilities and time commitments vary, but to complete their charges successfully, all committees require dedicated and knowledgeable members. To begin the appointment process, individuals interested in serving on a committee, or those wishing to recommend an individual, should submit letters of interest/recommendations by **December 31, 2015** via mail, fax or email to:

Arthur S. Hengerer, MD, Chair-elect
Federation of State Medical Boards
c/o Pat McCarty, Director of Leadership Services
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Fax: (817) 868-4167
Email: pmccarty@fsmb.org

Additionally a copy of the individual's CV (a maximum of five pages) and/or biographical sketch, including state medical board and/or FSMB experience, should be forwarded to the email above.

A confirmation acknowledging receipt of appointment recommendations will be sent within one week. If you do not receive confirmation, please contact Pat McCarty at (817) 868-4067 or by email.

Sincerely,
Humayun J. Chaudhry, DO, MACP
President and CEO

Federation of State Medical Boards
400 Fuller Wiser Road | Suite 300 | Euless, TX 76039
817-868-4044 direct | 817-868-4144 fax
hchaudhry@fsmb.org | www.fsmb.org



FEDERATION OF STATE MEDICAL BOARDS
Responsibilities of Appointed Positions

Audit Committee

COMMITTEE CHARGE

The primary charge of the Audit Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section B, is to review the audit of the corporation and the accompanying financial statements.

Tasks of the Committee include:

1. Reviewing the auditor's report with particular attention to material deficiencies and recommendations.
2. Reviewing the annual Statement of Financial Position, Statement of Activities and Statement of Cash Flows resulting from the audit process.

TIME COMMITMENT

Members of the Audit Committee serve one-year terms. Due to advances in technology and common practice of audit committees within the U.S., the Audit Committee traditionally meets via teleconference two to four times during the year, with the potential for one face-to-face meeting.

Bylaws Committee

COMMITTEE CHARGE

The charge of the Bylaws Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section C, is to continually assess the Articles of Incorporation and the Bylaws and receive all proposals for amendments thereto. The Committee will, from time to time, make recommendations to the House of Delegates for changes, deletions, modifications and interpretations to the Bylaws.

Tasks of the Committee include:

1. Receiving requests for amendments or revisions from the Board of Directors or from Member Boards. Upon receiving requests, the Committee drafts Bylaws language that is appropriate in style and placement. The Bylaws Committee members may also propose amendments or revisions to the Bylaws, and draft language that is appropriate for inclusion.
2. Advising the House of Delegates with regard to each modification they have drafted, citing in their report to the House their choice to support, oppose or remain neutral regarding the language they have drafted. Members of the Committee may give testimony in support of their position before a Reference Committee.
3. Interpreting the Bylaws upon request of the Board of Directors, Member Boards or others.
4. Reviewing the Bylaws and Articles of Incorporation on a continual basis.

TIME COMMITMENT

Members of the Bylaws Committee serve one-year terms. The Committee will meet once by teleconference or as many times as is needed.

Wood, Kimberly - DSPS

Subject: FW: FIRST Call for Nominations
Attachments: 1st Call for Nominations August 2015 FINAL packet.pdf

From: Pamela Huffman (FSMB) [<mailto:phuffman@fsmb.org>] **On Behalf Of** Humayun Chaudhry
Sent: Monday, August 17, 2015 7:27 AM
To: Pamela Huffman (FSMB)
Cc: Patricia McCarty (FSMB)
Subject: FIRST Call for Nominations

Dear Colleague:

FSMB Needs YOUR Leadership Skills.

One of the most rewarding experiences for members of state medical and osteopathic boards is the opportunity to serve on FSMB's Board of Directors or its Nominating Committee, helping guide our organization's vision and mission. Each year, FSMB's Nominating Committee seeks capable and committed individuals for consideration as candidates, and we would like to hear from you.

Service in a leadership position brings many benefits, notably the opportunity to make a real impact in the direction and policy of a national organization with a vital role in health care.

Nominations are open starting today, August 17, 2015, and will close December 31, 2015. Details regarding the nomination process are attached. We encourage you to make national service a part of your experience as an FSMB Fellow.

Sincerely,
Humayun J. Chaudhry, DO, MACP
President and CEO

Federation of State Medical Boards
400 Fuller Wiser Road | Suite 300 | Euless, TX 76039
817-868-4044 direct | 817-868-4144 fax
hchaudhry@fsmb.org | www.fsmb.org

Editorial Committee

COMMITTEE CHARGE

The charge of the Editorial Committee, as currently set forth in the FSMB Bylaws, Article VIII, Section D, is to advise the Editor-in-Chief on editorial policy for the FSMB's official publication (*Journal of Medical Regulation*) and otherwise assist the Editor-in-Chief in the performance of duties as appropriate and necessary.

Tasks of the Committee include:

1. Reviewing all articles submitted for publication in a timely manner.
2. Supplying the names of at least two authors (four is preferred) who are able to write an article(s) for the *Journal*.
3. Writing or working with the *Journal* Editor-in-Chief to create an editorial for the *Journal*.
4. Serve as ongoing ambassadors for the *Journal* during any appropriate business meetings or discussions with colleagues — distributing the PDF Call for Papers in printed or electronic form whenever and wherever appropriate.

TIME COMMITMENT

Members of the Editorial Committee serve three-year terms. The Committee will meet once each year at FSMB headquarters or other location and will also meet via teleconference two to four times each year. The Committee will also be asked to read manuscripts throughout the year.

Education Committee

COMMITTEE CHARGE

The charge of the Education Committee as currently set forth in the FSMB Bylaws, Article VIII, Section E is to assist in the development of educational programs for the FSMB. This includes the Annual Meeting program as well as webinars, teleconferences and other educational offerings.

Tasks of the Committee include:

1. Providing consultation and recommendations in the development and review of the FSMB's annual education agenda.
2. Identifying and prioritizing educational topics in accordance with the mission, vision, core values and goals of the FSMB.
3. Evaluating education trends and opportunities to provide quality educational programming to FSMB membership.

TIME COMMITMENT

Members of the Education Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need, but will occur at least quarterly.

Ethics and Professionalism Committee

COMMITTEE CHARGE

The charge of the Ethics and Professionalism Committee as currently set forth in the FSMB Bylaws, Article VIII, Section F is to address ethical and professional issues pertinent to medical regulation.

Tasks of the Committee include:

1. Addressing ethical and/or professional concerns expressed by state medical boards.
2. Researching data pertinent to the issues and/or obtaining input from experts in the particular subject areas being considered.
3. Developing model policies for use by state medical boards to be submitted for approval by the FSMB House of Delegates.

TIME COMMITMENT

Members of the Ethics and Professionalism Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need.

Finance Committee

COMMITTEE CHARGE

The charge of the Finance Committee as currently set forth in the FSMB Bylaws, Article VIII, Section G is to review the financial condition of the FSMB, review and evaluate the costs of the activities and/or programs to be undertaken in the forthcoming year, and recommend a budget to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting, and perform such other duties as are assigned to it by the Board of Directors.

Tasks of the Committee include:

1. Assessing prior financial performance in comparison to budget.
2. Reviewing the draft budget for alignment with organizational goals, programs and services.
3. Approving the budget for recommendation to the Board of Directors.

TIME COMMITMENT

Members of the Finance Committee serve one-year terms. The Committee will meet several times per year either in person or via teleconference. The frequency of regular meetings will be determined by need.

Special Committees/Workgroups

Special Committees and workgroups are appointed by the Chair as necessary and are established for a specific purpose. Special Committees and workgroups usually meet three times per year, in person and via teleconference, and continue their work for one to two years. Special Committees and workgroups for 2016-2017 are to be determined.



DATE: August 17, 2015

TO: Member Medical Board Executive Directors/Secretaries and Current Board Members

FROM: Nominating Committee Chair Donald H. Polk, DO
Nominating Committee Members Mohammed A. Arsiwala, MD, Jeffrey D. Carter, MD, Gregory M. Collins, James F. Griffin, DO, Kelli A. Johnson, MBA, and Barbara E. Walker, DO

RE: FIRST Call for Nominations of Candidates for Elected Office

Nominations of Candidates for Elected Office

Donald H. Polk, DO, Chair of the FSMB’s Nominating Committee, requests that FSMB Member Medical Boards submit names of individuals for the Nominating Committee to consider as candidates for elected office. Elections will be held at the FSMB’s April 30, 2016 House of Delegates annual business meeting. Nominees may include physicians as well as non-physicians who are Fellows of the FSMB. The FSMB Bylaws state: *An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member’s period of service on a Member Medical Board, and for a period of 36 months thereafter.* Instructions for nominating candidates, including eligibility requirements, additional position-specific qualifications, and responsibilities of elected positions, are attached for your information. **Please refer to this information when submitting your letters of nomination for consideration by the Nominating Committee.**

Under the FSMB Bylaws, the Nominating Committee shall submit a slate of one or more candidates for each position. Nomination by the Nominating Committee or Nomination by Petition shall be the sole methods of nomination to an elected office of the FSMB. A candidate who runs for and is not elected to an elected office shall be ineligible to be nominated for any other elected office during the same election cycle. Positions to be filled in 2016 are as follows:

- Chair-elect 1 Fellow, to be elected for 3 years: one year as chair-elect; one year as chair; and one year as immediate past chair
- Board of Directors 3 Fellows, each to be elected for a three-year term* **
- Nominating Committee 3 Fellows, each to be elected for a two-year term*** ****

The Nominating Committee requests that all nominations be submitted by **December 31, 2015. No nominations will be accepted after end of business on Thursday, December 31.**

***In accordance with the FSMB Bylaws, “At least two members of the Board, who are not Associate Members, shall be non-physicians, at least one of whom shall be a public/consumer member.”** The FSMB Board of Directors currently has three public/consumer members whose terms will not expire until April 2017 or 2018; therefore, in 2016, all non-physician candidates for the Board of Directors will be placed on the same ballot as physician candidates and will compete for the same positions on the Board.

****Should a current Board member whose term does not expire until 2017 or 2018 be elected Chair-elect, then a 4th candidate will need to be elected to fill the remainder of that Board member’s term.**

***In accordance with the FSMB Bylaws, “At least one elected member of the Nominating Committee shall be a non-physician.” The Nominating Committee currently has one non-physician member whose term will not expire until 2017; therefore, in 2016, all non-physician candidates for the Nominating Committee will be placed on the same ballot as physician candidates and will compete for the same positions on the Committee.

****No two Nominating Committee members shall be from the same member board. Continuing members of the Committee will be from Michigan (Medical), Minnesota and Rhode Island.

INSTRUCTIONS FOR NOMINATIONS OF CANDIDATES FOR FSMB ELECTED OFFICE

Eligibility

Any person who is or will be a Fellow of the FSMB at the time of the election on April 30, 2016 is eligible for nomination. The Bylaws of the FSMB define Fellows as: *An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member’s period of service on a Member Medical Board, and for a period of 36 months thereafter.*

Core Competencies of Candidates

A candidate for elected office must:

- Support the mission, vision and core values of the FSMB;
- Possess a positive outlook on the role and function of state medical boards in the medical regulatory field;
- Bring a broad, national perspective to specific issues;
- Have adequate time and commitment necessary to fulfill the responsibilities of the office (*please see attached “Responsibilities of Elected Positions”*); and,
- Demonstrate professionalism, personal integrity, and the ability to work effectively with others.

Additional Qualifications for Chair-elect of the Board of Directors: Suggested but not mandatory: One or more years experience on the FSMB Board of Directors and, if applicable, a commitment of time that may require reduction by one-third or more of patient care duties in medical practice.

Additional Qualifications for Board of Directors: These are strongly suggested but not mandatory: One-and-a-half or more years on a State Medical Board; Committee or Task Force participation with the FSMB; and prior attendance of **at least one** FSMB Annual Meeting. Significant experience on a non-profit Board of Directors or Foundation may be considered an equivalent for one of the above.

Letter of Nomination - Contents

The letter of nomination **must** come from the candidate’s state medical or osteopathic board to the Nominating Committee and should specify: (1) the name of the candidate to be considered; (2) the office for which the candidate is being recommended; (3) a description of the candidate’s ability to demonstrate the core competencies and/or additional position-specific qualifications stated above; (4) the candidate’s agreement to the submission of his/her name for potential nomination; (5) the candidate’s affirmation that he/she is aware of the time commitment required for the position to which he/she may be elected; and (6) the candidate’s mailing address, daytime telephone number, fax number and email address.

Attachments to State Medical Board’s Letter of Nomination

The following materials should accompany the letter of nomination:

1. **Candidate's General Information Questionnaire (attached).** In the interest of uniformity and fairness to all candidates, the Nominating Committee requests that the information contained on the Candidate's General Information Questionnaire be limited to the space provided, *except where otherwise stated*.

2. **Candidate's Signatory Form (attached).** The candidate **must submit a signed** confirmation that the candidate: 1) will be a Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 30, 2016; 2) is aware of the time commitment required for the position to which he/she may be elected; and 3) is disclosing any potential conflict(s) of interest.

3. **Candidate's photograph – color (jpg).** Copies of the photo will be included in the Nominating Committee meeting agenda book. If the candidate is selected, the photo will also be used in the Election Manual that is distributed at the Annual Meeting and placed on the Candidates Website. **Questions regarding photos should be directed to David Hooper, Sr. Director of Marketing, at 817-868-4070 or dhooper@fsmb.org.**

4. **Candidate's Personal Statement in WORD version (sample attached) – (500 word limit).** The candidate should state why he/she wants to serve in the particular position for which he/she will be campaigning for election; how he/she fulfills the core competencies and/or additional position-specific qualifications of candidates, and what he/she will contribute to FSMB. The personal statement will be included in the Election Manual and placed on the Candidates Website.

5. ***Electronic copy of the candidate's curriculum vitae (CV) (maximum five (5) pages) and a one-page bio or summary CV.*** Please provide relevant information including important appointments, honors and awards received, etc. Please note that **these documents will be PUBLISHED** on the Candidates Website; therefore, social security numbers and all other private information **must be removed** prior to submitting with letter of nomination.

Deadline for Submission of Letters and Materials

The members of the Nominating Committee request that all nominations be submitted in writing by mail, fax or email to:

Donald H. Polk, DO, Chair
Nominating Committee
c/o Pat McCarty, Director of Leadership Services
Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300
Eules, TX 76039-3855
Fax: (817) 868-4167
Email: pmccarty@fsmb.org

All letters of nomination and accompanying materials should be received at the Eules, TX office by end of business on **Thursday, December 31, 2015. No nominations will be accepted after end of business December 31.**

A confirmation acknowledging receipt of nominations will be sent within one week. If you do not receive confirmation, please contact Pat McCarty at (817) 868-4067 or at the email above.

RESPONSIBILITIES OF ELECTED POSITIONS

Board of Directors

The FSMB Board of Directors is responsible for the control and administration of the FSMB and reports to the House of Delegates; the Board provides leadership in the development and implementation of the FSMB's Strategic Goals and the Board's Annual Action Plan; the Board is responsible for governing and conducting the business of the corporation, including supervising the President/CEO; and, under the leadership of the Chair and President/CEO, represents the FSMB to other organizations and promotes recognition of the FSMB as the premier organization concerned with medical licensure and discipline. The Board of Directors is the fiscal agent of the corporation.

GENERAL RESPONSIBILITIES

The Board of Directors is responsible for the following:

1. Setting goals, objectives and priorities necessary to achieve the FSMB Strategic Goals.
2. Setting goals, objectives and critical success factors for the President/CEO.
3. Ensuring effective management of the FSMB's financial resources.
4. Approving systems for assessing and addressing needs of Member Boards.
5. Implementing adopted Board of Directors professional development and self-assessment plans.
6. Promoting use of FSMB services among targeted customer groups.
7. Enhancing communication with and among Member Boards.
8. Enhancing support and education for Member Board executives and their staff.

TIME COMMITMENT

Board Meetings

The Board of Directors will meet five times during the FY 2017 fiscal year:

May 1, 2016 – San Diego, CA (immediately following the Annual Meeting)

July 2016 – site and actual dates TBD

October 2016 – site and actual dates TBD

February 2017 – site and actual dates TBD

April 18-23, 2017 – Fort Worth, TX (in conjunction with the Annual Meeting)

New Directors Orientation

Newly-elected directors will be asked to participate in a **New Directors Orientation** scheduled **June 26-27, 2016** at the FSMB Euless, TX Office.

Board of Directors State Medical Board Liaison Program

A director's participation in the Board of Directors State Medical Board Liaison Program may involve telephone communications with Member Board leadership (dependent upon the leadership's availability) and/or travel to a Member Board location (i.e., "site visit") in partnership with FSMB

staff to meet with the Member Board representatives. New Directors may be asked to participate in one or two site visits during their first year on the Board of Directors, schedule permitting.

Subcommittees of the Board of Directors

All directors will be appointed to one subcommittee of the Board of Directors, which include the Awards, Governance and Planning Committees. Additionally, two directors will be elected by the Board to participate on the Executive, Compensation and Investment Committees with the officers of the Board.

Nominating Committee

COMMITTEE CHARGE

The charge of the Nominating Committee as currently set forth in the FSMB Bylaws is to submit a slate of one or more nominees for each of the offices and positions to be filled by election at the Annual Meeting of the House of Delegates. The Committee will mail its slate of candidates to Member Boards not fewer than 60 days prior to the meeting of the House of Delegates.

Tasks of the Committee include:

1. Soliciting recommendations for candidates for elected positions from Member Board Executive Directors/Secretaries and Active Fellows of the FSMB.
2. Assertively recruiting individuals who have the core competencies set forth on page 2 and who represent diversified backgrounds, experiences and cultures.
3. Educating potential candidates on core competencies for FSMB leadership roles and the responsibilities associated with respective leadership positions.
4. Reviewing letters of recommendation and supporting material of each individual nominated or recruited as a candidate for election.
5. Verifying that candidates have the core competencies for FSMB leadership positions.
6. Verifying that queries of FSMB Board Action Data Bank have been completed on physician candidates and that no actions have been reported which could call into question an individual's fitness for FSMB leadership.
7. Affirming that all candidates for elected leadership have disclosed any potential conflicts of interest.
8. Considering the importance of public representation on the FSMB Board of Directors and assuring the slate of candidates provides for election of adequate/qualified public representation.
9. Selecting and narrowing the slate of candidates to those who best demonstrate the core competencies, have the necessary qualifications and eligibility for a position, and bring valuable talents and perspectives to the FSMB.
10. Preparing a report to the House of Delegates that includes a slate of nominees for positions to be filled by election at the annual business meeting of the House of Delegates.
11. Determining process for notifying candidates of the Nominating Committee's decisions as soon as possible following the Committee's winter meeting and providing the Nominating Committee report to the FSMB Board of Directors.

TIME COMMITMENT

Members of the Nominating Committee serve a single two-year term. The Committee will have a kick-off breakfast in San Diego, CA on the morning of Sunday, May 1, 2016 immediately following the FSMB's Annual Meeting. The Committee will meet again via teleconference in July 2016 (date to be determined) and in person at the FSMB Euless, TX Office in January 2017. In preparation for

the January meeting, the Committee members will each interview 3-5 nominees. The members of the Committee will also receive scholarships to attend the FSMB's 2017 Annual Meeting so that they can be onsite to solicit interest in elected and appointed positions.

CANDIDATE'S GENERAL INFORMATION QUESTIONNAIRE

*PLEASE TYPE OR PRINT AND LIMIT YOUR INFORMATION TO THE SPACE PROVIDED
(except where otherwise stated)*

GENERAL

NAME: _____

CANDIDATE FOR: _____

MAILING ADDRESS: _____

DAYTIME TELEPHONE: _____

EMAIL AND/OR FAX: _____

EDUCATION

UNDERGRADUATE: _____

MEDICAL SCHOOL/GRADUATE SCHOOL: _____

POSTGRADUATE EDUCATION: _____

CURRENT POSITION: _____

AREA OF SPECIALIZATION: _____

FEDERATION ACTIVITIES

BOARD and/or COMMITTEES: _____

OTHER FSMB ACTIVITIES: _____

CANDIDATE SIGNATORY PAGE

STATE MEDICAL BOARD ACTIVITIES

On which state medical board are you currently serving?

If not serving, when did you leave the board? Month _____ Day _____ Year _____

How long have you served (did you serve) on your state medical board?

- I will be a Fellow as defined by the FSMB Bylaws at the time of the election on Saturday, April 30, 2016 and understand that only an individual who is a Fellow at the time of the individual's election shall be eligible for election. The Bylaws of the FSMB defines Fellow as:
An individual member who as a result of appointment holds full time membership on a Member Medical Board shall be a Fellow of the FSMB during the member's period of service on a Member Medical Board, and for a period of 36 months thereafter.

- I am aware of the time commitment for the position I wish to be elected.

- I am disclosing any potential conflict(s) of interest.

SIGNATURE: _____

Potential Conflict(s) of Interest

SAMPLE PERSONAL STATEMENT [500 words or less]

Please provide this document in WORD format

NAME: _____

CANDIDATE FOR: [Chair-elect, Board of Directors or Nominating Committee]

[SAMPLE TEXT – please describe your own experiences using your own words]

I am a candidate for [elected office]. Since beginning my medical career in a small rural town over 20 years ago, I have been involved in professionalism and upholding the higher standards of being a physician. Currently, I am the Chairman of the Department of [specialty] at the School of Medicine in [city].

My experiences with medical licensure began in the 90's when I was appointed to the advisory committee for athletic trainers of the [state medical board]. Subsequently, I was appointed as a member of the [state medical board] in 2009. I was elected Vice President in 2010 and have been serving as President since 2011.

Since being appointed to the [state medical board], I have been serving the [state medical board] in a number of capacities, which have included [committee/workgroups, etc.].

Additionally, I have worked as [other professional experiences and associations].

It is with great anticipation that I am running for [elected office]. I have the energy, enthusiasm and experience to represent the FSMB. My qualifications are broad and strong, which will allow me to function well within a system that is focused on licensure, discipline and protection of the public.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood		2) Date When Request Submitted: 9/2/2015 <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: 9/16/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Consider Attendance at the Citizen Advocacy Center (CAC) 2015 Annual Meeting – Washington D.C. – November 12-13, 2015	
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 should consider attendance and whether or not to delegate members to attend the CAC Annual Meeting. <i>Standard Motion Language:</i> MOTION: [redacted] moved, seconded by [redacted], to designate Board/Staff Member Name(s) to attend the Citizen Advocacy Center 2015 Annual Meeting on November 12-13, 2015 in Washington, D.C. and to authorize travel. Motion carried unanimously			
11) Authorization			
Kimberly Wood		9/2/2015	
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.			

Wood, Kimberly - DSPS

Subject: FW: CAC annual meeting Preliminary Program and Meeting Registration form

From: Steven Papier [<mailto:StevenPapier@cacenter.org>]

Sent: Sunday, August 16, 2015 7:08 AM

To: Ryan, Thomas - DSPS

Subject: CAC annual meeting Preliminary Program and Meeting Registration form

CAC

Dear Mr. Ryan,

We are pleased to tell you that the **Citizen Advocacy Center 2015 Annual Meeting** will take place in Washington, DC on Thursday and Friday, November 12, 2015, and November 13, 2015. The preliminary program for the meeting is available to download from <http://www.cacenter.org/files/AnnualMeeting2015/PreliminaryProgram.pdf>.

Registration is now open, and there are significant discounts for “early-bird” registration. Please see page 8 of the preliminary program for pricing information.

We will send you a link to the final program before Labor Day. The final program will include additional information about faculty members and their sessions.

We look forward to having you with us in November.

Steven Papier
Administrative Officer

Citizen Advocacy Center

1400 16th Street NW

Suite #101

Washington, DC 20036

Telephone (202) 462-1174 • Fax (202) 354-5372

CAC provides training, research, conferences and networking for healthcare institutions’ public members, consumer representatives, and executive directors. These institutions include professional licensing boards, certifying agencies, and other oversight bodies. Created in the mid-1980’s, CAC incorporated in January 1994 as a not-for-profit 501(c)(3) organization.

We try to maintain current contact information for everybody on our mailing list. Please let us know if any of the following information is incomplete or inaccurate, or [click here](#) to be removed from our mailing list.

Name:	Tom H. Ryan, JD, MPA
Role/Title:	Executive Director
Organization/Board:	Wisconsin Medical Examining Board

Citizen Advocacy Center **2015 Annual Meeting**

***Preliminary Program Announcement and
Meeting Registration Form***

Demonstrating Current Competence

**Where Are We?
Where Are We Headed?**

**Thursday, November 12, 2015
and
Friday, November 13, 2015**

Citizen Advocacy Center
1400 Sixteenth Street NW
First Floor Conference Room
Washington, DC 20036

Call to the Meeting

For our 2015 annual meeting we return to a familiar theme: Continuing Competence (aka Continuing Professional Development, Demonstrating Current Competence, Licensure Renewal, Maintenance of Competence, Recertification, and more). We think it is time to assess where we are on this topic and take a look at some promising ideas and trends that will influence how healthcare professions will measure and demonstrate competence in the near future. Speakers from the worlds of licensing and certification will talk about what their organizations are doing to enhance competency requirements associated with license renewal and recertification.

The agenda begins with an exploration of consumer expectations about how the “system” ensures professional competence. We then hear about innovative programs that promise to meet those consumer expectations better than in the past: innovations in continuing education, innovations in testing to measure competence in practice, and innovations in overcoming stakeholder resistance. We conclude with a multi-profession panel that will discuss the application of new methodologies to their respective fields. Check the agenda for details about speakers and the subtopics within these themes.

A special feature of CAC’s annual meeting is the memorial lecture presented by the year’s recipient of the Ben Shimberg Public Service Award. This year’s Shimberg Award winner is Lisa McGiffert who directs Consumers Union’s Safe Patient Project. We will honor Lisa for her advocacy and her success in mobilizing consumers and patients to represent the public interest before licensing boards and in other settings.



David Swankin, Esq.
President and Executive Director
Citizen Advocacy Center

WHO SHOULD ATTEND

Licensing Board Public Members
Health Care Providers
Attorneys
Educators

Licensing Board Professional Members
Certifying Agency Public Members
Consumer Advocates
State Legislators

Licensing Board Staff
Certifying Agency Staff
Public Health Officials
Certifiers and Accreditors

INVITED FACULTY

Grady Barnhill	Director of Examination Programs, National Commission on Certification of Physician Assistants (NCCPA)
Fran Byrd	Director, Strategic Initiatives, National Certification Corporation (NCC)
Larry Fabrey	Senior Vice President, Applied Measurement Professionals (AMP)
Paul Grace	President and Executive Director, National Board for Certification in Occupational Therapy (NBCOT)
Tom Granatir	Senior Vice President for Health Policy and External Relations, American Board of Medical Specialties (ABMS)
James Henderson	Executive Vice President, Castle Worldwide
Ilene Henshaw	Director, Health & Family, State Advocacy and Strategy, AARP
Kim Edward LeBlanc	Executive Director, Clinical Skills Evaluation Collaboration (CSEC)
Becky LeBuhn	Chair, Citizen Advocacy Center
Lisa McGiffert	Director, Safe Patient Project, Consumers Union
Graham McMahon	President and Executive Director, Accreditation Council for Continuing Medical Education (ACCME)
Cyndi Miller Murphy	Executive Director, Oncology Nursing Certification Corp. (ONCC)
Karen Plaus	Executive Director, National Board of Certification and Recertification for Nurse Anesthetists (NBCRA)
David Swankin	President and Executive Director, Citizen Advocacy Center

Representatives from the following professions:

<i>Medicine</i>	<i>Physical Therapy</i>
<i>Nursing</i>	<i>Psychology</i>
<i>Pharmacy</i>	<i>Social Work</i>

Day One – Thursday, November 12, 2015

8:00 A.M. – Registration Desk Opens

8:30 A.M. – 8:50 A.M. – Welcome

PART I – WHAT DO CONSUMERS EXPECT?

- a) **8:50 a.m. – 9:25 a.m. – AARP survey of Virginia senior citizens**
- b) **9:25 a.m. – 10:00 a.m. – Joint survey conducted by CAC and the National Board of Certification and Recertification for Nurse Anesthetists**

10:00 A.M. – 10:30 A.M. – Coffee Break

PART II – INNOVATIVE PROGRAMS TO MEET CONSUMER EXPECTATIONS

- a) **10:30 a.m. – 11:00 a.m. – Innovations in Continuing Education**
Address: Is Continuing Education an Anachronism, or is it Part of the Solution?
- b) **11:00 a.m. – 12:00 p.m. – Innovations in Demonstrating Competence in Practice**
Panel: New Testing Techniques for Measuring Performance – Do State-of-the-Art Psychometrics enable us to test for hands-on competence (skill, judgment, execution, etc.) as well as book learning? What are Other Techniques for Measuring Competence in Practice?

12:00 P.M. – 2:00 P.M. – SHIMBERG LUNCHEON AND SHIMBERG LECTURE

See page 6 for description.

- c) **2:00 p.m. – 3:15 p.m. – Performance Testing**
Panel: What Can We Learn from the Clinical Skills Evaluation Collaboration (CSEC) about Testing of Incoming Residents and its post-licensure assessment systems? Can we overcome the Subjectivity of Self-Assessment and the Practical Challenges of Peer Assessment?

PART III – INNOVATIONS IN OVERCOMING STAKEHOLDER RESISTANCE

- a) **3:15 p.m. – 4:00 p.m. – Making Continuing Competence Fun**
How are OTs responding to the Novel Program created by the National Board for Certification in Occupational Therapy?

4:00 P.M. – Meeting Adjourns For the Day

Day Two – Friday, November 13, 2015

8:00 a.m. – Registration Desk Opens

8:00 a.m. – 8:30 a.m. – Coffee and bagels will be available

PART III (CONTINUED) – INNOVATIONS IN OVERCOMING STAKEHOLDER RESISTANCE

- b) 8:30 a.m. – 9:30 a.m. – Deeming” to Avoid Duplicative Requirements**
Panel: Should licensing boards accept current competence programs of other entities as evidence of compliance with their own programs?
- c) 9:30 a.m. – 10:30 a.m. – Rewarding Good Marks in Self-Evaluation**
Panel: Are incentives, such as reducing CE requirements as a reward for good grades, effective in sweetening self-assessment requirements?

10:30 a.m. – 10:45 a.m. – Coffee Break

PART IV – MORE ABOUT INNOVATIVE PROGRAMS TO MEET CONSUMER EXPECTATIONS

- a) 10:45 a.m. – 11:30 a.m. – Performance Testing (continued):**
New Approaches to Self-Assessment and 3rd Party Assessment, and Innovations in Feedback

PART V – REACTIONS FROM THE HEALTH REGULATORS

- a) 11:30 a.m. – 1:00 p.m. – Licensing Boards Reaction Panel**
Panel: Representatives from Medicine, Pharmacy, Physical Therapy, Psychology, Nursing, and Social Work will Comment on the Ideas Presented at the Meeting

1:00 p.m. – Meeting Adjourns

ABOUT CAC

Since 1987, CAC has been serving the public interest by enhancing the effectiveness and accountability of health professional oversight bodies. We offer training, research and networking opportunities for public members and for the health care regulatory, credentialing, and governing boards on which they serve.

Created as a support program for the thousands of public members serving on health professional boards as representatives of the consumer interest, CAC soon became a resource for the health professional boards themselves.

ABOUT THE SHIMBERG LUNCHEON AND LECTURE

Presentation of the Ben Shimberg Public Service Award and Shimberg Memorial Lecture

Dr. Benjamin Shimberg, widely considered the “father” of accountability in professional and occupational licensing, was the first chair of CAC’s board of directors until his death in September 2003. The board named Ben Chairman Emeritus of CAC and created an annual Ben Shimberg public service award. Each year, the board asks the award recipient to deliver a lecture.

This year’s Shimberg awardee is Lisa McGiffert, who directs consumers union’s safe patient project. We will honor Lisa for her advocacy and her success in mobilizing consumers and patients to represent the public interest before licensing boards and in other settings.

Past recipients of the award were:

- 2014 ProPublica, accepted by Charles Ornstein and Tracy Weber
- 2013 Kathy Apple, former Executive Director, National Council of State Boards of Nursing (NCSBN)
- 2012 Paul Grace, President and Executive Director, National Board for Certification in Occupational Therapy
- 2011 Catherine Dower, former Associate Director for Research, Center for the Health Professions, UCSF
- 2010 Art Levin, Director, Center for Medical Consumers
- 2009 Sidney Wolfe, former Director, Public Citizen’s Health Research Group
- 2008 Polly Johnson, former Executive Director of the North Carolina Board of Nursing
- 2007 Barbara Safriet, former Public Member on the Federation of State Boards of Physical Therapy
- 2006 John Rother, former Policy and Strategy Director for AARP
- 2005 Julie D’Angelo Fellmeth, Administrative Director, Center for Public Interest Law, University of San Diego School of Law, and former Enforcement Monitor for the Medical Board of California
- 2004 Mark Yessian, Former Regional Inspector General for Evaluation and Inspections, Boston Region, Office of the Inspector General, U.S. Department of Health and Human Services

HOTEL INFORMATION

The annual meeting is being held in CAC's headquarters at 1400 Sixteenth Street NW, Washington, DC 20036. There is no specific conference hotel, but here is a list of nearby hotels:

Beacon*

1615 Rhode Island Ave. NW
(202) 296-2100

Hilton Garden Inn*

815 14th St. NW
(202) 783-7800

Holiday Inn Washington Central*

1501 Rhode Island Ave. NW
(202) 483-2000

Hyatt Regency Washington on Capitol Hill

400 New Jersey Ave. NW
(202) 737-1234

Lombardy

2019 Pennsylvania Ave. NW
(202) 828-2600

Marriott Courtyard Embassy Row*

1600 Rhode Island Ave. NW
(202) 293-8000

Marriott at Metro Center

775 12th Street NW
(202) 737-2200

Morrison-Clark Inn

1015 L. St. NW
(202) 898-1200

Jury's Normandy Inn

2118 Wyoming Ave. NW
(800) 311-5192

One Washington Circle

1 Washington Circle
(800) 424-9671

Renaissance Mayflower*

1127 Connecticut Ave. NW
(202) 347-3000

Renaissance Washington

999 Ninth St. NW
(202) 898-9000

Tabard Inn*

1739 N St. NW
(202) 785-1277

Westin City Center*

1400 M. St. NW
(202) 429-1700

*These hotels are within walking distance of the meeting venue.

MEETING REGISTRATION FORM

To register for our 2015 annual meeting, please complete this form and mail, email, or fax it to:

CAC

1400 16th Street NW • Suite 101
 Washington, D.C. 20036
 Voice (202) 462-1174 • FAX: (202) 354-5372
 register@cacenter.org

Name:		
Title:		
Name of Organization or Board:		
Address:		
City:	State:	Zip:
Telephone:		
Email:		

PAYMENT OPTIONS:

- 1) Mail us a check payable to **CAC** for the appropriate amount,
- 2) Provide us with your email address so that we can send you an invoice, or
- 3) Provide the following information to pay by credit card:

Name on credit card:	
Credit card number:	
Expiration date and security code:	
Billing address:	

Signature

Date

	Early Bird Rate (through October 8, 2015)	Standard Rate (beginning October 9, 2015)
Registration fee:	<input type="checkbox"/> \$495.00	<input type="checkbox"/> \$545.00
Registration fee for CAC Member Organizations:	<input type="checkbox"/> \$445.00	<input type="checkbox"/> \$495.00
Webinar / remote participation	<input type="checkbox"/> \$395.00	<input type="checkbox"/> \$445.00
Webinar / remote participation for CAC Member Organizations:	<input type="checkbox"/> \$345.00	<input type="checkbox"/> \$395.00

CANCELLATION POLICY: NO REFUNDS ARE POSSIBLE, BUT YOUR FULL PAYMENT MAY BE APPLIED TOWARDS A FUTURE MEETING.

Our Federal Identification Number is 52-1856543.

MEMBERSHIP INFORMATION

CAC offers memberships to state health professional licensing boards and other organizations and individuals interested in our work. We invite your agency to become a CAC member, and request that you put this invitation on your board agenda at the earliest possible date.

CAC is a not-for-profit, 501(c)(3) tax-exempt service organization dedicated to supporting public members serving on healthcare regulatory and oversight boards. Over the years, it has become apparent that our programs, publications, meetings, and services are of as much value to the boards themselves as they are to the public members. Therefore, the CAC board decided to offer memberships to health regulatory and oversight boards in order to allow the boards to take full advantage of our offerings.

We provide the following services to boards that become members:

- 1) **Free** copies of all CAC publications that are available to download from our website for **all** of your board members and **all** of your staff.
- 2) A **10% discount** for CAC meetings, including our fall annual meeting, for **all** of your board members and **all** of your staff;
- 3) A \$20.00 discount for CAC webinars.
- 4) If requested, a **free** review of your board's website in terms of its consumer-friendliness, with suggestions for improvements;
- 5) **Discounted rates** for CAC's **on-site training** of your board on how to most effectively utilize your public members, and on how to connect with citizen and community groups to obtain their input into your board rule-making and other activities;
- 6) Assistance in **identifying qualified individuals** for service as public members.

The annual membership fees are as follows:

Individual Regulatory Board	\$275.00
"Umbrella" Governmental Agency plus regulatory boards	\$275.00 for the umbrella agency, plus \$225.00 for each participating board
Non-Governmental organization	\$375.00
Association of regulatory agencies or organizations	\$450.00
Consumer Advocates and Other Individuals (NOT associated with any state licensing board, credentialing organization, government organization, or professional organization)	\$100.00

MEMBERSHIP ENROLLMENT FORM

To become a CAC Member Organization for the remainder of 2015 and all of 2016, please complete this form and mail or fax it to:

CAC

1400 16th Street NW • Suite 101
 Washington, D.C. 20036
 Voice (202) 462-1174 • FAX: (202) 354-5372

Name:		
Title:		
Name of Organization or Board:		
Address:		
City:	State:	Zip:
Telephone:		
Email:		

PAYMENT OPTIONS:

- 1) Mail us a check payable to **CAC** for the appropriate amount,
- 2) Provide us with your email address so that we can send you an invoice, or
- 3) Provide the following information to pay by credit card:

Name on credit card:	
Credit card number:	
Expiration date and security code:	
Billing Address:	

Signature

Date

Our Federal Identification Number is 52-1856543.



WE WANT YOU EITHER WAY!

We hope your board or agency decides to become a member of CAC. Membership includes a subscription to our newsletter for all of your board members and all of your staff, as well as many other benefits. But if you decide not to join CAC, we encourage you to subscribe to CAC News & Views by completing this form and mailing or faxing it to us.

NEWSLETTER SUBSCRIPTION FORM

Downloaded from our website: Calendar year 2015 and back-issues for \$240.00.

Name of Agency:	
Name of Contact Person:	
Title:	
Mailing Address:	
City, State, Zip:	
Direct Telephone Number:	
Email Address:	

PAYMENT OPTIONS:

- 1) Mail us a check payable to **CAC** for the appropriate amount,
- 2) Provide us with your email address so that we can send you an invoice, or
- 3) Provide the following information to pay by credit card:

Name on credit card:	
Credit card number:	
Expiration date and security code:	
Billing Address:	

Signature

Date

Our Federal Identification Number is 52-1856543.

Address: 1400 E. Washington Ave.
Room 178
City, State, Zip: Madison, WI 53703
Email address: Tom Ryan <thomas.ryan@wisconsin.gov>
Secondary email:
Phone 1: 608-266-2112
Phone 2: 608-266-3062
Phone 3: