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**VIRTUAL/TELECONFERENCE  
MEDICAL EXAMINING BOARD**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**June 21, 2023**

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

**AGENDA**

**8:00 A.M.**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

**A. Adoption of Agenda (1-5)**

**B. Approval of Minutes of May 17, 2023 (6-9)**

**C. Introductions, Announcements and Recognition**

- 1) Recognition: Michael Parish, Physician Member (Resigns: 7/1/2023)

**D. Reminders: Conflicts of Interest, Scheduling Concerns**

**E. Administrative Matters – Discussion and Consideration**

- 1) Department, Staff and Board Updates
- 2) Board Members – Term Expiration Dates
  - a. Bond, Jr., Milton – 7/1/2023
  - b. Chou, Clarence P. – 7/1/2023
  - c. Ferguson, Kris – 7/1/2025
  - d. Gerlach, Diane M. – 7/1/2024
  - e. Goel, Sumeet K. – 7/1/2023
  - f. Hilton, Stephanie – 7/1/2024
  - g. Lerma, Carmen – 7/1/2024
  - h. Parish, Michael A. – 7/1/2023
  - i. Schmeling, Gregory J. – 7/1/2025
  - j. Siebert, Derrick R. – 7/1/2025
  - k. Wasserman, Sheldon A. – 7/1/2023
  - l. Yerby, Lemuel G. – 7/1/2024
  - m. Yu, Emily S. – 7/1/2024
- 3) **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest**
  - a. Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson

- F. Legislative and Policy Matters – Discussion and Consideration**
  - 1) Graduate Physician Practice Bill Draft LRB-3328/P2 (10-93)
- G. 8:00 A.M. Public Hearing – Emergency Rule 2308 on Med 26, relating to Military Medical Personnel (94-102)**
  - 1) Review Public Hearing Comments
- H. Administrative Rule Matters – Discussion and Consideration (103)**
  - 1) Preliminary Permanent Rule Draft: Med 26, relating to Military Medical Personnel (104-114)
  - 2) Pending or Possible Rulemaking Projects (115)
- I. Prescription Drug Monitoring Program (PDMP) Overviews and Updates (116-118)**
- J. Newsletter Matters – Discussion and Consideration**
- K. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration
- L. Controlled Substances Board Report – Discussion and Consideration
- M. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- N. Screening Panel Report
- O. Future Agenda Items
- P. Discussion and Consideration of Items Added After Preparation of Agenda:
  - 1) Introductions, Announcements and Recognition
  - 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
  - 3) Administrative Matters
  - 4) Election of Officers
  - 5) Appointment of Liaisons and Alternates
  - 6) Delegation of Authorities
  - 7) Education and Examination Matters
  - 8) Credentialing Matters
  - 9) Practice Matters
  - 10) Public Health Emergencies
  - 11) Legislative and Policy Matters
  - 12) Administrative Rule Matters
  - 13) Liaison Reports
  - 14) Board Liaison Training and Appointment of Mentors
  - 15) Informational Items
  - 16) Division of Legal Services and Compliance (DLSC) Matters
  - 17) Presentations of Petitions for Summary Suspension
  - 18) Petitions for Designation of Hearing Examiner
  - 19) Presentation of Stipulations, Final Decisions and Orders
  - 20) Presentation of Proposed Final Decisions and Orders
  - 21) Presentation of Interim Orders
  - 22) Petitions for Re-Hearing
  - 23) Petitions for Assessments
  - 24) Petitions to Vacate Orders

- 25) Requests for Disciplinary Proceeding Presentations
- 26) Motions
- 27) Petitions
- 28) Appearances from Requests Received or Renewed
- 29) Speaking Engagements, Travel, or Public Relation Requests, and Reports

**Q. Public Comments**

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

**R. Deliberation on Review of Administrative Warnings**

- 1) **10:00 A.M. APPEARANCE:** Colleen Meloy, DLSC Attorney; L.W.C., Respondent: WARN000001568 – 20 MED 404 – L.W.C. **(119-163)**

**S. Deliberation on DLSC Matters**

- 1) **Proposed Stipulations, Final Decisions and Orders**
  - a. 20 MED 464 – Jeffery B. Shovers, M.D. **(164-169)**
  - b. 21 MED 349 – Eddie N. Powell II, M.D. **(170-177)**
  - c. 22 MED 136 – Gregory J. Hall, M.D. **(178-184)**
  - d. 22 MED 247 – Thomas C. Gabert, M.D. **(185-190)**
  - e. 22 MED 298 – Malik S. Ali, M.D. **(191-197)**
  - f. 22 MED 310 – Amy J. Muchow, M.D. **(198-204)**
  - g. 22 MED 349 – Brian D. Dieterle, M.D. **(205-210)**
  - h. 22 MED 418 – Victoria J. Mondloch, M.D. **(211-216)**
  - i. 23 MED 165 – Kevin W. McGarvey, M.D. **(217-222)**
- 2) **Administrative Warnings**
  - a. 23 MED 052 – E.A.C. **(223-224)**
  - b. 23 MED 109 – J.L.W. **(225-226)**
- 3) **Case Closings**
  - a. 18 MED 161 – D.D.R. **(227-231)**
  - b. 21 MED 565 – J.B.S. **(232-258)**
  - c. 22 MED 139 – G.D.C. **(259-266)**
  - d. 22 MED 149 – T.B.V. **(267-274)**
  - e. 22 MED 168 – F.Q.Y.F. **(275-284)**
  - f. 22 MED 184 – E.A.S. **(285-308)**
  - g. 22 MED 200 – M.J.C. **(309-326)**
  - h. 22 MED 213 – S.A.K. **(327-333)**
  - i. 22 MED 267 – D.W.S. **(334-338)**
  - j. 22 MED 270 – J.M.B. **(339-346)**
  - k. 22 MED 426 – K.J.W. **(347-351)**
  - l. 22 MED 547 – A.F.D. **(352-376)**
  - m. 23 MED 024 – H.H.T. **(377-391)**
  - n. 23 MED 077 – A.K.K. **(392-395)**
  - o. 23 MED 149 – O.R.W. **(396-400)**

**T. Credentialing Matters**

- 1) **Application Reviews**

- a. James Price – Crime Information Bureau Review, Medicine and Surgery Applicant (401-433)
  - b. Phaedra Tachtatzis – Visiting Physician, Medicine and Surgery Applicant (434-477)
- 2) **Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training**
- a. Holger Baumann, M.D. (478-519)

U. Deliberation of Items Added After Preparation of the Agenda

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

V. Open Cases

W. Consulting with Legal Counsel

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

X. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

Y. Open Session Items Noticed Above Not Completed in the Initial Open Session

Z. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

**ADJOURNMENT**

**ORAL INTERVIEWS OF CANDIDATES FOR LICENSURE**

**VIRTUAL/TELECONFERENCE**

**10:15 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING**

**CLOSED SESSION** – Reviewing Applications and Conducting Oral Interview(s) of **zero (0)** (at time of agenda publication) Candidate(s) for Licensure – **Dr. Goel** and **Dr. Yerby**

**NEXT MEETING: JULY 19, 2023**

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

**HYBRID (IN-PERSON/VIRTUAL)  
MEDICAL EXAMINING BOARD  
MEETING MINUTES  
MAY 17, 2023**

**PRESENT:** Milton Bond, Jr. (*arrived at 8:14 a.m.*); Clarence Chou, M.D.; Kris Ferguson, M.D.; Diane Gerlach (*via Zoom*) (*excused at 11:40 a.m.*), D.O.; Sumeet Goel, D.O.; Stephanie Hilton; Carmen Lerma (*via Zoom*); Michael Parish, M.D. (*via Zoom*); Gregory Schmeling, M.D.; Derrick Siebert, M.D. (*via Zoom*) (*arrived at 8:04 a.m.*); Sheldon Wasserman, M.D.; Lemuel Yerby, M.D.; Emily Yu, M.D.

**STAFF:** Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Dialah Azam, Bureau Assistant; and other Department staff

**CALL TO ORDER**

Sheldon Wasserman, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with eleven (11) members present.

**ADOPTION OF AGENDA**

**Amendment to the Agenda**

- Agenda item T.1.a **CHANGE** 22 MED 16 to 22 MED 176

**MOTION:** Sumeet Goel moved, seconded by Lemuel Yerby, to adopt the Agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES OF APRIL 19, 2023**

**MOTION:** Clarence Chou moved, seconded by Gregory Schmeling, to approve the Minutes of April 19, 2023 as published. Motion carried unanimously.

(Derrick Siebert arrived at 8:04 a.m.)

(Milton Bond Jr. arrived at 8:14 a.m.)

**SECRETARY DAN HERETH – APPEARANCE**

**MOTION:** Stephanie Hilton moved, seconded by Kris Ferguson, to acknowledge and thank Secretary Dan Hereth for his appearance before the Medical Examining Board. Motion carried unanimously.

**CLOSED SESSION**

**MOTION:** Clarence Chou moved, seconded by Gregory Schmeling, 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.). Sheldon Wasserman, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Kris Ferguson-yes; Diane Gerlach-yes; Sumeet Goel-yes; Stephanie Hilton-yes; Carmen Lerma-yes; Michael Parish-yes; Gregory Schmeling-yes; Sheldon Wasserman-yes; Lemuel Yerby-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:59 a.m.

**PRESENTATION AND DELIBERATION OF PETITIONS FOR SUMMARY  
SUSPENSION AND DESIGNATION OF HEARING OFFICIAL**

**9:30 A.M. APPEARANCE – Carley Peich Kiesling, DLSC Attorney; Mary Ratzel,  
Attorney for Respondent; and V.J.M., Respondent: 22 MED 418 – Victoria J. Mondloch**

**MOTION:** Sumeet Goel moved, seconded by Milton Bond Jr., to acknowledge that oral arguments in the Summary Suspension proceedings for DLSC Case Number 22 MED 418 were presented to the Board by Carley Peich Kiesling, DLSC Attorney, and Mary Ratzel, Respondent’s Attorney, V.J.M., Respondent. Motion carried unanimously.

**MOTION:** Lemuel Yerby moved, seconded by Gregory Schmeling, to find that notice was given to V.J.M., DLSC Case Number 22 MED 418, of the Summary Suspension proceedings pursuant to Wis. Admin. Code SPS § 6.05. Motion carried unanimously.

**MOTION:** Lemuel Yerby moved, seconded by Kris Ferguson, to confirm a finding of probable cause to believe that V.J.M., Respondent, has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension of the Respondent’s license and to issue the Order for Summary Suspension in the matter of disciplinary proceedings against Respondent, DLSC Case Number 22 MED 418, pursuant to Wis. Admin. Code § SPS 6.06. Motion carried unanimously.

**MOTION:** Gregory Schmeling moved, seconded by Emily Yu, to designate a Hearing Official for any hearing to show cause in the matter of the Summary Suspension of V.J.M., Respondent, DLSC Case Number 22 MED 418, pursuant to Wis. Admin. Code §§ SPS 6.09 and 6.11. Motion carried unanimously.

**MOTION:** Sumeet Goel moved, seconded by Lemuel Yerby, to authorize the Board Vice Chair as having the authority to act on behalf of the Board to review, approve, and sign the Summary Suspension Order and Order Designating Hearing Official in the matter of the Summary Suspension of V.J.M., Respondent, DLSC Case Number 22 MED 418. Motion carried unanimously.

*(Sheldon Wasserman recused themselves and left the room for deliberation and voting in the matter concerning V.J.M., DLSC Case Number 22 MED 418.)*

## DELIBERATION ON REVIEW OF ADMINISTRATIVE WARNINGS

**9:45 A.M. APPEARANCE: Julie Zimmer, DLSC Attorney; John J. Richardson, Attorney for Respondent; K.L.G., Respondent: WARN000001464 – 21 MED 367 – K.L.G.**

**MOTION:** Sumeet Goel moved, seconded by Emily Yu, to affirm the issuance of the administrative warning in the matter of K.L.G., DLSC Case Number 21 MED 367. Motion carried.

(Diane Gerlach excused at 11:40 a.m.)

## DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

### **Proposed Stipulations, Final Decisions and Orders**

#### ***22 MED 176 – Dale E. Bauwens, M.D.***

**MOTION:** Lemuel Yerby moved, seconded by Sumeet Goel, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Dale E. Bauwens, M.D., DLSC Case Number 22 MED 176. Motion carried unanimously.

### **Case Closings**

**MOTION:** Gregory Schmeling moved, seconded by Kris Ferguson, to close the following DLSC Cases for the reasons outlined below:

1. 21 MED 216 – F.A.A. – Insufficient Evidence
2. 22 MED 371 – L.A. – No Violation
3. 22 MED 382 – K.K. – No Violation
4. 22 MED 427 – J.K.C. – Insufficient Evidence
5. 22 MED 506 – R.N.T. – No Violation
6. 22 MED 546 – K.J.K. – Insufficient Evidence
7. 23 MED 046 – J.S.A. & J.T.V. – No Violation

Motion carried unanimously.

### **Administrative Warnings**

#### **20 MED 168 – S.N.H.**

**MOTION:** Lemuel Yerby moved, seconded by Milton Bond Jr., to issue an Administrative Warning in the matter of S.N.H., DLSC Case Number 20 MED 168. Motion carried unanimously.

#### **23 MED 094– K.C.C.**

**MOTION:** Sumeet Goel moved, seconded by Gregory Schmeling, to issue an Administrative Warning in the matter of K.C.C., DLSC Case Number 23 MED 094. Motion carried unanimously.



## Complaints

### **22 MED 405– S.C.V.**

**MOTION:** Gregory Schmeling moved, seconded by Clarence Chou, to find probable cause in DLSC Case Number 22 MED 405, to believe that S.C.V. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

*(Derrick Siebert recused themselves and left the room for deliberation and voting in the matter concerning S.C.V., DLSC Case Number 21 MED 405.)*

### **22 MED 418 – V.J.M.**

**MOTION:** Gregory Schmeling moved, seconded by Lemuel Yerby, to find probable cause in DLSC Case Number 22 MED 418, to believe that V.J.M. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

*(Sheldon Wasserman recused themselves and left the room for deliberation and voting in the matter concerning V.J.M., DLSC Case Number 22 MED 418.)*

### **RECONVENE TO OPEN SESSION**

**MOTION:** Milton Bond Jr. moved, seconded by Lemuel Yerby, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 1:07 p.m.

### **VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Milton Bond Jr. moved, seconded by Emily Yu, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

*(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)*

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

**MOTION:** Kris Ferguson moved, seconded by Carmen Lerma, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

### **ADJOURNMENT**

**MOTION:** Gregory Schmeling moved, seconded by Kris Ferguson, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:09 p.m.

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Samuel Lanzer, Office of Representative Rob Summerfield, 67 <sup>th</sup> Assembly District		<b>2) Date when request submitted:</b> 6/7/2023 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 6/21/2023	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Graduate Physician Practice Bill Draft – LRB-3328/P2 – Board Discussion	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if applicable:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b> <b>Email from Samuel Lanzer:</b>  Mr. Ryan,  My name is Sam Lanzer, and I work for Rep. Rob Summerfield.  Our office has been working on legislation that concerns the Medical Examining Board, and we wanted to reach out to share some information about that legislation and receive feedback from the MEB.  This bill would seek to address the healthcare provider shortage and growing gap between medical graduates and residency availability.  Each year, thousands of medical school graduates—who are doctors—fail to match into a residency. Without postgraduate residency, these graduates cannot practice as a physician. Nor are they eligible for other licenses, such as a physician assistant or nurse, since those licenses require a different kind of education and training. Essentially, the United States educates thousands of doctors whose talents go unused. <a href="#">Here</a> is the most recent data from the National Resident Matching Program.  At the same time, Wisconsin faces a physician shortage. The Wisconsin Council on Medical Education and Workforce projects there will be a shortage of 3,000 physicians in 2035 in Wisconsin. Much of that shortage is for primary care physicians (1,088). See <a href="#">here</a> .  Our bill addresses this problem by providing a limited license to medical graduates (“graduate physicians”) so that they can practice under the overall management and direction of a licensed physician or with a collaborative agreement with a physician. Graduate physicians would have a scope of practice subject to the management or collaborative agreement with a physician, to their education and training, and rules promulgated by the Graduate Physician Affiliated Credentialing Board.  This bill also creates the Graduate Physician Affiliated Credentialing Board, which will oversee this license. The board would be attached to the Medical Examining Board.  Qualifications for a graduate physician license would include: <ul style="list-style-type: none"> <li>• Possess a degree of doctor of medicine or doctor of osteopathy</li> <li>• Passage of step 2 of the US Medical Licensing Examination                         <ul style="list-style-type: none"> <li>○ Passage or graduation must have happened in last three years, whichever is later</li> </ul> </li> <li>• Applicant is 18 or older</li> <li>• Applicant has not completed or enrolled in a postgraduate residency program</li> <li>• Applicant does not have an arrest or conviction record, subject to standard existing statutory provisions</li> </ul> A number of states have enacted similar laws to this bill, including Missouri, Arizona, Florida, Utah, Arkansas, Louisiana, and Washington. And more states are working on passing legislation that will do the same thing.			

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

We would be happy to hear feedback from the MEB regarding this proposal.

Attached is the draft of the legislation. It is very long and contains many sections that amend many different statutes. Accordingly, I have also attached a document that has an outline of the draft so that it is easier to navigate.

Please let me know if you have any questions.

Sincerely,  
Sam

Samuel Lanzer  
Office of Rep. Rob Summerfield  
67<sup>th</sup> Assembly District

<b>11)</b>	<b>Authorization</b>	
<b>Samuel Lanzer</b>		<b>6/7/2023</b>
<b>Signature of person making this request</b>		<b>Date</b>
<b>Supervisor (Only required for post agenda deadline items)</b>		<b>Date</b>
<b>Executive Director signature (Indicates approval for post agenda deadline items)</b>		<b>Date</b>

- Directions for including supporting documents:**
1. This form should be saved with any other documents submitted to the [Agenda Items](#) folders.
  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  
2023 - 2024 LEGISLATURE

LRB-3328/P2  
JPC:cjs&wlj

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1        **AN ACT** *to renumber* subchapter X (title) of chapter 448 [precedes 448.980],  
2            subchapter XI (title) of chapter 448 [precedes 448.985] and subchapter XII  
3            (title) of chapter 448 [precedes 448.987]; *to amend* 15.085 (1m) (b), 23.33 (4p)  
4            (b) 4., 23.335 (12) (g) 8., 29.193 (1m) (a) 2. (intro.), 29.193 (2) (b) 2., 29.193 (2)  
5            (c) 3., 29.193 (2) (cd) 2. b., 29.193 (2) (cd) 2. c., 29.193 (2) (e), 29.193 (3) (a), 30.684  
6            (2) (d), 36.61 (1) (b), 45.40 (1g) (a), 46.03 (44), 48.981 (2m) (b) 1., 50.08 (2), 50.09  
7            (1) (a) (intro.), 50.09 (1) (f) 1., 50.09 (1) (h), 50.09 (1) (k), 50.39 (3), 50.49 (1) (b)  
8            (intro.), 51.442 (1), 51.448 (1), 55.14 (8) (b), 60.23 (9), 69.01 (6g), 69.18 (1) (ck),  
9            70.47 (8) (intro.), 97.59, 102.13 (1) (a), 102.13 (1) (b) (intro.), 102.13 (1) (b) 1.,  
10           102.13 (1) (b) 3., 102.13 (1) (b) 4., 102.13 (1) (d) 1., 102.13 (1) (d) 2., 102.13 (1)  
11           (d) 3., 102.13 (1) (d) 4., 102.13 (2) (a), 102.13 (2) (b), 102.17 (1) (d) 1., 102.17 (1)  
12           (d) 2., 102.29 (3), 102.42 (2) (a), 118.15 (3) (a), 118.25 (1) (a), 118.29 (1) (e),  
13           118.2925 (3), 118.2925 (4) (c), 118.2925 (5), 146.615 (1) (a), 146.82 (3) (a), 146.89  
14           (1) (r) 1., 146.997 (1) (d) 4., 154.03 (2) (form), 155.01 (7), 155.30 (3) (form),  
15           165.765 (2) (a) 1., 251.03 (1), 252.07 (8) (a) 2., 252.07 (9) (c), 252.11 (2), 252.11

1 (4), 252.11 (5), 252.11 (7), 252.11 (10), 252.15 (1) (am), 252.15 (3m) (d) 11. b.,  
2 252.15 (3m) (d) 13., 252.15 (3m) (e), 252.15 (3m) (f) 3., 252.15 (5g) (c), 252.15 (5g)  
3 (g) 2., 252.15 (5m) (d) 2., 252.15 (5m) (e) 2., 252.15 (5m) (e) 3., 252.15 (7m)  
4 (intro.), 252.15 (7m) (b), 252.16 (3) (c) (intro.), 252.17 (3) (c) (intro.), 253.10 (2)  
5 (f), 255.07 (1) (d), 256.15 (4) (a) 1., 256.15 (4) (b), 256.30 (3) (c), 257.01 (5) (a),  
6 257.01 (5) (b), 341.14 (1a), 341.14 (1e) (a), 341.14 (1m), 341.14 (1q), 343.16 (5)  
7 (a), 343.305 (5) (b), 343.51 (1), 343.62 (4) (a) 4., 350.104 (2) (d), 440.035 (2m) (b),  
8 440.035 (2m) (c) 1. (intro.), 440.094 (2) (a) (intro.), 448.03 (2) (b), 448.56 (1),  
9 448.56 (1m) (b), 448.67 (2), 448.956 (1m), 448.975 (2) (c) 5., 448.975 (5) (a) 1.  
10 (intro.), 450.10 (3) (a) 5., 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (c) 2., 450.11  
11 (7) (b), 451.02 (1), 454.02 (2) (a), 454.21 (1), 462.04, 895.48 (1m) (a) (intro.),  
12 895.48 (1m) (a) 2., 895.535 (1), 905.04 (1) (b), 905.04 (1) (c), 905.04 (2), 905.04  
13 (3), 905.04 (4) (a), 905.04 (4) (e) 3., 961.01 (19) (a), 968.255 (3), 971.14 (4) (a) and  
14 990.01 (28); and **to create** 15.406 (9), 16.417 (1) (e) 3e., 36.61 (1) (ar), 48.981 (2)  
15 (a) 1e., 49.45 (9r) (a) 7. am., 49.46 (2) (bw), 97.67 (5m) (a) 1m., 118.2925 (1) (dm),  
16 146.81 (1) (dm), 154.01 (3) (am), 155.01 (1g) (d), 252.14 (1) (ar) 4b., 440.03 (13)  
17 (b) 30s., 440.08 (2) (a) 37s., 440.094 (1) (c) 9m., 448.62 (8), 448.695 (4) (c) and  
18 (d), subchapter X of chapter 448 [precedes 448.97960], 450.01 (16) (h) 4., 450.01  
19 (16) (hm) 4., 450.01 (16) (hr) 4., 450.11 (1i) (b) 2. cr., 450.11 (8) (g), 450.13 (5) (d),  
20 450.135 (7) (d), 462.02 (2) (em), 905.04 (1) (bg) and 990.01 (9m) of the statutes;  
21 **relating to:** the regulation and licensure of graduate physicians, creating a  
22 graduate physician affiliated credentialing board, extending the time limit for

1 emergency rule procedures, providing an exemption from emergency rule  
2 procedures, granting rule-making authority, and providing a penalty.

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***Analysis by the Legislative Reference Bureau***

This bill provides for the regulation and licensing of graduate physicians and creates the Graduate Physician Affiliated Credentialing Board (board), attached to the Medical Examining Board, that is responsible for the regulation and licensure of graduate physicians.

Under the bill, the practice of a licensed graduate physician is defined similarly to the practice of medicine and surgery, but a graduate physician must limit his or her practice to the scope of his or her experience, education, and training. In order to practice as a graduate physician, a graduate physician must provide evidence to the board upon request that either 1) there is a physician who is primarily responsible for the overall direction and management of the graduate physician's professional activities and for assuring that the services provided by the graduate physician are medically appropriate or 2) the graduate physician has entered into a collaborative agreement with a physician that describes the graduate physician's scope of practice and includes other information as required by the board. Additionally, a graduate physician may practice under the supervision and direction of a podiatrist. For a graduate physician who practices under a podiatrist, the graduate physician must limit the services he or she provides to nonsurgical patient services. Further, the bill prohibits graduate physicians from practicing as a graduate physician unless he or she has in effect malpractice liability insurance coverage in amounts specified for health care providers under current law.

The board must grant a license as a graduate physician to a person who satisfies certain criteria including that the person possesses the degree of doctor of medicine or doctor of osteopathy and has completed Step 2 of the United States Medical Licensing Examination, or the equivalent of such step of any other medical licensing examination approved by the board, within the three-year period immediately preceding application for licensure or within three years after graduation from a medical college or osteopathic medical college, whichever is later, but has not completed and is not currently enrolled in an approved postgraduate residency program. Subject to certain exceptions, no one may designate himself or herself as a graduate physician or use or assume the title graduate physician unless he or she is licensed as a graduate physician by the board. Under the bill, the board must establish continuing education requirements for graduate physicians by rule.

The bill allows graduate physicians to issue prescription orders consistent with his or her experience, education, and training and in accordance with rules promulgated by the board. Graduate physicians are subject to certain other limitations in their practice, including that a graduate physician may provide only routine screening and emergency care within the practices of podiatry, unless the graduate physician practices under a podiatrist; dentistry; optometry; chiropractic; and acupuncture. A graduate physician is obligated under the bill to consult with

and refer a patient to another licensed health care provider when the patient's care needs exceed the graduate physician's experience, education, or training. A graduate physician must ensure that he or she has awareness of options for the management of situations that are beyond the graduate physician's expertise.

The bill requires the Department of Health Services to request from the federal Department of Health and Human Services any state plan amendment or waiver of federal law necessary to reimburse licensed graduate physicians under the Medical Assistance program. The Medical Assistance program is a joint federal and state program that provides health services to individuals who have limited financial resources. Also, the bill applies certain other laws, such as the law providing for confidentiality of health care records and the health care workers whistleblowers protection law, to licensed graduate physicians.

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

Because this bill creates a new crime or revises a penalty for an existing crime, the Joint Review Committee on Criminal Penalties may be requested to prepare a report.

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

1           **SECTION 1.** 15.085 (1m) (b) of the statutes is amended to read:

2           15.085 **(1m)** (b) The public members of the podiatry affiliated credentialing  
3 board, the occupational therapists affiliated credentialing board, the physician  
4 assistant affiliated credentialing board, the graduate physician affiliated  
5 credentialing board, and the genetic counselors affiliated credentialing board shall  
6 not be engaged in any profession or occupation concerned with the delivery of  
7 physical or mental health care.

8           **SECTION 2.** 15.406 (9) of the statutes is created to read:

9           15.406 **(9)** GRADUATE PHYSICIAN AFFILIATED CREDENTIALING BOARD. There is  
10 created in the department of safety and professional services, attached to the medical  
11 examining board, a graduate physician affiliated credentialing board consisting of  
12 the following members appointed for staggered 4-year terms:

13           (a) Eight graduate physicians licensed under subch. X of ch. 448.

1 (b) One public member.

2 **SECTION 3.** 16.417 (1) (e) 3e. of the statutes is created to read:

3 16.417 (1) (e) 3e. A graduate physician who is licensed under s. 448.97965.

4 **SECTION 4.** 23.33 (4p) (b) 4. of the statutes is amended to read:

5 23.33 (4p) (b) 4. 'Validity; procedure.' A chemical test of blood or urine  
6 conducted for the purpose of authorized analysis is valid as provided under s. 343.305  
7 (6). The duties and responsibilities of the laboratory of hygiene, department of  
8 health services and department of transportation under s. 343.305 (6) apply to a  
9 chemical test of blood or urine conducted for the purpose of authorized analysis  
10 under this subsection. Blood may be withdrawn from a person arrested for a  
11 violation of the intoxicated operation of an all-terrain vehicle or utility terrain  
12 vehicle law only by a physician, registered nurse, medical technologist, physician  
13 assistant, graduate physician, phlebotomist, or other medical professional who is  
14 authorized to draw blood, or person acting under the direction of a physician and the  
15 person who withdraws the blood, the employer of that person and any hospital where  
16 blood is withdrawn have immunity from civil or criminal liability as provided under  
17 s. 895.53.

18 **SECTION 5.** 23.335 (12) (g) 8. of the statutes is amended to read:

19 23.335 (12) (g) 8. A chemical test of blood or urine conducted for the purpose  
20 of authorized analysis is valid as provided under s. 343.305 (6). The duties and  
21 responsibilities of the laboratory of hygiene, department of health services, and  
22 department of transportation under s. 343.305 (6) apply to a chemical test of blood  
23 or urine conducted for the purpose of authorized analysis under this paragraph and  
24 par. (f). Blood may be withdrawn from a person arrested for a violation of the  
25 intoxicated operation of an off-highway motorcycle law only by a physician,



1 registered nurse, medical technologist, physician assistant, graduate physician,  
2 phlebotomist, or other medical professional who is authorized to draw blood, or  
3 person acting under the direction of a physician, and the person who withdraws the  
4 blood, the employer of that person, and any hospital where blood is withdrawn have  
5 immunity from civil or criminal liability as provided under s. 895.53.

6 **SECTION 6.** 29.193 (1m) (a) 2. (intro.) of the statutes is amended to read:

7 29.193 **(1m)** (a) 2. (intro.) Has a permanent substantial loss of function in one  
8 or both arms or one or both hands and fails to meet the minimum standards of any  
9 one of the following standard tests, administered under the direction of a licensed  
10 physician, a licensed physician assistant, a licensed graduate physician, a licensed  
11 chiropractor, or a certified advanced practice nurse prescriber:

12 **SECTION 7.** 29.193 (2) (b) 2. of the statutes is amended to read:

13 29.193 **(2)** (b) 2. An applicant shall submit an application on a form prepared  
14 and furnished by the department, which shall include a written statement or report  
15 prepared and signed by a licensed physician, a licensed physician assistant, a  
16 licensed graduate physician, a licensed chiropractor, a licensed podiatrist, or a  
17 certified advanced practice nurse prescriber prepared no more than 6 months  
18 preceding the application and verifying that the applicant is physically disabled.

19 **SECTION 8.** 29.193 (2) (c) 3. of the statutes is amended to read:

20 29.193 **(2)** (c) 3. The department may issue a Class B permit to an applicant  
21 who is ineligible for a permit under subd. 1., 2. or 2m. or who is denied a permit under  
22 subd. 1., 2. or 2m. if, upon review and after considering the physical condition of the  
23 applicant and the recommendation of a licensed physician, a licensed physician  
24 assistant, a licensed graduate physician, a licensed chiropractor, a licensed  
25 podiatrist, or a certified advanced practice nurse prescriber selected by the applicant

1 from a list of licensed physicians, licensed physician assistants, licensed graduate  
2 physicians, licensed chiropractors, licensed podiatrists, and certified advanced  
3 practice nurse prescribers compiled by the department, the department finds that  
4 issuance of a permit complies with the intent of this subsection. The use of this  
5 review procedure is discretionary with the department and all costs of the review  
6 procedure shall be paid by the applicant.

7 **SECTION 9.** 29.193 (2) (cd) 2. b. of the statutes is amended to read:

8 29.193 (2) (cd) 2. b. The person has a permanent substantial loss of function  
9 in one or both arms and fails to meet the minimum standards of the standard upper  
10 extremity pinch test, the standard grip test, or the standard nine-hole peg test,  
11 administered under the direction of a licensed physician, a licensed physician  
12 assistant, a licensed graduate physician, a licensed chiropractor, or a certified  
13 advanced practice nurse prescriber.

14 **SECTION 10.** 29.193 (2) (cd) 2. c. of the statutes is amended to read:

15 29.193 (2) (cd) 2. c. The person has a permanent substantial loss of function in  
16 one or both shoulders and fails to meet the minimum standards of the standard  
17 shoulder strength test, administered under the direction of a licensed physician, a  
18 licensed physician assistant, a licensed graduate physician, a licensed chiropractor,  
19 or a certified advanced practice nurse prescriber.

20 **SECTION 11.** 29.193 (2) (e) of the statutes is amended to read:

21 29.193 (2) (e) *Review of decisions.* An applicant denied a permit under this  
22 subsection, except a permit under par. (c) 3., may obtain a review of that decision by  
23 a licensed physician, a licensed physician assistant, a licensed graduate physician,  
24 a licensed chiropractor, a licensed podiatrist, or a certified advanced practice nurse  
25 prescriber designated by the department and with an office located in the

1 department district in which the applicant resides. The department shall pay for the  
2 cost of a review under this paragraph unless the denied application on its face fails  
3 to meet the standards set forth in par. (c) 1. or 2. A review under this paragraph is  
4 the only method of review of a decision to deny a permit under this subsection and  
5 is not subject to further review under ch. 227.

6 **SECTION 12.** 29.193 (3) (a) of the statutes is amended to read:

7 29.193 (3) (a) Produces a certificate from a licensed physician, a licensed  
8 physician assistant, a licensed graduate physician, a licensed optometrist, or a  
9 certified advanced practice nurse prescriber stating that his or her sight is impaired  
10 to the degree that he or she cannot read ordinary newspaper print with or without  
11 corrective glasses.

12 **SECTION 13.** 30.684 (2) (d) of the statutes is amended to read:

13 30.684 (2) (d) *Validity; procedure.* A chemical test of blood or urine conducted  
14 for the purpose of authorized analysis is valid as provided under s. 343.305 (6). The  
15 duties and responsibilities of the laboratory of hygiene, department of health  
16 services and department of transportation under s. 343.305 (6) apply to a chemical  
17 test of blood or urine conducted for the purpose of authorized analysis under this  
18 section. Blood may be withdrawn from a person arrested for a violation of the  
19 intoxicated boating law only by a physician, registered nurse, medical technologist,  
20 physician assistant, graduate physician, phlebotomist, or other medical professional  
21 who is authorized to draw blood, or person acting under the direction of a physician  
22 and the person who withdraws the blood, the employer of that person and any  
23 hospital where blood is withdrawn have immunity from civil or criminal liability as  
24 provided under s. 895.53.

25 **SECTION 14.** 36.61 (1) (ar) of the statutes is created to read:

1           36.61 (1) (ar) “Graduate physician” means an individual licensed under s.  
2           448.97965.

3           **SECTION 15.** 36.61 (1) (b) of the statutes is amended to read:

4           36.61 (1) (b) “Health care provider” means a dental hygienist, physician  
5           assistant, graduate physician, nurse-midwife, or nurse practitioner.

6           **SECTION 16.** 45.40 (1g) (a) of the statutes is amended to read:

7           45.40 (1g) (a) “Health care provider” means an advanced practice nurse  
8           prescriber certified under s. 441.16 (2), an audiologist licensed under ch. 459, a  
9           dentist licensed under ch. 447, an optometrist licensed under ch. 449, a physician  
10          licensed under s. 448.02, a graduate physician licensed under s. 448.97965, or a  
11          podiatrist licensed under s. 448.63.

12          **SECTION 17.** 46.03 (44) of the statutes is amended to read:

13          46.03 (44) SEXUALLY TRANSMITTED DISEASE TREATMENT INFORMATION. Prepare and  
14          keep current an information sheet to be distributed to a patient by a physician,  
15          physician assistant, graduate physician, or certified advanced practice nurse  
16          prescriber providing expedited partner therapy to that patient under s. 448.035 ~~or~~,  
17          448.9725, or 448.97962. The information sheet shall include information about  
18          sexually transmitted diseases and their treatment and about the risk of drug  
19          allergies. The information sheet shall also include a statement advising a person  
20          with questions about the information to contact his or her physician, pharmacist, or  
21          local health department, as defined in s. 250.01 (4).

22          **SECTION 18.** 48.981 (2) (a) 1e. of the statutes is created to read:

23          48.981 (2) (a) 1e. A graduate physician.

24          **SECTION 19.** 48.981 (2m) (b) 1. of the statutes is amended to read:

1           48.981 **(2m)** (b) 1. “Health care provider” means a physician, as defined under  
2 s. 448.01 (5), a naturopathic doctor, as defined under s. 466.01 (5), a physician  
3 assistant, as defined under s. 448.971 (2), a graduate physician, as defined under s.  
4 448.97960 (2), or a nurse holding a license under s. 441.06 (1) or a license under s.  
5 441.10.

6           **SECTION 20.** 49.45 (9r) (a) 7. am. of the statutes is created to read:

7           49.45 **(9r)** (a) 7. am. A graduate physician licensed under subch. X of ch. 448.

8           **SECTION 21.** 49.46 (2) (bw) of the statutes is created to read:

9           49.46 **(2)** (bw) The department shall provide reimbursement for services that  
10 are reimbursable under this section and that are provided by a graduate physician  
11 licensed under subch. X of ch. 448 within the scope of his or her license. If the  
12 department determines that it is unable to implement this paragraph without a state  
13 plan amendment or waiver of federal law, the department shall submit to the federal  
14 department of health and human services any necessary state plan amendment or  
15 waiver of federal law necessary to implement this paragraph. If the federal  
16 government disapproves the amendment or waiver request, the department is not  
17 required to implement this paragraph.

18           **SECTION 22.** 50.08 (2) of the statutes is amended to read:

19           50.08 **(2)** A physician, an advanced practice nurse prescriber certified under  
20 s. 441.16 (2), ~~or~~ a physician assistant, or a graduate physician who prescribes a  
21 psychotropic medication to a nursing home resident who has degenerative brain  
22 disorder shall notify the nursing home if the prescribed medication has a boxed  
23 warning under 21 CFR 201.57.

24           **SECTION 23.** 50.09 (1) (a) (intro.) of the statutes is amended to read:

1           50.09 (1) (a) (intro.) Private and unrestricted communications with the  
2 resident's family, physician, physician assistant, graduate physician, advanced  
3 practice nurse prescriber, attorney, and any other person, unless medically  
4 contraindicated as documented by the resident's physician, physician assistant,  
5 graduate physician, or advanced practice nurse prescriber in the resident's medical  
6 record, except that communications with public officials or with the resident's  
7 attorney shall not be restricted in any event. The right to private and unrestricted  
8 communications shall include, but is not limited to, the right to:

9           **SECTION 24.** 50.09 (1) (f) 1. of the statutes is amended to read:

10           50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses  
11 or both domestic partners under ch. 770 are residents of the same facility, the spouses  
12 or domestic partners shall be permitted to share a room unless medically  
13 contraindicated as documented by the resident's physician, physician assistant,  
14 graduate physician, or advanced practice nurse prescriber in the resident's medical  
15 record.

16           **SECTION 25.** 50.09 (1) (h) of the statutes is amended to read:

17           50.09 (1) (h) Meet with, and participate in activities of social, religious, and  
18 community groups at the resident's discretion, unless medically contraindicated as  
19 documented by the resident's physician, physician assistant, graduate physician, or  
20 advanced practice nurse prescriber in the resident's medical record.

21           **SECTION 26.** 50.09 (1) (k) of the statutes is amended to read:

22           50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical  
23 and physical restraints except as authorized in writing by a physician, physician  
24 assistant, graduate physician, or advanced practice nurse prescriber for a specified  
25 and limited period of time and documented in the resident's medical record. Physical

1 restraints may be used in an emergency when necessary to protect the resident from  
2 injury to himself or herself or others or to property. However, authorization for  
3 continuing use of the physical restraints shall be secured from a physician, physician  
4 assistant, graduate physician, or advanced practice nurse prescriber within 12  
5 hours. Any use of physical restraints shall be noted in the resident's medical records.  
6 "Physical restraints" includes, but is not limited to, any article, device, or garment  
7 that interferes with the free movement of the resident and that the resident is unable  
8 to remove easily, and confinement in a locked room.

9 **SECTION 27.** 50.39 (3) of the statutes is amended to read:

10 50.39 (3) Facilities governed by ss. 45.50, 48.62, 49.70, 49.72, 50.02, 51.09, and  
11 252.10, juvenile correctional facilities as defined in s. 938.02 (10p), correctional  
12 institutions governed by the department of corrections under s. 301.02, and the  
13 offices and clinics of persons licensed to treat the sick under chs. 446, 447, and 448  
14 are exempt from ss. 50.32 to 50.39. Sections 50.32 to 50.39 do not abridge the rights  
15 of the medical examining board, physician assistant affiliated credentialing board,  
16 graduate physician affiliated credentialing board, physical therapy examining  
17 board, podiatry affiliated credentialing board, dentistry examining board, pharmacy  
18 examining board, chiropractic examining board, and board of nursing in carrying out  
19 their statutory duties and responsibilities.

20 **SECTION 28.** 50.49 (1) (b) (intro.) of the statutes is amended to read:

21 50.49 (1) (b) (intro.) "Home health services" means the following items and  
22 services that are furnished to an individual, who is under the care of a physician,  
23 physician assistant, graduate physician, or advanced practice nurse prescriber, by  
24 a home health agency, or by others under arrangements made by the home health  
25 agency, that are under a plan for furnishing those items and services to the

1 individual that is established and periodically reviewed by a physician, physician  
2 assistant, graduate physician, or advanced practice nurse prescriber and that are,  
3 except as provided in subd. 6., provided on a visiting basis in a place of residence used  
4 as the individual's home:

5 **SECTION 29.** 51.442 (1) of the statutes is amended to read:

6 51.442 (1) In this section, "participating clinicians" include pediatricians,  
7 family physicians, nurse practitioners, and physician assistants, and graduate  
8 physicians.

9 **SECTION 30.** 51.448 (1) of the statutes is amended to read:

10 51.448 (1) In this section, "participating clinicians" includes physicians, nurse  
11 practitioners, and physician assistants, and graduate physicians.

12 **SECTION 31.** 55.14 (8) (b) of the statutes is amended to read:

13 55.14 (8) (b) Order the individual to comply with the treatment plan under par.  
14 (a). The order shall provide that if the individual fails to comply with provisions of  
15 the treatment plan that require the individual to take psychotropic medications, the  
16 medications may be administered involuntarily with consent of the guardian. The  
17 order shall specify the methods of involuntary administration of psychotropic  
18 medication to which the guardian may consent. An order authorizing the forcible  
19 restraint of an individual shall specify that a person licensed under s. 441.06, 441.10,  
20 448.05 (2), ~~or 448.974~~, or 448.97965 shall be present at all times that psychotropic  
21 medication is administered in this manner and shall require the person or facility  
22 using forcible restraint to maintain records stating the date of each administration,  
23 the medication administered, and the method of forcible restraint utilized.

24 **SECTION 32.** 60.23 (9) of the statutes is amended to read:



1           60.23 (9) RESIDENT HEALTH CARE PROVIDERS IN CERTAIN TOWNS. In a town  
2 comprised entirely of one or more islands, annually appropriate money to retain a  
3 physician or, if no physician is available, a physician assistant, graduate physician,  
4 naturopathic doctor, or nurse practitioner, as a resident within the town.

5           **SECTION 33.** 69.01 (6g) of the statutes is amended to read:

6           69.01 (6g) "Date of death" means the date that a person is pronounced dead by  
7 a physician, naturopathic doctor, coroner, deputy coroner, medical examiner, deputy  
8 medical examiner, physician assistant, graduate physician, or hospice nurse.

9           **SECTION 34.** 69.18 (1) (ck) of the statutes is amended to read:

10          69.18 (1) (ck) For purposes of preparation of the certificate of death and in  
11 accordance with accepted medical standards, a physician assistant or a graduate  
12 physician who is directly involved with the care of a patient who dies may pronounce  
13 the date, time, and place of the patient's death.

14          **SECTION 35.** 70.47 (8) (intro.) of the statutes is amended to read:

15          70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who  
16 appear before it in relation to the assessment. Instead of appearing in person at the  
17 hearing, the board may allow the property owner, or the property owner's  
18 representative, at the request of either person, to appear before the board, under  
19 oath, by telephone or to submit written statements, under oath, to the board. The  
20 board shall hear upon oath, by telephone, all ill or disabled persons who present to  
21 the board a letter from a physician, physician assistant, graduate physician, or  
22 advanced practice nurse prescriber certified under s. 441.16 (2) that confirms their  
23 illness or disability. At the request of the property owner or the property owner's  
24 representative, the board may postpone and reschedule a hearing under this  
25 subsection, but may not postpone and reschedule a hearing more than once during

1 the same session for the same property. The board at such hearing shall proceed as  
2 follows:

3 **SECTION 36.** 97.59 of the statutes is amended to read:

4 **97.59 Handling foods.** No person in charge of any public eating place or other  
5 establishment where food products to be consumed by others are handled may  
6 knowingly employ any person handling food products who has a disease in a form  
7 that is communicable by food handling. If required by the local health officer or any  
8 officer of the department for the purposes of an investigation, any person who is  
9 employed in the handling of foods or is suspected of having a disease in a form that  
10 is communicable by food handling shall submit to an examination by the officer or  
11 by a physician, physician assistant, graduate physician, or advanced practice nurse  
12 prescriber designated by the officer. The expense of the examination, if any, shall be  
13 paid by the person examined. Any person knowingly infected with a disease in a form  
14 that is communicable by food handling who handles food products to be consumed  
15 by others and any persons knowingly employing or permitting such a person to  
16 handle food products to be consumed by others shall be punished as provided by s.  
17 97.72.

18 **SECTION 37.** 97.67 (5m) (a) 1m. of the statutes is created to read:

19 97.67 (5m) (a) 1m. A graduate physician licensed under subch. X of ch. 448.

20 **SECTION 38.** 102.13 (1) (a) of the statutes is amended to read:

21 102.13 (1) (a) Except as provided in sub. (4), whenever compensation is claimed  
22 by an employee, the employee shall, upon the written request of the employee's  
23 employer or worker's compensation insurer, submit to reasonable examinations by  
24 physicians, chiropractors, psychologists, dentists, physician assistants, graduate  
25 physicians, advanced practice nurse prescribers, or podiatrists provided and paid for

1 by the employer or insurer. No employee who submits to an examination under this  
2 paragraph is a patient of the examining physician, chiropractor, psychologist,  
3 dentist, physician assistant, graduate physician, advanced practice nurse  
4 prescriber, or podiatrist for any purpose other than for the purpose of bringing an  
5 action under ch. 655, unless the employee specifically requests treatment from that  
6 physician, chiropractor, psychologist, dentist, physician assistant, graduate  
7 physician, advanced practice nurse prescriber, or podiatrist.

8 **SECTION 39.** 102.13 (1) (b) (intro.) of the statutes is amended to read:

9 102.13 (1) (b) (intro.) An employer or insurer who requests that an employee  
10 submit to reasonable examination under par. (a) or (am) shall tender to the employee,  
11 before the examination, all necessary expenses including transportation expenses.  
12 The employee is entitled to have a physician, chiropractor, psychologist, dentist,  
13 physician assistant, graduate physician, advanced practice nurse prescriber, or  
14 podiatrist provided by himself or herself present at the examination and to receive  
15 a copy of all reports of the examination that are prepared by the examining  
16 physician, chiropractor, psychologist, podiatrist, dentist, physician assistant,  
17 graduate physician, advanced practice nurse prescriber, or vocational expert  
18 immediately upon receipt of those reports by the employer or worker's compensation  
19 insurer. The employee is entitled to have one observer provided by himself or herself  
20 present at the examination. The employee is also entitled to have a translator  
21 provided by himself or herself present at the examination if the employee has  
22 difficulty speaking or understanding the English language. The employer's or  
23 insurer's written request for examination shall notify the employee of all of the  
24 following:

25 **SECTION 40.** 102.13 (1) (b) 1. of the statutes is amended to read:

1           102.13 (1) (b) 1. The proposed date, time, and place of the examination and the  
2 identity and area of specialization of the examining physician, chiropractor,  
3 psychologist, dentist, podiatrist, physician assistant, graduate physician, advanced  
4 practice nurse prescriber, or vocational expert.

5           **SECTION 41.** 102.13 (1) (b) 3. of the statutes is amended to read:

6           102.13 (1) (b) 3. The employee's right to have his or her physician, chiropractor,  
7 psychologist, dentist, physician assistant, graduate physician, advanced practice  
8 nurse prescriber, or podiatrist present at the examination.

9           **SECTION 42.** 102.13 (1) (b) 4. of the statutes is amended to read:

10          102.13 (1) (b) 4. The employee's right to receive a copy of all reports of the  
11 examination that are prepared by the examining physician, chiropractor,  
12 psychologist, dentist, podiatrist, physician assistant, graduate physician, advanced  
13 practice nurse prescriber, or vocational expert immediately upon receipt of these  
14 reports by the employer or worker's compensation insurer.

15          **SECTION 43.** 102.13 (1) (d) 1. of the statutes is amended to read:

16          102.13 (1) (d) 1. Any physician, chiropractor, psychologist, dentist, podiatrist,  
17 physician assistant, graduate physician, advanced practice nurse prescriber, or  
18 vocational expert who is present at any examination under par. (a) or (am) may be  
19 required to testify as to the results of the examination.

20          **SECTION 44.** 102.13 (1) (d) 2. of the statutes is amended to read:

21          102.13 (1) (d) 2. Any physician, chiropractor, psychologist, dentist, physician  
22 assistant, graduate physician, advanced practice nurse prescriber, or podiatrist who  
23 attended a worker's compensation claimant for any condition or complaint  
24 reasonably related to the condition for which the claimant claims compensation may  
25 be required to testify before the division when the division so directs.

1           **SECTION 45.** 102.13 (1) (d) 3. of the statutes is amended to read:

2           102.13 (1) (d) 3. Notwithstanding any statutory provisions except par. (e), any  
3 physician, chiropractor, psychologist, dentist, physician assistant, graduate  
4 physician, advanced practice nurse prescriber, or podiatrist attending a worker's  
5 compensation claimant for any condition or complaint reasonably related to the  
6 condition for which the claimant claims compensation may furnish to the employee,  
7 employer, worker's compensation insurer, department, or division information and  
8 reports relative to a compensation claim.

9           **SECTION 46.** 102.13 (1) (d) 4. of the statutes is amended to read:

10           102.13 (1) (d) 4. The testimony of any physician, chiropractor, psychologist,  
11 dentist, physician assistant, graduate physician, advanced practice nurse  
12 prescriber, or podiatrist who is licensed to practice where he or she resides or  
13 practices in any state and the testimony of any vocational expert may be received in  
14 evidence in compensation proceedings.

15           **SECTION 47.** 102.13 (2) (a) of the statutes is amended to read:

16           102.13 (2) (a) An employee who reports an injury alleged to be work-related  
17 or files an application for hearing waives any physician-patient,  
18 psychologist-patient, or chiropractor-patient privilege with respect to any condition  
19 or complaint reasonably related to the condition for which the employee claims  
20 compensation. Notwithstanding ss. 51.30 and 146.82 and any other law, any  
21 physician, chiropractor, psychologist, dentist, podiatrist, physician assistant,  
22 graduate physician, advanced practice nurse prescriber, hospital, or health care  
23 provider shall, within a reasonable time after written request by the employee,  
24 employer, worker's compensation insurer, department, or division, or its  
25 representative, provide that person with any information or written material

1 reasonably related to any injury for which the employee claims compensation. If the  
2 request is by a representative of a worker's compensation insurer for a billing  
3 statement, the physician, chiropractor, psychologist, dentist, podiatrist, physician  
4 assistant, graduate physician, advanced practice nurse prescriber, hospital, or  
5 health care provider shall, within 30 days after receiving the request, provide that  
6 person with a complete copy of an itemized billing statement or a billing statement  
7 in a standard billing format recognized by the federal government.

8 **SECTION 48.** 102.13 (2) (b) of the statutes is amended to read:

9 102.13 (2) (b) A physician, chiropractor, podiatrist, psychologist, dentist,  
10 physician assistant, graduate physician, advanced practice nurse prescriber,  
11 hospital, or health service provider shall furnish a legible, certified duplicate of the  
12 written material requested under par. (a) in paper format upon payment of the actual  
13 costs of preparing the certified duplicate, not to exceed the greater of 45 cents per  
14 page or \$7.50 per request, plus the actual costs of postage, or shall furnish a legible,  
15 certified duplicate of that material in electronic format upon payment of \$26 per  
16 request. Any person who refuses to provide certified duplicates of written material  
17 in the person's custody that is requested under par. (a) shall be liable for reasonable  
18 and necessary costs and, notwithstanding s. 814.04 (1), reasonable attorney fees  
19 incurred in enforcing the requester's right to the duplicates under par. (a).

20 **SECTION 49.** 102.17 (1) (d) 1. of the statutes is amended to read:

21 102.17 (1) (d) 1. The contents of certified medical and surgical reports by  
22 physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,  
23 graduate physicians, advanced practice nurse prescribers, and chiropractors  
24 licensed in and practicing in this state, and of certified reports by experts concerning  
25 loss of earning capacity under s. 102.44 (2) and (3), presented by a party for

1 compensation constitute prima facie evidence as to the matter contained in those  
2 reports, subject to any rules and limitations the division prescribes. Certified reports  
3 of physicians, podiatrists, surgeons, dentists, psychologists, physician assistants,  
4 graduate physicians, advanced practice nurse prescribers, and chiropractors,  
5 wherever licensed and practicing, who have examined or treated the claimant, and  
6 of experts, if the practitioner or expert consents to being subjected to  
7 cross-examination, also constitute prima facie evidence as to the matter contained  
8 in those reports. Certified reports of physicians, podiatrists, surgeons, psychologists,  
9 and chiropractors are admissible as evidence of the diagnosis, necessity of the  
10 treatment, and cause and extent of the disability. Certified reports by doctors of  
11 dentistry, physician assistants, graduate physicians, and advanced practice nurse  
12 prescribers are admissible as evidence of the diagnosis and necessity of treatment  
13 but not of the cause and extent of disability. Any physician, podiatrist, surgeon,  
14 dentist, psychologist, chiropractor, physician assistant, graduate physician,  
15 advanced practice nurse prescriber, or expert who knowingly makes a false  
16 statement of fact or opinion in a certified report may be fined or imprisoned, or both,  
17 under s. 943.395.

18 **SECTION 50.** 102.17 (1) (d) 2. of the statutes is amended to read:

19 102.17 (1) (d) 2. The record of a hospital or sanatorium in this state that is  
20 satisfactory to the division, established by certificate, affidavit, or testimony of the  
21 supervising officer of the hospital or sanatorium, any other person having charge of  
22 the record, or a physician, podiatrist, surgeon, dentist, psychologist, physician  
23 assistant, graduate physician, advanced practice nurse prescriber, or chiropractor to  
24 be the record of the patient in question, and made in the regular course of  
25 examination or treatment of the patient, constitutes prima facie evidence as to the

1 matter contained in the record, to the extent that the record is otherwise competent  
2 and relevant.

3 **SECTION 51.** 102.29 (3) of the statutes is amended to read:

4 102.29 (3) Nothing in this chapter shall prevent an employee from taking the  
5 compensation that the employee may be entitled to under this chapter and also  
6 maintaining a civil action against any physician, chiropractor, psychologist, dentist,  
7 physician assistant, graduate physician, advanced practice nurse prescriber, or  
8 podiatrist for malpractice.

9 **SECTION 52.** 102.42 (2) (a) of the statutes is amended to read:

10 102.42 (2) (a) When the employer has notice of an injury and its relationship  
11 to the employment, the employer shall offer to the injured employee his or her choice  
12 of any physician, chiropractor, psychologist, dentist, physician assistant, graduate  
13 physician, advanced practice nurse prescriber, or podiatrist licensed to practice and  
14 practicing in this state for treatment of the injury. By mutual agreement, the  
15 employee may have the choice of any qualified practitioner not licensed in this state.  
16 In case of emergency, the employer may arrange for treatment without tendering a  
17 choice. After the emergency has passed the employee shall be given his or her choice  
18 of attending practitioner at the earliest opportunity. The employee has the right to  
19 a 2nd choice of attending practitioner on notice to the employer or its insurance  
20 carrier. Any further choice shall be by mutual agreement. Partners and clinics are  
21 considered to be one practitioner. Treatment by a practitioner on referral from  
22 another practitioner is considered to be treatment by one practitioner.

23 **SECTION 53.** 118.15 (3) (a) of the statutes is amended to read:

24 118.15 (3) (a) Any child who is excused by the school board because the child  
25 is temporarily not in proper physical or mental condition to attend a school program



1 but who can be expected to return to a school program upon termination or  
2 abatement of the illness or condition. The school attendance officer may request the  
3 parent or guardian of the child to obtain a written statement from a licensed  
4 physician, naturopathic doctor, dentist, chiropractor, optometrist, psychologist,  
5 physician assistant, graduate physician, or nurse practitioner, as defined in s. 255.06  
6 (1) (d), or certified advanced practice nurse prescriber or Christian Science  
7 practitioner living and residing in this state, who is listed in the Christian Science  
8 Journal, as sufficient proof of the physical or mental condition of the child. An excuse  
9 under this paragraph shall be in writing and shall state the time period for which  
10 it is valid, not to exceed 30 days.

11 **SECTION 54.** 118.25 (1) (a) of the statutes is amended to read:

12 118.25 (1) (a) "Practitioner" means a person licensed as a physician,  
13 naturopathic doctor, ~~or~~ physician assistant, or graduate physician in any state or  
14 licensed or certified as an advanced practice nurse prescriber in any state. In this  
15 paragraph, "physician" has the meaning given in s. 448.01 (5).

16 **SECTION 55.** 118.29 (1) (e) of the statutes is amended to read:

17 118.29 (1) (e) "Practitioner" means any physician, naturopathic doctor, dentist,  
18 optometrist, physician assistant, graduate physician, advanced practice nurse  
19 prescriber, or podiatrist licensed in any state.

20 **SECTION 56.** 118.2925 (1) (dm) of the statutes is created to read:

21 118.2925 (1) (dm) "Graduate physician" means a person licensed under s.  
22 448.97965.

23 **SECTION 57.** 118.2925 (3) of the statutes is amended to read:

24 118.2925 (3) PRESCRIPTIONS FOR SCHOOLS. A physician, an advanced practice  
25 nurse prescriber, ~~or~~ a physician assistant, or a graduate physician may prescribe

1 epinephrine auto-injectors or prefilled syringes in the name of a school that has  
2 adopted a plan under sub. (2) (a), to be maintained by the school for use under sub.  
3 (4).

4 **SECTION 58.** 118.2925 (4) (c) of the statutes is amended to read:

5 118.2925 (4) (c) Administer an epinephrine auto-injector or prefilled syringe  
6 to a pupil or other person who the school nurse or designated school personnel in good  
7 faith believes is experiencing anaphylaxis in accordance with a standing protocol  
8 from a physician, an advanced practice nurse prescriber, ~~or~~ a physician assistant, or  
9 a graduate physician, regardless of whether the pupil or other person has a  
10 prescription for an epinephrine auto-injector or prefilled syringe. If the pupil or  
11 other person does not have a prescription for an epinephrine auto-injector or  
12 prefilled syringe, or the person who administers the epinephrine auto-injector or  
13 prefilled syringe does not know whether the pupil or other person has a prescription  
14 for an epinephrine auto-injector or prefilled syringe, the person who administers the  
15 epinephrine auto-injector or prefilled syringe shall, as soon as practicable, report the  
16 administration by dialing the telephone number “911” or, in an area in which the  
17 telephone number “911” is not available, the telephone number for an emergency  
18 medical service provider.

19 **SECTION 59.** 118.2925 (5) of the statutes is amended to read:

20 118.2925 (5) IMMUNITY FROM CIVIL LIABILITY; EXEMPTION FROM PRACTICE OF  
21 MEDICINE. A school and its designated school personnel, and a physician, advanced  
22 practice nurse prescriber, ~~or~~ physician assistant, or graduate physician who provides  
23 a prescription or standing protocol for school epinephrine auto-injectors or prefilled  
24 syringes, are not liable for any injury that results from the administration or  
25 self-administration of an epinephrine auto-injector or prefilled syringe under this

1 section, regardless of whether authorization was given by the pupil's parent or  
2 guardian or by the pupil's physician, physician assistant, graduate physician, or  
3 advanced practice nurse prescriber, unless the injury is the result of an act or  
4 omission that constitutes gross negligence or willful or wanton misconduct. The  
5 immunity from liability provided under this subsection is in addition to and not in  
6 lieu of that provided under s. 895.48.

7 **SECTION 60.** 146.615 (1) (a) of the statutes is amended to read:

8 146.615 (1) (a) "Advanced practice clinician" means a physician assistant, a  
9 graduate physician, or an advanced practice nurse, including a nurse practitioner,  
10 certified nurse-midwife, clinical nurse specialist, or certified registered nurse  
11 anesthetist.

12 **SECTION 61.** 146.81 (1) (dm) of the statutes is created to read:

13 146.81 (1) (dm) A graduate physician licensed under subch. X of ch. 448.

14 **SECTION 62.** 146.82 (3) (a) of the statutes is amended to read:

15 146.82 (3) (a) Notwithstanding sub. (1), a physician, a naturopathic doctor, a  
16 limited-scope naturopathic doctor, a physician assistant, a graduate physician, or an  
17 advanced practice nurse prescriber certified under s. 441.16 (2) who treats a patient  
18 whose physical or mental condition in the physician's, naturopathic doctor's,  
19 limited-scope naturopathic doctor's, physician assistant's, graduate physician's, or  
20 advanced practice nurse prescriber's judgment affects the patient's ability to  
21 exercise reasonable and ordinary control over a motor vehicle may report the  
22 patient's name and other information relevant to the condition to the department of  
23 transportation without the informed consent of the patient.

24 **SECTION 63.** 146.89 (1) (r) 1. of the statutes is amended to read:

1 146.89 (1) (r) 1. Licensed as a physician under ch. 448, naturopathic doctor  
2 under ch. 466, a dentist or dental hygienist under ch. 447, a registered nurse,  
3 practical nurse, or nurse-midwife under ch. 441, an optometrist under ch. 449, a  
4 physician assistant under subch. IX of ch. 448, a graduate physician under subch.  
5 X of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist  
6 under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

7 **SECTION 64.** 146.997 (1) (d) 4. of the statutes, as affected by 2021 Wisconsin Act  
8 251, is amended to read:

9 146.997 (1) (d) 4. A physician, physician assistant, graduate physician,  
10 podiatrist, perfusionist, physical therapist, physical therapist assistant,  
11 occupational therapist, occupational therapy assistant, or genetic counselor licensed  
12 under ch. 448; a physical therapist or physical therapist assistant who holds a  
13 compact privilege under subch. XI of ch. 448; or an occupational therapist or  
14 occupational therapy assistant who holds a compact privilege under subch. XII of ch.  
15 448.

16 **SECTION 65.** 154.01 (3) (am) of the statutes is created to read:

17 154.01 (3) (am) A graduate physician licensed under ch. 448.

18 **SECTION 66.** 154.03 (2) (form) of the statutes is amended to read:

19 154.03 (2) (form)

20 DECLARATION TO HEALTH CARE PROFESSIONALS

21 (WISCONSIN LIVING WILL)

22 I,,,,, being of sound mind, voluntarily state my desire that my dying not be  
23 prolonged under the circumstances specified in this document. Under those  
24 circumstances, I direct that I be permitted to die naturally. If I am unable to give  
25 directions regarding the use of life-sustaining procedures or feeding tubes, I intend

1 that my family and physician, physician assistant, graduate physician, or advanced  
2 practice registered nurse honor this document as the final expression of my legal  
3 right to refuse medical or surgical treatment.

4 1. If I have a TERMINAL CONDITION, as determined by a physician,  
5 physician assistant, graduate physician, or advanced practice registered nurse who  
6 has personally examined me, and if a physician who has also personally examined  
7 me agrees with that determination, I do not want my dying to be artificially  
8 prolonged and I do not want life-sustaining procedures to be used. In addition, the  
9 following are my directions regarding the use of feeding tubes:

10 .... YES, I want feeding tubes used if I have a terminal condition.

11 .... NO, I do not want feeding tubes used if I have a terminal condition.

12 If you have not checked either box, feeding tubes will be used.

13 2. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a  
14 physician, physician assistant, graduate physician, or advanced practice registered  
15 nurse who has personally examined me, and if a physician who has also personally  
16 examined me agrees with that determination, the following are my directions  
17 regarding the use of life-sustaining procedures:

18 .... YES, I want life-sustaining procedures used if I am in a persistent  
19 vegetative state.

20 .... NO, I do not want life-sustaining procedures used if I am in a persistent  
21 vegetative state.

22 If you have not checked either box, life-sustaining procedures will be used.

23 3. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a  
24 physician, physician assistant, graduate physician, or advanced practice registered  
25 nurse who has personally examined me, and if a physician who has also personally

1 examined me agrees with that determination, the following are my directions  
2 regarding the use of feeding tubes:

3 .... YES, I want feeding tubes used if I am in a persistent vegetative state.

4 .... NO, I do not want feeding tubes used if I am in a persistent vegetative state.

5 If you have not checked either box, feeding tubes will be used.

6 If you are interested in more information about the significant terms used in  
7 this document, see section 154.01 of the Wisconsin Statutes or the information  
8 accompanying this document.

9 ATTENTION: You and the 2 witnesses must sign the document at the same  
10 time.

11 Signed .... Date ....

12 Address .... Date of birth ....

13 I believe that the person signing this document is of sound mind. I am an adult  
14 and am not related to the person signing this document by blood, marriage or  
15 adoption. I am not entitled to and do not have a claim on any portion of the person's  
16 estate and am not otherwise restricted by law from being a witness.

17 Witness signature .... Date signed ....

18 Print name ....

19 Witness signature .... Date signed ....

20 Print name ....

21 DIRECTIVES TO ATTENDING PHYSICIAN,  
22 PHYSICIAN ASSISTANT, GRADUATE PHYSICIAN,  
23 OR ADVANCED PRACTICE REGISTERED NURSE

24 1. This document authorizes the withholding or withdrawal of life-sustaining  
25 procedures or of feeding tubes when a physician and another physician, physician

1 assistant, graduate physician, or advanced practice registered nurse, one of whom  
 2 is the attending health care professional, have personally examined and certified in  
 3 writing that the patient has a terminal condition or is in a persistent vegetative state.

4 2. The choices in this document were made by a competent adult. Under the  
 5 law, the patient’s stated desires must be followed unless you believe that withholding  
 6 or withdrawing life-sustaining procedures or feeding tubes would cause the patient  
 7 pain or reduced comfort and that the pain or discomfort cannot be alleviated through  
 8 pain relief measures. If the patient’s stated desires are that life-sustaining  
 9 procedures or feeding tubes be used, this directive must be followed.

10 3. If you feel that you cannot comply with this document, you must make a good  
 11 faith attempt to transfer the patient to another physician, physician assistant,  
 12 graduate physician, or advanced practice registered nurse who will comply. Refusal  
 13 or failure to make a good faith attempt to do so constitutes unprofessional conduct.

14 4. If you know that the patient is pregnant, this document has no effect during  
 15 her pregnancy.

16 \* \* \* \* \*

17 The person making this living will may use the following space to record the  
 18 names of those individuals and health care providers to whom he or she has given  
 19 copies of this document:

20 .....

21 .....

22 .....

23 **SECTION 67.** 155.01 (1g) (d) of the statutes is created to read:

1           155.01 **(1g)** (d) A graduate physician licensed under ch. 448 who a physician  
2 responsible for overseeing the graduate physician’s practice affirms is competent to  
3 conduct evaluations of the capacity of patients to manage health care decisions.

4           **SECTION 68.** 155.01 (7) of the statutes, as affected by 2021 Wisconsin Act 251,  
5 is amended to read:

6           155.01 **(7)** “Health care provider” means a nurse licensed or permitted under  
7 ch. 441, a chiropractor licensed under ch. 446, a dentist licensed under ch. 447, a  
8 physician, physician assistant, graduate physician, perfusionist, podiatrist, physical  
9 therapist, physical therapist assistant, occupational therapist, occupational therapy  
10 assistant, or genetic counselor licensed under ch. 448, a naturopathic doctor licensed  
11 under ch. 466, a person practicing Christian Science treatment, an optometrist  
12 licensed under ch. 449, a psychologist who is licensed under ch. 455, who is exercising  
13 the temporary authorization to practice, as defined in s. 455.50 (2) (o), in this state,  
14 or who is practicing under the authority to practice interjurisdictional  
15 telepsychology, as defined in s. 455.50 (2) (b), a physical therapist or physical  
16 therapist assistant who holds a compact privilege under subch. XI of ch. 448, an  
17 occupational therapist or occupational therapy assistant who holds a compact  
18 privilege under subch. XII of ch. 448, a partnership thereof, a corporation or limited  
19 liability company thereof that provides health care services, a cooperative health  
20 care association organized under s. 185.981 that directly provides services through  
21 salaried employees in its own facility, or a home health agency, as defined in s. 50.49  
22 (1) (a).

23           **SECTION 69.** 155.30 (3) (form) of the statutes is amended to read:

24           155.30 **(3)** (form)

25                                   POWER OF ATTORNEY FOR HEALTH CARE



1 Document made this.... day of.... (month),.... (year).

2 CREATION OF POWER OF ATTORNEY

3 FOR HEALTH CARE

4 I,.... (print name, address and date of birth), being of sound mind, intend by this  
5 document to create a power of attorney for health care. My executing this power of  
6 attorney for health care is voluntary. Despite the creation of this power of attorney  
7 for health care, I expect to be fully informed about and allowed to participate in any  
8 health care decision for me, to the extent that I am able. For the purposes of this  
9 document, "health care decision" means an informed decision to accept, maintain,  
10 discontinue or refuse any care, treatment, service or procedure to maintain, diagnose  
11 or treat my physical or mental condition.

12 In addition, I may, by this document, specify my wishes with respect to making  
13 an anatomical gift upon my death.

14 DESIGNATION OF HEALTH CARE AGENT

15 If I am no longer able to make health care decisions for myself, due to my  
16 incapacity, I hereby designate.... (print name, address and telephone number) to be  
17 my health care agent for the purpose of making health care decisions on my behalf.  
18 If he or she is ever unable or unwilling to do so, I hereby designate.... (print name,  
19 address and telephone number) to be my alternate health care agent for the purpose  
20 of making health care decisions on my behalf. Neither my health care agent nor my  
21 alternate health care agent whom I have designated is my health care provider, an  
22 employee of my health care provider, an employee of a health care facility in which  
23 I am a patient or a spouse of any of those persons, unless he or she is also my relative.  
24 For purposes of this document, "incapacity" exists if 2 physicians or a physician and  
25 a psychologist, nurse practitioner, ~~or physician assistant,~~ or graduate physician who

1 have personally examined me sign a statement that specifically expresses their  
2 opinion that I have a condition that means that I am unable to receive and evaluate  
3 information effectively or to communicate decisions to such an extent that I lack the  
4 capacity to manage my health care decisions. A copy of that statement must be  
5 attached to this document.

#### 6 GENERAL STATEMENT OF AUTHORITY GRANTED

7 Unless I have specified otherwise in this document, if I ever have incapacity I  
8 instruct my health care provider to obtain the health care decision of my health care  
9 agent, if I need treatment, for all of my health care and treatment. I have discussed  
10 my desires thoroughly with my health care agent and believe that he or she  
11 understands my philosophy regarding the health care decisions I would make if I  
12 were able. I desire that my wishes be carried out through the authority given to my  
13 health care agent under this document.

14 If I am unable, due to my incapacity, to make a health care decision, my health  
15 care agent is instructed to make the health care decision for me, but my health care  
16 agent should try to discuss with me any specific proposed health care if I am able to  
17 communicate in any manner, including by blinking my eyes. If this communication  
18 cannot be made, my health care agent shall base his or her decision on any health  
19 care choices that I have expressed prior to the time of the decision. If I have not  
20 expressed a health care choice about the health care in question and communication  
21 cannot be made, my health care agent shall base his or her health care decision on  
22 what he or she believes to be in my best interest.

#### 23 LIMITATIONS ON MENTAL HEALTH TREATMENT

24 My health care agent may not admit or commit me on an inpatient basis to an  
25 institution for mental diseases, an intermediate care facility for persons with an







1           Witness No. 1:  
 2           (print) Name....           Date....  
 3           Address....  
 4           Signature....

5           Witness No. 2:  
 6           (print) Name....           Date....  
 7           Address....  
 8           Signature....

9                                   STATEMENT OF HEALTH CARE AGENT AND  
 10                                   ALTERNATE HEALTH CARE AGENT

11           I understand that.... (name of principal) has designated me to be his or her  
 12           health care agent or alternate health care agent if he or she is ever found to have  
 13           incapacity and unable to make health care decisions himself or herself. .... (name of  
 14           principal) has discussed his or her desires regarding health care decisions with me.

15           Agent’s signature....  
 16           Address....  
 17           Alternate’s signature....  
 18           Address....

19           Failure to execute a power of attorney for health care document under chapter  
 20           155 of the Wisconsin Statutes creates no presumption about the intent of any  
 21           individual with regard to his or her health care decisions.

22           This power of attorney for health care is executed as provided in chapter 155  
 23           of the Wisconsin Statutes.

24                                   ANATOMICAL GIFTS (optional)

25           Upon my death:

1           ... I wish to donate only the following organs or parts: .... (specify the organs or  
2 parts).

3           ... I wish to donate any needed organ or part.

4           ... I wish to donate my body for anatomical study if needed.

5           ... I refuse to make an anatomical gift. (If this revokes a prior commitment that  
6 I have made to make an anatomical gift to a designated donee, I will attempt to notify  
7 the donee to which or to whom I agreed to donate.)

8           Failing to check any of the lines immediately above creates no presumption  
9 about my desire to make or refuse to make an anatomical gift.

10          Signature....                      Date....

11          **SECTION 70.** 165.765 (2) (a) 1. of the statutes is amended to read:

12          165.765 (2) (a) 1. Any physician, registered nurse, medical technologist,  
13 physician assistant, graduate physician, or person acting under the direction of a  
14 physician who obtains a biological specimen under s. 51.20 (13) (cr), 165.76, 165.84  
15 (7), 938.21 (1m), 938.30 (2m), 938.34 (15), 970.02 (8), 971.17 (1m) (a), 973.047, or  
16 980.063 is immune from any civil or criminal liability for the act, except for civil  
17 liability for negligence in the performance of the act.

18          **SECTION 71.** 251.03 (1) of the statutes is amended to read:

19          251.03 (1) A local board of health shall consist of not more than 9 members.  
20 At least 3 of these members shall be persons who are not elected officials or  
21 employees of the governing body that establishes the local health department and  
22 who have a demonstrated interest or competence in the field of public health or  
23 community health. In appointing the members who are not elected officials or  
24 employees, a good faith effort shall be made to appoint a registered nurse and a  
25 physician, except that if the appointing authority is unable to locate a willing

1 registered nurse, physician, or both, it shall make a good faith effort to appoint a  
2 physician assistant, graduate physician, or advanced practice registered nurse, or  
3 ~~both~~ any two of these. Members of the local board of health shall reflect the diversity  
4 of the community. A county human services board under s. 46.23 (4) may act as a  
5 county board of health if the membership of the county human services board meets  
6 the qualifications specified in this subsection and if the county human services board  
7 is authorized to act in that capacity by the county board of supervisors. If a county  
8 human services board acts in this capacity, it shall use the word "health" in its title.

9 **SECTION 72.** 252.07 (8) (a) 2. of the statutes is amended to read:

10 252.07 (8) (a) 2. The department or local health officer provides to the court a  
11 written statement from a physician, physician assistant, graduate physician, or  
12 advanced practice nurse prescriber that the individual has infectious tuberculosis or  
13 suspect tuberculosis.

14 **SECTION 73.** 252.07 (9) (c) of the statutes is amended to read:

15 252.07 (9) (c) If the court orders confinement of an individual under this  
16 subsection, the individual shall remain confined until the department or local health  
17 officer, with the concurrence of a treating physician, physician assistant, graduate  
18 physician, or advanced practice nurse prescriber, determines that treatment is  
19 complete or that the individual is no longer a substantial threat to himself or herself  
20 or to the public health. If the individual is to be confined for more than 6 months,  
21 the court shall review the confinement every 6 months.

22 **SECTION 74.** 252.11 (2) of the statutes is amended to read:

23 252.11 (2) An officer of the department or a local health officer having  
24 knowledge of any reported or reasonably suspected case or contact of a sexually  
25 transmitted disease for which no appropriate treatment is being administered, or of



1 an actual contact of a reported case or potential contact of a reasonably suspected  
2 case, shall investigate or cause the case or contact to be investigated as necessary.  
3 If, following a request of an officer of the department or a local health officer, a person  
4 reasonably suspected of being infected with a sexually transmitted disease refuses  
5 or neglects examination by a physician, physician assistant, graduate physician, or  
6 advanced practice nurse prescriber or treatment, an officer of the department or a  
7 local health officer may proceed to have the person committed under sub. (5) to an  
8 institution or system of care for examination, treatment, or observation.

9 **SECTION 75.** 252.11 (4) of the statutes is amended to read:

10 252.11 (4) If a person infected with a sexually transmitted disease ceases or  
11 refuses treatment before reaching what in a physician's, physician assistant's,  
12 graduate physician's, or advanced practice nurse prescriber's opinion is the  
13 noncommunicable stage, the physician, physician assistant, graduate physician, or  
14 advanced practice nurse prescriber shall notify the department. The department  
15 shall without delay take the necessary steps to have the person committed for  
16 treatment or observation under sub. (5), or shall notify the local health officer to take  
17 these steps.

18 **SECTION 76.** 252.11 (5) of the statutes is amended to read:

19 252.11 (5) Any court of record may commit a person infected with a sexually  
20 transmitted disease to any institution or may require the person to undergo a system  
21 of care for examination, treatment, or observation if the person ceases or refuses  
22 examination, treatment, or observation under the supervision of a physician,  
23 physician assistant, graduate physician, or advanced practice nurse prescriber. The  
24 court shall summon the person to appear on a date at least 48 hours, but not more  
25 than 96 hours, after service if an officer of the department or a local health officer

1 petitions the court and states the facts authorizing commitment. If the person fails  
2 to appear or fails to accept commitment without reasonable cause, the court may cite  
3 the person for contempt. The court may issue a warrant and may direct the sheriff,  
4 any constable, or any police officer of the county immediately to arrest the person and  
5 bring the person to court if the court finds that a summons will be ineffectual. The  
6 court shall hear the matter of commitment summarily. Commitment under this  
7 subsection continues until the disease is no longer communicable or until other  
8 provisions are made for treatment that satisfy the department. The certificate of the  
9 petitioning officer is prima facie evidence that the disease is no longer communicable  
10 or that satisfactory provisions for treatment have been made.

11 **SECTION 77.** 252.11 (7) of the statutes is amended to read:

12 252.11 (7) Reports, examinations and inspections and all records concerning  
13 sexually transmitted diseases are confidential and not open to public inspection, and  
14 may not be divulged except as may be necessary for the preservation of the public  
15 health, in the course of commitment proceedings under sub. (5), or as provided under  
16 s. 938.296 (4) or 968.38 (4). If a physician, physician assistant, graduate physician,  
17 or advanced practice nurse prescriber has reported a case of sexually transmitted  
18 disease to the department under sub. (4), information regarding the presence of the  
19 disease and treatment is not privileged when the patient, physician, physician  
20 assistant, graduate physician, or advanced practice nurse prescriber is called upon  
21 to testify to the facts before any court of record.

22 **SECTION 78.** 252.11 (10) of the statutes is amended to read:

23 252.11 (10) The state laboratory of hygiene shall examine specimens for the  
24 diagnosis of sexually transmitted diseases for any physician, naturopathic doctor,  
25 physician assistant, graduate physician, advanced practice nurse prescriber, or local

1 health officer in the state, and shall report the positive results of the examinations  
2 to the local health officer and to the department. All laboratories performing tests  
3 for sexually transmitted diseases shall report all positive results to the local health  
4 officer and to the department, with the name of the physician, naturopathic doctor,  
5 physician assistant, graduate physician, or advanced practice nurse prescriber to  
6 whom reported.

7 **SECTION 79.** 252.14 (1) (ar) 4b. of the statutes is created to read:

8 252.14 (1) (ar) 4b. A graduate physician licensed under subch. X of ch. 448.

9 **SECTION 80.** 252.15 (1) (am) of the statutes is amended to read:

10 252.15 (1) (am) “Health care professional” means a physician or, physician  
11 assistant, or graduate physician who is licensed under ch. 448 or a registered nurse  
12 or licensed practical nurse who is licensed under ch. 441.

13 **SECTION 81.** 252.15 (3m) (d) 11. b. of the statutes is amended to read:

14 252.15 (3m) (d) 11. b. The coroner, medical examiner, or appointed assistant  
15 is investigating the cause of death of the subject of the HIV test and has contact with  
16 the body fluid of the subject of the HIV test that constitutes a significant exposure,  
17 if a physician, physician assistant, graduate physician, or advanced practice nurse  
18 prescriber, based on information provided to the physician, physician assistant,  
19 graduate physician, or advanced practice nurse prescriber, determines and certifies  
20 in writing that the coroner, medical examiner, or appointed assistant has had a  
21 contact that constitutes a significant exposure and if the certification accompanies  
22 the request for disclosure.

23 **SECTION 82.** 252.15 (3m) (d) 13. of the statutes is amended to read:

24 252.15 (3m) (d) 13. If the subject of the HIV test has a positive HIV test result  
25 and is deceased, by the subject’s attending physician, physician assistant, graduate

1 physician, or advanced practice nurse prescriber, to persons, if known to the  
2 physician, physician assistant, graduate physician, or advanced practice nurse  
3 prescriber, with whom the subject had sexual contact or shared intravenous drug use  
4 paraphernalia.

5 **SECTION 83.** 252.15 (3m) (e) of the statutes is amended to read:

6 252.15 (3m) (e) The health care professional who performs an HIV test under  
7 sub. (5g) or (5j) on behalf of a person who has contact with body fluids of the test  
8 subject that constitutes a significant exposure shall disclose the HIV test results to  
9 the person and the person's physician, physician assistant, graduate physician, or  
10 nurse.

11 **SECTION 84.** 252.15 (3m) (f) 3. of the statutes is amended to read:

12 252.15 (3m) (f) 3. The person who was certified to have had contact that  
13 constitutes a significant exposure and to that person's physician, physician  
14 assistant, graduate physician, or nurse.

15 **SECTION 85.** 252.15 (5g) (c) of the statutes is amended to read:

16 252.15 (5g) (c) A physician, physician assistant, graduate physician, or  
17 advanced practice nurse prescriber, based on information provided to the physician,  
18 physician assistant, graduate physician, or advanced practice nurse prescriber,  
19 determines and certifies in writing that the person has had contact that constitutes  
20 a significant exposure. The certification shall accompany the request for HIV testing  
21 and disclosure. If the person is a physician, physician assistant, graduate physician,  
22 or advanced practice nurse prescriber, he or she may not make this determination  
23 or certification. The information that is provided to a physician, physician assistant,  
24 graduate physician, or advanced practice nurse prescriber to document the  
25 occurrence of the contact that constitutes a significant exposure and the physician's,

1 physician assistant's, graduate physician's, or advanced practice nurse prescriber's  
2 certification that the person has had contact that constitutes a significant exposure,  
3 shall be provided on a report form that is developed by the department of safety and  
4 professional services under s. 101.02 (19) (a) or on a report form that the department  
5 of safety and professional services determines, under s. 101.02 (19) (b), is  
6 substantially equivalent to the report form that is developed under s. 101.02 (19) (a).

7 **SECTION 86.** 252.15 (5g) (g) 2. of the statutes is amended to read:

8 252.15 (5g) (g) 2. That the HIV test results may be disclosed to the person and  
9 the person's physician, physician assistant, graduate physician, or nurse.

10 **SECTION 87.** 252.15 (5m) (d) 2. of the statutes is amended to read:

11 252.15 (5m) (d) 2. A physician, physician assistant, graduate physician, or  
12 advanced practice nurse prescriber, based on information provided to the physician,  
13 physician assistant, graduate physician, or advanced practice nurse prescriber,  
14 determines and certifies in writing that the contact under subd. 1. constitutes a  
15 significant exposure. A health care provider who has a contact under subd. 1. c. may  
16 not make the certification under this subdivision for himself or herself.

17 **SECTION 88.** 252.15 (5m) (e) 2. of the statutes is amended to read:

18 252.15 (5m) (e) 2. If the contact occurs as provided under par. (d) 1. b., the  
19 attending physician, physician assistant, graduate physician, or advanced practice  
20 nurse prescriber of the funeral director, coroner, medical examiner, or appointed  
21 assistant.

22 **SECTION 89.** 252.15 (5m) (e) 3. of the statutes is amended to read:

23 252.15 (5m) (e) 3. If the contact occurs as provided under par. (d) 1. c., the  
24 physician, physician assistant, graduate physician, or advanced practice nurse  
25 prescriber who makes the certification under par. (d) 2.

1           **SECTION 90.** 252.15 (7m) (intro.) of the statutes is amended to read:

2           252.15 **(7m)** REPORTING OF PERSONS SIGNIFICANTLY EXPOSED. (intro.) If a positive,  
3 validated HIV test result is obtained from a test subject, the test subject's physician,  
4 physician assistant, graduate physician, or advanced practice nurse prescriber who  
5 maintains a record of the HIV test result under sub. (4) (c) may report to the state  
6 epidemiologist the name of any person known to the physician, physician assistant,  
7 graduate physician, or advanced practice nurse prescriber to have had contact with  
8 body fluid of the test subject that constitutes a significant exposure, only after the  
9 physician, physician assistant, graduate physician, or advanced practice nurse  
10 prescriber has done all of the following:

11           **SECTION 91.** 252.15 (7m) (b) of the statutes is amended to read:

12           252.15 **(7m)** (b) Notified the HIV test subject that the name of any person  
13 known to the physician, physician assistant, graduate physician, or advanced  
14 practice nurse prescriber to have had contact with body fluid of the test subject that  
15 constitutes a significant exposure will be reported to the state epidemiologist.

16           **SECTION 92.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

17           252.16 **(3)** (c) (intro.) Has submitted to the department a certification from a  
18 physician, as defined in s. 448.01 (5), physician assistant, graduate physician, or  
19 advanced practice nurse prescriber of all of the following:

20           **SECTION 93.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

21           252.17 **(3)** (c) (intro.) Has submitted to the department a certification from a  
22 physician, as defined in s. 448.01 (5), physician assistant, graduate physician, or  
23 advanced practice nurse prescriber of all of the following:

24           **SECTION 94.** 253.10 (2) (f) of the statutes is amended to read:

1           253.10 (2) (f) “Qualified person assisting the physician” means a social worker  
2 certified under ch. 457, a registered nurse ~~or~~, a physician assistant, or a graduate  
3 physician to whom a physician who is to perform or induce an abortion has delegated  
4 the responsibility, as the physician’s agent, for providing the information required  
5 under sub. (3) (c) 2.

6           **SECTION 95.** 255.07 (1) (d) of the statutes is amended to read:

7           255.07 (1) (d) “Health care practitioner” means a physician, a physician  
8 assistant, a graduate physician, or an advanced practice nurse who is certified to  
9 issue prescription orders under s. 441.16.

10          **SECTION 96.** 256.15 (4) (a) 1. of the statutes is amended to read:

11          256.15 (4) (a) 1. Any 2 emergency medical services practitioners, licensed  
12 registered nurses, licensed physician assistants, graduate physicians, or physicians,  
13 or any combination thereof.

14          **SECTION 97.** 256.15 (4) (b) of the statutes is amended to read:

15          256.15 (4) (b) An ambulance driver who is not an emergency medical services  
16 practitioner may assist with the handling and movement of a sick, injured, or  
17 disabled individual if an emergency medical services practitioner, registered nurse,  
18 physician assistant, graduate physician, or physician directly supervises the driver.  
19 No ambulance driver may administer care procedures that an emergency medical  
20 services practitioner is authorized to administer unless he or she is an emergency  
21 medical services practitioner.

22          **SECTION 98.** 256.30 (3) (c) of the statutes is amended to read:

23          256.30 (3) (c) A physician assistant, graduate physician, or any other person  
24 under the specific direction of a physician.

25          **SECTION 99.** 257.01 (5) (a) of the statutes is amended to read:

1           257.01 (5) (a) An individual who is licensed as a physician, a physician  
2 assistant, a graduate physician, or a podiatrist under ch. 448, licensed as a  
3 naturopathic doctor under ch. 466, licensed as a registered nurse, licensed practical  
4 nurse, or nurse-midwife under ch. 441, licensed as a dentist under ch. 447, licensed  
5 as a pharmacist under ch. 450, licensed as a veterinarian or certified as a veterinary  
6 technician under ch. 89, or certified as a respiratory care practitioner under ch. 448.

7           **SECTION 100.** 257.01 (5) (b) of the statutes is amended to read:

8           257.01 (5) (b) An individual who was at any time within the previous 10 years,  
9 but is not currently, licensed as a physician, a physician assistant, a graduate  
10 physician, or a podiatrist under ch. 448, licensed as a naturopathic doctor under ch.  
11 466, licensed as a registered nurse, licensed practical nurse or nurse-midwife, under  
12 ch. 441, licensed as a dentist under ch. 447, licensed as a pharmacist under ch. 450,  
13 licensed as a veterinarian or certified as a veterinary technician under ch. 89, or  
14 certified as a respiratory care practitioner under ch. 448, if the individual's license  
15 or certification was never revoked, limited, suspended, or denied renewal.

16           **SECTION 101.** 341.14 (1a) of the statutes is amended to read:

17           341.14 (1a) If any resident of this state, who is registering or has registered an  
18 automobile, or a motor truck, dual purpose motor home or dual purpose farm truck  
19 which has a gross weight of not more than 8,000 pounds, a farm truck which has a  
20 gross weight of not more than 12,000 pounds or a motor home, submits a statement  
21 once every 4 years, as determined by the department, from a physician licensed to  
22 practice medicine in any state, from an advanced practice nurse licensed to practice  
23 nursing in any state, from a public health nurse certified or licensed to practice in  
24 any state, from a physician assistant licensed or certified to practice in any state,  
25 from a graduate physician licensed to practice in any state, from a podiatrist licensed



1 to practice in any state, from a chiropractor licensed to practice chiropractic in any  
2 state, or from a Christian Science practitioner residing in this state and listed in the  
3 Christian Science journal certifying to the department that the resident is a person  
4 with a disability that limits or impairs the ability to walk, the department shall  
5 procure, issue and deliver to the disabled person plates of a special design in lieu of  
6 plates which ordinarily would be issued for the vehicle, and shall renew the plates.  
7 The plates shall be so designed as to readily apprise law enforcement officers of the  
8 fact that the vehicle is owned by a nonveteran disabled person and is entitled to the  
9 parking privileges specified in s. 346.50 (2a). No charge in addition to the  
10 registration fee shall be made for the issuance or renewal of such plates.

11 **SECTION 102.** 341.14 (1e) (a) of the statutes is amended to read:

12 341.14 (1e) (a) If any resident of this state, who is registering or has registered  
13 a motorcycle, submits a statement once every 4 years, as determined by the  
14 department, from a physician licensed to practice medicine in any state, from an  
15 advanced practice nurse licensed to practice nursing in any state, from a public  
16 health nurse certified or licensed to practice in any state, from a physician assistant  
17 licensed or certified to practice in any state, from a graduate physician licensed to  
18 practice in any state, from a podiatrist licensed to practice in any state, from a  
19 chiropractor licensed to practice chiropractic in any state, from a Christian Science  
20 practitioner residing in this state and listed in the Christian Science journal, or from  
21 the U.S. department of veterans affairs certifying to the department that the  
22 resident is a person with a disability that limits or impairs the ability to walk, the  
23 department shall procure, issue and deliver to the disabled person a plate of a special  
24 design in lieu of the plate which ordinarily would be issued for the motorcycle, and  
25 shall renew the plate. The statement shall state whether the disability is permanent

1 or temporary and, if temporary, the opinion of the physician, advanced practice  
2 nurse, public health nurse, physician assistant, graduate physician, podiatrist,  
3 chiropractor, practitioner, or U.S. department of veterans affairs as to the duration  
4 of the disability. The plate shall be so designed as to readily apprise law enforcement  
5 officers of the fact that the motorcycle is owned by a disabled person and is entitled  
6 to the parking privileges specified in s. 346.50 (2a). No charge in addition to the  
7 registration fee may be made for the issuance or renewal of the plate.

8 **SECTION 103.** 341.14 (1m) of the statutes is amended to read:

9 341.14 (1m) If any licensed driver submits to the department a statement once  
10 every 4 years, as determined by the department, from a physician licensed to practice  
11 medicine in any state, from a public health nurse certified or licensed to practice in  
12 any state, from an advanced practice nurse licensed to practice nursing in any state,  
13 from a physician assistant licensed or certified to practice in any state, from a  
14 graduate physician licensed to practice in any state, from a podiatrist licensed to  
15 practice in any state, from a chiropractor licensed to practice chiropractic in any  
16 state, or from a Christian Science practitioner residing in this state and listed in the  
17 Christian Science journal certifying that another person who is regularly dependent  
18 on the licensed driver for transportation is a person with a disability that limits or  
19 impairs the ability to walk, the department shall issue and deliver to the licensed  
20 driver plates of a special design in lieu of the plates which ordinarily would be issued  
21 for the automobile or motor truck, dual purpose motor home or dual purpose farm  
22 truck having a gross weight of not more than 8,000 pounds, farm truck having a gross  
23 weight of not more than 12,000 pounds or motor home, and shall renew the plates.  
24 The plates shall be so designed as to readily apprise law enforcement officers of the  
25 fact that the vehicle is operated by a licensed driver on whom a disabled person is

1 regularly dependent and is entitled to the parking privileges specified in s. 346.50  
2 (2a). No charge in addition to the registration fee may be made for the issuance or  
3 renewal of the plates. The plates shall conform to the plates required in sub. (1a).

4 **SECTION 104.** 341.14 (1q) of the statutes is amended to read:

5 341.14 (1q) If any employer who provides an automobile, or a motor truck, dual  
6 purpose motor home or dual purpose farm truck which has a gross weight of not more  
7 than 8,000 pounds, a farm truck which has a gross weight of not more than 12,000  
8 pounds or a motor home, for an employee's use submits to the department a  
9 statement once every 4 years, as determined by the department, from a physician  
10 licensed to practice medicine in any state, from an advanced practice nurse licensed  
11 to practice nursing in any state, from a public health nurse certified or licensed to  
12 practice in any state, from a physician assistant licensed or certified to practice in  
13 any state, from a graduate physician licensed to practice in any state, from a  
14 podiatrist licensed to practice in any state, from a chiropractor licensed to practice  
15 chiropractic in any state, or from a Christian Science practitioner residing in this  
16 state and listed in the Christian Science journal certifying that the employee is a  
17 person with a disability that limits or impairs the ability to walk, the department  
18 shall issue and deliver to such employer plates of a special design in lieu of the plates  
19 which ordinarily would be issued for the vehicle, and shall renew the plates. The  
20 plates shall be so designed as to readily apprise law enforcement officers of the fact  
21 that the vehicle is operated by a disabled person and is entitled to the parking  
22 privileges specified in s. 346.50 (2a). No charge in addition to the registration fee may  
23 be made for the issuance or renewal of the plates. The plates shall conform to the  
24 plates required in sub. (1a).

25 **SECTION 105.** 343.16 (5) (a) of the statutes is amended to read:

1           343.16 (5) (a) The secretary may require any applicant for a license or any  
2 licensed operator to submit to a special examination by such persons or agencies as  
3 the secretary may direct to determine incompetency, physical or mental disability,  
4 disease, or any other condition that might prevent such applicant or licensed person  
5 from exercising reasonable and ordinary control over a motor vehicle. If the  
6 department requires the applicant to submit to an examination, the applicant shall  
7 pay for the examination. If the department receives an application for a renewal or  
8 duplicate license after voluntary surrender under s. 343.265 or receives a report from  
9 a physician, physician assistant, graduate physician, advanced practice nurse  
10 prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the  
11 department has a report of 2 or more arrests within a one-year period for any  
12 combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with  
13 s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band  
14 in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or  
15 s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a  
16 vehicle, the department shall determine, by interview or otherwise, whether the  
17 operator should submit to an examination under this section. The examination may  
18 consist of an assessment. If the examination indicates that education or treatment  
19 for a disability, disease or condition concerning the use of alcohol, a controlled  
20 substance or a controlled substance analog is appropriate, the department may order  
21 a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with  
22 assessment or the driver safety plan, the department shall revoke the person's  
23 operating privilege in the manner specified in s. 343.30 (1q) (d).

24           **SECTION 106.** 343.305 (5) (b) of the statutes is amended to read:

1           343.305 (5) (b) Blood may be withdrawn from the person arrested for violation  
2 of s. 346.63 (1), (2), (2m), (5), or (6) or 940.25, or s. 940.09 where the offense involved  
3 the use of a vehicle, or a local ordinance in conformity with s. 346.63 (1), (2m), or (5),  
4 or as provided in sub. (3) (am) or (b) to determine the presence or quantity of alcohol,  
5 a controlled substance, a controlled substance analog, or any other drug, or any  
6 combination of alcohol, controlled substance, controlled substance analog, and any  
7 other drug in the blood only by a physician, registered nurse, medical technologist,  
8 physician assistant, graduate physician, phlebotomist, or other medical professional  
9 who is authorized to draw blood, or person acting under the direction of a physician.

10           **SECTION 107.** 343.51 (1) of the statutes is amended to read:

11           343.51 (1) Any person who qualifies for registration plates of a special design  
12 under s. 341.14 (1), (1a), (1m), or (1q) or any other person with a disability that limits  
13 or impairs the ability to walk may request from the department a special  
14 identification card that will entitle any motor vehicle parked by, or under the  
15 direction of, the person, or a motor vehicle operated by or on behalf of the  
16 organization when used to transport such a person, to parking privileges under s.  
17 346.50 (2), (2a), and (3). The department shall issue the card at a fee to be determined  
18 by the department, upon submission by the applicant, if the applicant is an  
19 individual rather than an organization, of a statement from a physician licensed to  
20 practice medicine in any state, from an advanced practice nurse licensed to practice  
21 nursing in any state, from a public health nurse certified or licensed to practice in  
22 any state, from a physician assistant licensed or certified to practice in any state,  
23 from a graduate physician licensed to practice in any state, from a podiatrist licensed  
24 to practice in any state, from a chiropractor licensed to practice chiropractic in any  
25 state, or from a Christian Science practitioner residing in this state and listed in the

1 Christian Science journal that the person is a person with a disability that limits or  
2 impairs the ability to walk. The statement shall state whether the disability is  
3 permanent or temporary and, if temporary, the opinion of the physician, advanced  
4 practice nurse, public health nurse, physician assistant, graduate physician,  
5 podiatrist, chiropractor, or practitioner as to the duration of the disability. The  
6 department shall issue the card upon application by an organization on a form  
7 prescribed by the department if the department believes that the organization meets  
8 the requirements under this subsection.

9 **SECTION 108.** 343.62 (4) (a) 4. of the statutes is amended to read:

10 343.62 (4) (a) 4. The applicant submits with the application a statement  
11 completed within the immediately preceding 24 months, except as provided by rule,  
12 by a physician licensed to practice medicine in any state, from an advanced practice  
13 nurse licensed to practice nursing in any state, from a physician assistant licensed  
14 or certified to practice in any state, from a graduate physician licensed to practice in  
15 any state, from a podiatrist licensed to practice in any state, from a chiropractor  
16 licensed to practice chiropractic in any state, or from a Christian Science practitioner  
17 residing in this state, and listed in the Christian Science journal certifying that, in  
18 the medical care provider's judgment, the applicant is physically fit to teach driving.

19 **SECTION 109.** 350.104 (2) (d) of the statutes is amended to read:

20 350.104 (2) (d) *Validity; procedure.* A chemical test of blood or urine conducted  
21 for the purpose of authorized analysis is valid as provided under s. 343.305 (6). The  
22 duties and responsibilities of the laboratory of hygiene, department of health  
23 services and department of transportation under s. 343.305 (6) apply to a chemical  
24 test of blood or urine conducted for the purpose of authorized analysis under this  
25 section. Blood may be withdrawn from a person arrested for a violation of the

1 intoxicated snowmobiling law only by a physician, registered nurse, medical  
2 technologist, physician assistant, graduate physician, phlebotomist, or other  
3 medical professional who is authorized to draw blood, or person acting under the  
4 direction of a physician and the person who withdraws the blood, the employer of that  
5 person and any hospital where blood is withdrawn have immunity from civil or  
6 criminal liability as provided under s. 895.53.

7 **SECTION 110.** 440.03 (13) (b) 30s. of the statutes is created to read:

8 440.03 (13) (b) 30s. Graduate physician.

9 **SECTION 111.** 440.035 (2m) (b) of the statutes is amended to read:

10 440.035 (2m) (b) The medical examining board, the physician assistant  
11 affiliated credentialing board, the graduate physician affiliated credentialing board,  
12 the podiatry affiliated credentialing board, the board of nursing, the dentistry  
13 examining board, or the optometry examining board may issue guidelines regarding  
14 best practices in prescribing controlled substances for persons credentialed by that  
15 board who are authorized to prescribe controlled substances.

16 **SECTION 112.** 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

17 440.035 (2m) (c) 1. (intro.) The medical examining board, the physician  
18 assistant affiliated credentialing board, the graduate physician affiliated  
19 credentialing board, the podiatry affiliated credentialing board, the board of  
20 nursing, the dentistry examining board, and the optometry examining board shall,  
21 by November 1 of each year, submit a report to the persons specified in subd. 2. that  
22 does all of the following:

23 **SECTION 113.** 440.08 (2) (a) 37s. of the statutes is created to read:

24 440.08 (2) (a) 37s. Graduate physician: November 1 of each odd-numbered  
25 year.

1           **SECTION 114.** 440.094 (1) (c) 9m. of the statutes is created to read:

2           440.094 (1) (c) 9m. A graduate physician licensed under subch. X of ch. 448.

3           **SECTION 115.** 440.094 (2) (a) (intro.) of the statutes is amended to read:

4           440.094 (2) (a) (intro.) Notwithstanding ss. 441.06 (4), 441.15 (2), 441.16,  
5           446.02 (1), 447.03 (1) and (2), 448.03 (1) (a), (b), and (c) and (1m), 448.51 (1), 448.61,  
6           448.76, 448.961 (1) and (2), 448.97965 (1), 449.02 (1), 450.03 (1), 451.04 (1), 455.02  
7           (1m), 457.04 (4), (5), (6), and (7), 459.02 (1), 459.24 (1), and 460.02, a health care  
8           provider may provide services within the scope of the credential that the health care  
9           provider holds and the department shall grant the health care provider a temporary  
10          credential to practice under this section if all of the following apply:

11          **SECTION 116.** 448.03 (2) (b) of the statutes is amended to read:

12          448.03 (2) (b) The performance of official duties by a physician, a person who  
13          engages in the practice of a physician assistant, a person who engages in the practice  
14          of a graduate physician, or a perfusionist of any of the armed services or federal  
15          health services of the United States.

16          **SECTION 117.** 448.56 (1) of the statutes is amended to read:

17          448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.  
18          448.52, a person may practice physical therapy only upon the written referral of a  
19          physician, naturopathic doctor, physician assistant, graduate physician,  
20          chiropractor, dentist, podiatrist, or advanced practice nurse prescriber certified  
21          under s. 441.16 (2). Written referral is not required if a physical therapist provides  
22          services in schools to children with disabilities, as defined in s. 115.76 (5), pursuant  
23          to rules promulgated by the department of public instruction; provides services as  
24          part of a home health care agency; provides services to a patient in a nursing home  
25          pursuant to the patient's plan of care; provides services related to athletic activities,



1 conditioning, or injury prevention; or provides services to an individual for a  
2 previously diagnosed medical condition after informing the individual's physician,  
3 naturopathic doctor, physician assistant, graduate physician, chiropractor, dentist,  
4 podiatrist, or advanced practice nurse prescriber certified under s. 441.16 (2) who  
5 made the diagnosis. The examining board may promulgate rules establishing  
6 additional services that are excepted from the written referral requirements of this  
7 subsection.

8 **SECTION 118.** 448.56 (1m) (b) of the statutes is amended to read:

9 448.56 **(1m)** (b) The examining board shall promulgate rules establishing the  
10 requirements that a physical therapist must satisfy if a physician, naturopathic  
11 doctor, physician assistant, graduate physician, chiropractor, dentist, podiatrist, or  
12 advanced practice nurse prescriber makes a written referral under sub. (1). The  
13 purpose of the rules shall be to ensure continuity of care between the physical  
14 therapist and the health care practitioner.

15 **SECTION 119.** 448.62 (8) of the statutes is created to read:

16 448.62 **(8)** A graduate physician who is acting under the supervision and  
17 direction of a podiatrist, subject to s. 448.97966 (2) (a) 4., or an individual to whom  
18 the graduate physician delegates a task or order under s. 448.97966 (4).

19 **SECTION 120.** 448.67 (2) of the statutes is amended to read:

20 448.67 **(2)** SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee  
21 who renders any podiatric service or assistance, or gives any podiatric advice or any  
22 similar advice or assistance, to any patient, podiatrist, physician, physician  
23 assistant, graduate physician, advanced practice nurse prescriber certified under s.  
24 441.16 (2), partnership, or corporation, or to any other institution or organization,  
25 including a hospital, for which a charge is made to a patient, shall, except as

1 authorized by Title 18 or Title 19 of the federal Social Security Act, render an  
2 individual statement or account of the charge directly to the patient, distinct and  
3 separate from any statement or account by any other podiatrist, physician, physician  
4 assistant, graduate physician, advanced practice nurse prescriber, or other person.

5 **SECTION 121.** 448.695 (4) (c) and (d) of the statutes are created to read:

6 448.695 (4) (c) Practice standards for a graduate physician practicing podiatry  
7 as provided in s. 448.97966 (2) (a) 4.

8 (d) Requirements for a podiatrist who is supervising a graduate physician as  
9 provided in s. 448.97966 (2) (a) 4.

10 **SECTION 122.** 448.956 (1m) of the statutes, as affected by 2021 Wisconsin Act  
11 251, is amended to read:

12 448.956 (1m) Subject to sub. (1) (a), a licensee may provide athletic training  
13 to an individual without a referral, except that a licensee may not provide athletic  
14 training as described under s. 448.95 (5) (d) or (e) in an outpatient rehabilitation  
15 setting unless the licensee has obtained a written referral for the individual from a  
16 practitioner licensed or certified under subch. II, III, IV, V, or VII of this chapter;  
17 under ch. 446; or under s. 441.16 (2) or from a practitioner who holds a compact  
18 privilege under subch. ~~XI~~ XII or XIII of ch. 448.

19 **SECTION 123.** 448.975 (2) (c) 5. of the statutes is amended to read:

20 448.975 (2) (c) 5. The practice of podiatry, except when the physician assistant  
21 is acting under the supervision and direction of a podiatrist, subject to par. (a) 2m.  
22 and the rules promulgated under s. 448.695 (4) (a) and (b).

23 **SECTION 124.** 448.975 (5) (a) 1. (intro.) of the statutes is amended to read:



1           **448.97962 Expedited partner therapy. (1)** In this section:

2           (a) “Antimicrobial drug” has the meaning given in s. 448.035 (1) (b).

3           (b) “Expedited partner therapy” has the meaning given in s. 448.035 (1) (c).

4           **(2)** Notwithstanding the requirements of s. 448.9785, a graduate physician  
5 may provide expedited partner therapy if a patient is diagnosed as infected with a  
6 chlamydial infection, gonorrhea, or trichomoniasis and the patient has had sexual  
7 contact with a sexual partner during which the chlamydial infection, gonorrhea, or  
8 trichomoniasis may have been transmitted to or from the sexual partner. The  
9 graduate physician shall attempt to obtain the name of the patient’s sexual partner.  
10 A prescription order for an antimicrobial drug prepared under this subsection shall  
11 include the name and address of the patient’s sexual partner, if known. If the  
12 graduate physician is unable to obtain the name of the patient’s sexual partner, the  
13 prescription order shall include, in ordinary, bold-faced capital letters, the words,  
14 ”expedited partner therapy” or the letters ”EPT.”

15           **(3)** The graduate physician shall provide the patient with a copy of the  
16 information sheet prepared by the department of health services under s. 46.03 (44)  
17 and shall request that the patient give the information sheet to the person with  
18 whom the patient had sexual contact.

19           **(4)** (a) Except as provided in par. (b), a graduate physician is immune from civil  
20 liability for injury to or the death of a person who takes any antimicrobial drug if the  
21 antimicrobial drug is prescribed, dispensed, or furnished under this section and if  
22 expedited partner therapy is provided as specified under this section.

23           (b) The immunity under par. (a) does not extend to the donation, distribution,  
24 furnishing, or dispensing of an antimicrobial drug by a graduate physician whose act  
25 or omission involves reckless, wanton, or intentional misconduct.

1           **448.97963 Prescription for and delivery of opioid antagonists. (1)** In  
2 this section:

3           (a) “Administer” has the meaning given in s. 450.01 (1).

4           (b) “Deliver” has the meaning given in s. 450.01 (5).

5           (c) “Dispense” has the meaning given in s. 450.01 (7).

6           (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).

7           (e) “Opioid-related drug overdose” has the meaning given in s. 256.40 (1) (d).

8           (f) “Standing order” has the meaning given in s. 450.01 (21p).

9           **(2)** (a) A graduate physician may do any of the following:

10           1. Prescribe an opioid antagonist to a person in a position to assist an individual  
11 at risk of undergoing an opioid-related drug overdose and deliver the opioid  
12 antagonist to that person. A prescription order under this subdivision need not  
13 specify the name and address of the individual to whom the opioid antagonist will  
14 be administered, but shall instead specify the name of the person to whom the opioid  
15 antagonist is prescribed.

16           2. Issue a standing order to one or more persons authorizing the dispensing of  
17 an opioid antagonist.

18           (b) A graduate physician who prescribes or delivers an opioid antagonist under  
19 par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed  
20 has or has the capacity to provide the knowledge and training necessary to safely  
21 administer the opioid antagonist to an individual undergoing an opioid-related  
22 overdose and that the person demonstrates the capacity to ensure that any  
23 individual to whom the person further delivers the opioid antagonist has or receives  
24 that knowledge and training.

1           **(3)** A graduate physician who, acting in good faith, prescribes or delivers an  
2 opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise  
3 lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal  
4 or civil liability and may not be subject to professional discipline under s. 448.97969  
5 for any outcomes resulting from prescribing, delivering, or dispensing the opioid  
6 antagonist.

7           **448.97964 Powers and duties of board. (1)** (a) The board shall promulgate  
8 rules implementing s. 448.97970.

9           (b) The board shall promulgate rules establishing continuing education  
10 requirements for graduate physicians.

11           (c) The board may promulgate other rules to carry out the purposes of this  
12 subchapter, including any of the following:

13           1. Rules defining what constitutes unprofessional conduct for graduate  
14 physicians for purposes of s. 448.97969 (2) (d).

15           2. Rules under s. 448.97968 (2).

16           **(2)** The board shall include in the register the board maintains under s. 440.035  
17 (1m) (d) the names of all persons whose licenses issued under this subchapter were  
18 suspended or revoked within the past 2 years. The register shall be available for  
19 purchase at cost.

20           **448.97965 License; renewal. (1)** The board shall grant an initial license to  
21 practice as a graduate physician to any applicant who is found qualified by  
22 three-fourths of the members of the board and satisfies all of the following  
23 requirements, as determined by the board:

1 (a) The applicant submits an application on a form provided by the department  
2 and pays the initial credential fee determined by the department under s. 440.03 (9)

3 (a).

4 (b) The applicant is at least 18 years of age.

5 (c) The applicant possesses the degree of doctor of medicine or doctor of  
6 osteopathy.

7 (d) The applicant has completed Step 2 of the United States Medical Licensing  
8 Examination or the equivalent of such step of any other medical licensing  
9 examination approved by the board within the 3-year period immediately preceding  
10 application for licensure as a graduate physician or within 3 years after graduation  
11 from a medical college or osteopathic medical college, whichever is later.

12 (e) The applicant has not completed and is not currently enrolled in an  
13 approved postgraduate residency program.

14 (f) The applicant provides a listing with all employers, practice settings,  
15 internships, residencies, fellowships, and other employment for the past 7 years.

16 (g) Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an  
17 arrest or conviction record.

18 **(2)** (a) The renewal date for a license issued under this subchapter is specified  
19 under s. 440.08 (2) (a), and the renewal fees for such licenses are determined by the  
20 department under s. 440.03 (9) (a). Renewal of a license is subject to par. (b).

21 (b) An applicant for the renewal of a license under this subchapter shall submit  
22 with his or her application for renewal proof of having satisfied the continuing  
23 education requirements imposed by the board under s. 448.97964 (1) (b). This  
24 paragraph does not apply to an applicant for renewal of a license that expires on the  
25 first renewal date after the date on which the board initially granted the license.

1           **448.97966 Practice and employment. (1)** (a) Subject to the limitations and  
2 requirements under sub. (2); the graduate physician's experience, education, and  
3 training; and any rules promulgated under sub. (5), a graduate physician may do any  
4 of the following:

5           1. Examine into the fact, condition, or cause of human health or disease, or  
6 treat, operate, prescribe, or advise for the same, by any means or instrumentality.

7           2. Apply principles or techniques of medical sciences in the diagnosis or  
8 prevention of any of the conditions described in subd. 1. and in s. 448.01 (2).

9           3. Penetrate, pierce, or sever the tissues of a human being.

10          4. Offer, undertake, attempt, or hold himself or herself out in any manner as  
11 able to do any of the acts described in this paragraph.

12          (b) 1. Subject to subd. 2. and any rules promulgated by the board and consistent  
13 with his or her experience, education, and training, a graduate physician may order,  
14 prescribe, procure, dispense, and administer prescription drugs, medical devices,  
15 services, and supplies.

16          2. A graduate physician practicing under the supervision and direction of a  
17 podiatrist under sub. (2) (a) 4. may issue a prescription order for a drug or device in  
18 accordance with guidelines established by the supervising podiatrist and the  
19 graduate physician and with rules promulgated by the board. If any conflict exists  
20 between the guidelines and the rules, the rules shall control.

21          (c) A graduate physician may practice in ambulatory care, acute care,  
22 long-term care, home care, or other settings as a primary, specialty, or surgical care  
23 provider who may serve as a patient's primary care provider or specialty care  
24 provider.



1           (2) (a) 1. Except as provided in subds. 4. and 5. and sub. (5) (a) 1. a. or b., a  
2 graduate physician who provides care to patients shall maintain and provide to the  
3 board upon request one of the following:

4           a. Evidence that, pursuant to the graduate physician's employment, there is  
5 a physician who is primarily responsible for the overall direction and management  
6 of the graduate physician's professional activities and for assuring that the services  
7 provided by the graduate physician are medically appropriate. In this subd. 1. a.,  
8 "employment" includes an arrangement between the graduate physician and a 3rd  
9 party in which the 3rd party receives payment for services provided by the graduate  
10 physician.

11           b. A written collaborative agreement with a physician that, subject to subd. 2.,  
12 describes the graduate physician's individual scope of practice, that includes a  
13 protocol for identifying an alternative collaborating physician for situations in which  
14 the collaborating physician or the physician's designee is not available for  
15 consultation, and that includes other information as required by the board.

16           2. All of the following apply to a written collaborative agreement between a  
17 physician and a graduate physician under subd. 1. b.:

18           a. The agreement may be terminated by either party by providing written  
19 notice at least 30 days prior to the date of termination, or as otherwise agreed to by  
20 the physician and the graduate physician.

21           b. The agreement shall specify that the collaborating physician shall remain  
22 reasonably available to the graduate physician through the use of  
23 telecommunications or other electronic means within a medically appropriate time  
24 frame and that the collaborating physician may designate an alternate collaborator  
25 during periods of unavailability.

1           c. The agreement shall specify an arrangement for physician consultation with  
2 the patient within a medically appropriate time frame for consultation, if requested  
3 by the patient or the graduate physician.

4           d. The agreement shall be signed by the graduate physician and the  
5 collaborating physician.

6           3. Subdivision 1. does not require the physical presence of a physician at the  
7 time and place a graduate physician renders a service.

8           4. A graduate physician may practice under the supervision and direction of  
9 a podiatrist. A graduate physician who is practicing under the supervision and  
10 direction of a podiatrist shall be limited to providing nonsurgical patient services.  
11 Subdivision 1. does not apply to a graduate physician who is practicing under the  
12 supervision and direction of a podiatrist.

13           5. Subdivision 1. does not apply with respect to a graduate physician who is  
14 employed by the federal government as a civilian or member of the uniformed  
15 services while performing duties incident to that employment or service.

16           (b) A graduate physician shall limit his or her practice to the scope of his or her  
17 experience, education, and training.

18           (c) No graduate physician may provide medical care, except routine screening  
19 and emergency care, in any of the following:

20           1. The practice of dentistry or dental hygiene within the meaning of ch. 447.

21           2. The practice of optometry within the meaning of ch. 449.

22           3. The practice of chiropractic within the meaning of ch. 446.

23           4. The practice of acupuncture within the meaning of ch. 451.

1           5. The practice of podiatry, except when the graduate physician is acting under  
2 the supervision and direction of a podiatrist, subject to par. (a) 4. and the rules  
3 promulgated under s. 448.695 (4) (c) and (d).

4           **(3)** (a) It shall be the obligation of a graduate physician to ensure all of the  
5 following:

6           1. That the scope of the practice of the graduate physician is identified and is  
7 appropriate with respect to his or her experience, education, and training.

8           2. For purposes of sub. (2) (a) 1. b., that the relationship with and access to a  
9 collaborating physician by the graduate physician is defined.

10          3. That the requirements and standards of licensure under this subchapter are  
11 complied with.

12          4. That consultation with or referral to other licensed health care providers  
13 with a scope of practice appropriate for a patient's care needs occurs when the  
14 patient's care needs exceed the graduate physician's experience, education, or  
15 training. A graduate physician shall ensure that he or she has awareness of options  
16 for the management of situations that are beyond the graduate physician's expertise.

17          (b) A graduate physician is individually and independently responsible for the  
18 quality of the care he or she renders.

19          **(4)** A graduate physician may delegate a care task or order to another clinically  
20 trained health care worker if the graduate physician is competent to perform the  
21 delegated task or order and has reasonable evidence that the clinically trained  
22 health care worker is minimally competent to perform the task or issue the order  
23 under the circumstances.

1           **(5)** (a) 1. The board shall, subject to subd. 2. and s. 448.695 (4) (c) and (d),  
2 promulgate any rules necessary to implement this section, including rules to do any  
3 of the following:

4           a. Allow for temporary practice, specifically defined and actively monitored by  
5 the board, in the event of an interruption of a collaborative relationship under sub.  
6 (2) (a) 1. b.

7           b. Allow a graduate physician, in the absence of an employment or collaborative  
8 relationship under sub. (2) (a) 1., to provide medical care at the scene of an  
9 emergency, during a declared state of emergency or other disaster, or when  
10 volunteering at sporting events or at camps.

11           2. Rules promulgated by the board may not permit a broader scope of practice  
12 than that which may be exercised in accordance with subs. (1) and (2).  
13 Notwithstanding s. 15.085 (5) (b) 2., if the medical examining board reasonably  
14 determines that a rule submitted to it by the graduate physician affiliated  
15 credentialing board under s. 15.085 (5) (b) 1. permits a broader scope of practice than  
16 that which may be exercised in accordance with subs. (1) and (2), then the graduate  
17 physician affiliated credentialing board shall, prior to submitting the proposed rule  
18 to the legislative council staff under s. 227.15 (1), revise the proposed rule so that it  
19 does not exceed or permit a broader scope of practice than that which may be  
20 exercised in accordance with subs. (1) and (2).

21           (b) The board shall develop and recommend to the podiatry affiliated  
22 credentialing board practice standards for graduate physicians practicing under  
23 podiatrists under sub. (2) (a) 4.

24           **(6)** The practice permissions provided in this section are permissions granted  
25 by the state authorizing the licensed practice of graduate physicians. Nothing in this

1 section prohibits an employer, hospital, health plan, or other similar entity  
2 employing or with a relationship with a graduate physician from establishing  
3 additional requirements for a graduate physician as a condition of employment or  
4 relationship.

5 **448.97967 Civil liability.** No graduate physician shall be liable for civil  
6 damages for either of the following:

7 (1) Reporting in good faith to the department of transportation under s. 146.82  
8 (3) a patient's name and other information relevant to a physical or mental condition  
9 of the patient that in the graduate physician's judgment impairs the patient's ability  
10 to exercise reasonable and ordinary control over a motor vehicle.

11 (2) In good faith, not reporting to the department of transportation under s.  
12 146.82 (3) a patient's name and other information relevant to a physical or mental  
13 condition of the patient that in the graduate physician's judgment does not impair  
14 the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

15 **448.97968 Malpractice liability insurance.** (1) Except as provided in subs.  
16 (2) and (3), no graduate physician may practice as authorized under s. 448.97966  
17 unless he or she has in effect malpractice liability insurance coverage evidenced by  
18 one of the following:

19 (a) Personal liability coverage in the amounts specified for health care  
20 providers under s. 655.23 (4).

21 (b) Coverage under a group liability policy providing individual coverage for the  
22 graduate physician in the amounts under s. 655.23 (4).

23 (2) The board may promulgate rules requiring a practicing graduate physician  
24 to have in effect malpractice liability insurance coverage in amounts greater than  
25 those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this

1 subsection, no graduate physician may practice as authorized under s. 448.97966  
2 unless he or she has in effect malpractice liability insurance coverage as required  
3 under those rules, except as provided in sub. (3).

4 (3) A graduate physician who is a state, county, or municipal employee, or  
5 federal employee or contractor covered under the federal tort claims act, as amended,  
6 and who is acting within the scope of his or her employment or contractual duties is  
7 not required to maintain in effect malpractice insurance coverage.

8 (4) Except as provided in subs. (2) and (3), a graduate physician may comply  
9 with sub. (1) if the graduate physician's employer has in effect malpractice liability  
10 insurance that is at least the minimum amount specified under s. 655.23 (4) and that  
11 provides coverage for claims against the graduate physician.

12 **448.97969 Professional discipline.** (1) Subject to the rules promulgated  
13 under s. 440.03 (1), the board may conduct investigations and hearings to determine  
14 whether a person has violated this subchapter or a rule promulgated under this  
15 subchapter.

16 (2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies  
17 for or holds a license issued under s. 448.97965 does any of the following, the board  
18 may reprimand the person or deny, limit, suspend, or revoke the person's license:

19 (a) Makes a material misstatement in an application for a license or an  
20 application for renewal of a license under s. 448.97965.

21 (b) Violates any law of this state or federal law that substantially relates to the  
22 practice of a graduate physician, violates this subchapter, or violates a rule  
23 promulgated under this subchapter.

24 (c) Advertises, practices, or attempts to practice under another person's name.

1 (d) Engages in unprofessional conduct. In this paragraph, “unprofessional  
2 conduct” does not include any of the following:

3 1. Providing expedited partner therapy as described in s. 448.97962.

4 2. Prescribing or delivering an opioid antagonist in accordance with s.  
5 448.97963.

6 (e) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of  
7 a felony.

8 (f) Subject to ss. 111.321, 111.322, and 111.34, practices as a graduate physician  
9 while his or her ability is impaired by alcohol or other drugs.

10 (g) Engages in fraud or deceit in obtaining or using his or her license.

11 (h) Is adjudicated mentally incompetent by a court.

12 (i) Demonstrates gross negligence, incompetence, or misconduct in practice.

13 (j) Knowingly, recklessly, or negligently divulges a privileged communication  
14 or other confidential patient health care information except as required or permitted  
15 by state or federal law.

16 (k) Fails to cooperate with the board, or fails to timely respond to a request for  
17 information by the board, in connection with an investigation under this section.

18 (L) Prescribes, sells, administers, distributes, orders, or provides a controlled  
19 substance for a purpose other than a medical purpose.

20 (m) Demonstrates a lack of physical or mental ability to safely practice as a  
21 graduate physician.

22 (n) Engages in any practice that is outside the scope of his or her experience,  
23 education, or training.

24 (o) Is disciplined or has been disciplined by another state or jurisdiction based  
25 upon acts or conduct similar to acts or conduct prohibited under pars. (a) to (n).

1           **448.97970 Informed consent.** Any graduate physician who treats a patient  
2 shall inform the patient about the availability of reasonable alternate medical modes  
3 of treatment and about the benefits and risks of these treatments. The reasonable  
4 graduate physician standard is the standard for informing a patient under this  
5 section. The reasonable graduate physician standard requires disclosure only of  
6 information that a reasonable graduate physician in the same or a similar medical  
7 specialty would know and disclose under the circumstances. The graduate  
8 physician's duty to inform the patient under this section does not require disclosure  
9 of any of the following:

10           (1) Detailed technical information that in all probability a patient would not  
11 understand.

12           (2) Risks apparent or known to the patient.

13           (3) Extremely remote possibilities that might falsely or detrimentally alarm  
14 the patient.

15           (4) Information in emergencies when failure to provide treatment would be  
16 more harmful to the patient than treatment.

17           (5) Information in cases when the patient is incapable of consenting.

18           (6) Information about alternate medical modes of treatment for any condition  
19 the graduate physician has not included in his or her diagnosis at the time the  
20 graduate physician informs the patient.

21           **448.97971 Penalties.** Any person who violates this subchapter is subject to  
22 a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.

23           **448.97972 Injunction.** If it appears upon complaint to the board by any  
24 person or if it is known to the board that any person is violating this subchapter, or  
25 rules adopted by the board under this subchapter, the board or the attorney general



1 may investigate and may, in addition to any other remedies, bring action in the name  
2 and on behalf of the state against any such person to enjoin such person from such  
3 violation. The attorney general shall represent the board in all proceedings.

4 **448.97973. Duty to report. (1)** A graduate physician who has reason to  
5 believe any of the following about another graduate physician shall promptly submit  
6 a written report to the board that includes facts relating to the conduct of the other  
7 graduate physician:

8 (a) The other graduate physician is engaging in or has engaged in acts that  
9 constitute a pattern of unprofessional conduct.

10 (b) The other graduate physician is engaging or has engaged in an act that  
11 creates an immediate or continuing danger to one or more patients or to the public.

12 (c) The other graduate physician is or may be medically incompetent.

13 (d) The other graduate physician is or may be mentally or physically unable  
14 safely to engage in the practice of a graduate physician.

15 **(2)** No graduate physician who reports to the board under sub. (1) may be held  
16 civilly or criminally liable or be found guilty of unprofessional conduct for reporting  
17 in good faith.

18 **SECTION 126.** Subchapter X (title) of chapter 448 [precedes 448.980] of the  
19 statutes, as affected by 2021 Wisconsin Act 251, is renumbered subchapter XI (title)  
20 of chapter 448 [precedes 448.980].

21 **SECTION 127.** Subchapter XI (title) of chapter 448 [precedes 448.985] of the  
22 statutes, as affected by 2021 Wisconsin Act 251, is renumbered subchapter XII (title)  
23 of chapter 448 [precedes 448.985].

24 **SECTION 128.** Subchapter XII (title) of chapter 448 [precedes 448.987] of the  
25 statutes is renumbered subchapter XIII (title) of chapter 448 [precedes 448.987].

1           **SECTION 129.** 450.01 (16) (h) 4. of the statutes is created to read:

2           450.01 **(16)** (h) 4. The patient's graduate physician.

3           **SECTION 130.** 450.01 (16) (hm) 4. of the statutes is created to read:

4           450.01 **(16)** (hm) 4. The patient's graduate physician.

5           **SECTION 131.** 450.01 (16) (hr) 4. of the statutes is created to read:

6           450.01 **(16)** (hr) 4. A graduate physician.

7           **SECTION 132.** 450.10 (3) (a) 5. of the statutes, as affected by 2021 Wisconsin Act  
8           251, is amended to read:

9           450.10 **(3)** (a) 5. A physician, physician assistant, graduate physician,  
10           podiatrist, physical therapist, physical therapist assistant, occupational therapist,  
11           occupational therapy assistant, or genetic counselor licensed under ch. 448, a  
12           physical therapist or physical therapist assistant who holds a compact privilege  
13           under subch. XI of ch. 448, or an occupational therapist or occupational therapy  
14           assistant who holds a compact privilege under subch. XII of ch. 448.

15           **SECTION 133.** 450.11 (1g) (b) of the statutes is amended to read:

16           450.11 **(1g)** (b) A pharmacist may, upon the prescription order of a practitioner  
17           providing expedited partner therapy, as specified in s. 448.035 ~~or~~, 448.9725, or  
18           448.97962, that complies with the requirements of sub. (1), dispense an  
19           antimicrobial drug as a course of therapy for treatment of chlamydial infections,  
20           gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the  
21           patient has had sexual contact for use by the person with whom the patient has had  
22           sexual contact. The pharmacist shall provide a consultation in accordance with rules  
23           promulgated by the board for the dispensing of a prescription to the person to whom  
24           the antimicrobial drug is dispensed. A pharmacist providing a consultation under  
25           this paragraph shall ask whether the person for whom the antimicrobial drug has

1 been prescribed is allergic to the antimicrobial drug and advise that the person for  
2 whom the antimicrobial drug has been prescribed must discontinue use of the  
3 antimicrobial drug if the person is allergic to or develops signs of an allergic reaction  
4 to the antimicrobial drug.

5 **SECTION 134.** 450.11 (1i) (a) 1. of the statutes is amended to read:

6 450.11 **(1i)** (a) 1. A pharmacist may, upon and in accordance with the  
7 prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1.,  
8 of a physician under s. 448.037 (2) (a) 1., ~~or~~ of a physician assistant under s. 448.9727  
9 (2) (a) 1., or of a graduate physician under s. 448.97963 (2) (a) 1. that complies with  
10 the requirements of sub. (1), deliver an opioid antagonist to a person specified in the  
11 prescription order and may, upon and in accordance with the standing order of an  
12 advanced practice nurse prescriber under s. 441.18 (2) (a) 2., of a physician under s.  
13 448.037 (2) (a) 2., ~~or~~ of a physician assistant under s. 448.9727 (2) (a) 2., or of a  
14 graduate physician under s. 448.97963 (2) (a) 2. that complies with the requirements  
15 of sub. (1), deliver an opioid antagonist to an individual in accordance with the order.  
16 The pharmacist shall provide a consultation in accordance with rules promulgated  
17 by the board for the delivery of a prescription to the person to whom the opioid  
18 antagonist is delivered.

19 **SECTION 135.** 450.11 (1i) (b) 2. cr. of the statutes is created to read:

20 450.11 **(1i)** (b) 2. cr. A graduate physician may deliver or dispense an opioid  
21 antagonist only in accordance with s. 448.97963 (2) or in accordance with his or her  
22 other legal authority to dispense prescription drugs.

23 **SECTION 136.** 450.11 (1i) (c) 2. of the statutes is amended to read:

24 450.11 **(1i)** (c) 2. Subject to par. (a) 2. and ss. 441.18 (3), 448.037 (3), and  
25 448.9727 (3), and 448.97963 (3), any person who, acting in good faith, delivers or

1 dispenses an opioid antagonist to another person shall be immune from civil or  
2 criminal liability for any outcomes resulting from delivering or dispensing the opioid  
3 antagonist.

4 **SECTION 137.** 450.11 (7) (b) of the statutes is amended to read:

5 450.11 (7) (b) Information communicated to a physician, physician assistant,  
6 graduate physician, or advanced practice nurse prescriber in an effort to procure  
7 unlawfully a prescription drug or the administration of a prescription drug is not a  
8 privileged communication.

9 **SECTION 138.** 450.11 (8) (g) of the statutes is created to read:

10 450.11 (8) (g) The graduate physician affiliated credentialing board, insofar as  
11 this section applies to graduate physicians.

12 **SECTION 139.** 450.13 (5) (d) of the statutes is created to read:

13 450.13 (5) (d) The patient's graduate physician.

14 **SECTION 140.** 450.135 (7) (d) of the statutes is created to read:

15 450.135 (7) (d) The patient's graduate physician.

16 **SECTION 141.** 451.02 (1) of the statutes, as affected by 2021 Wisconsin Act 251,  
17 is amended to read:

18 451.02 (1) An individual holding a license, permit or certificate under ch. 441,  
19 446, 447, 448, or 449 or a compact privilege under subch. ~~XI~~ XII or XIII of ch. 448  
20 who engages in a practice of acupuncture that is also included within the scope of his  
21 or her license, permit, certificate, or privilege.

22 **SECTION 142.** 454.02 (2) (a) of the statutes is amended to read:

23 454.02 (2) (a) Services performed by a person licensed, certified or registered  
24 under the laws of this state as a physician, physician assistant, graduate physician,

1 podiatrist, physical therapist, nurse or funeral director if those services are within  
2 the scope of the license, certificate or registration.

3 **SECTION 143.** 454.21 (1) of the statutes is amended to read:

4 454.21 (1) A service performed by a person licensed, certified, or registered  
5 under the laws of this state as a physician, physician assistant, graduate physician,  
6 nurse, or funeral director if the service is within the scope of the license, certificate,  
7 or registration.

8 **SECTION 144.** 462.02 (2) (em) of the statutes is created to read:

9 462.02 (2) (em) A graduate physician licensed under s. 448.97965.

10 **SECTION 145.** 462.04 of the statutes, as affected by 2021 Wisconsin Act 251, is  
11 amended to read:

12 **462.04 Prescription or order required.** A person who holds a license or  
13 limited X-ray machine operator permit under this chapter may not use diagnostic  
14 X-ray equipment on humans for diagnostic purposes unless authorized to do so by  
15 prescription or order of a physician licensed under s. 448.04 (1) (a), a naturopathic  
16 doctor licensed under s. 466.04 (1), a dentist licensed under s. 447.04 (1), a podiatrist  
17 licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced  
18 practice nurse certified under s. 441.16 (2), a physician assistant licensed under s.  
19 448.974, or, subject to s. 448.56 (7) (a), a graduate physician licensed under s.  
20 448.97965, a physical therapist who is licensed under s. 448.53 or who holds a  
21 compact privilege under subch. XI of ch. 448.

22 **SECTION 146.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

23 895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician,  
24 naturopathic doctor, physician assistant, graduate physician, podiatrist, or athletic  
25 trainer licensed under ch. 448, chiropractor licensed under ch. 446, dentist licensed

1 under ch. 447, emergency medical services practitioner licensed under s. 256.15,  
2 emergency medical responder certified under s. 256.15 (8), registered nurse licensed  
3 under ch. 441, or a massage therapist or bodywork therapist licensed under ch. 460  
4 who renders voluntary health care to a participant in an athletic event or contest  
5 sponsored by a nonprofit corporation, as defined in s. 66.0129 (6) (b), a private school,  
6 as defined in s. 115.001 (3r), a tribal school, as defined in s. 115.001 (15m), a public  
7 agency, as defined in s. 46.856 (1) (b), or a school, as defined in s. 609.655 (1) (c), is  
8 immune from civil liability for his or her acts or omissions in rendering that care if  
9 all of the following conditions exist:

10 **SECTION 147.** 895.48 (1m) (a) 2. of the statutes is amended to read:

11 895.48 (1m) (a) 2. The physician, naturopathic doctor, podiatrist, athletic  
12 trainer, chiropractor, dentist, emergency medical services practitioner, as defined in  
13 s. 256.01 (5), emergency medical responder, as defined in s. 256.01 (4p), physician  
14 assistant, graduate physician, registered nurse, massage therapist or bodywork  
15 therapist does not receive compensation for the health care, other than  
16 reimbursement for expenses.

17 **SECTION 148.** 895.535 (1) of the statutes is amended to read:

18 895.535 (1) Any physician, physician assistant, graduate physician, or  
19 registered nurse licensed to practice in this state conducting a body cavity search  
20 pursuant to s. 968.255 is immune from any civil or criminal liability for the act,  
21 except for civil liability for negligence in the performance of the act.

22 **SECTION 149.** 905.04 (1) (b) of the statutes is amended to read:

23 905.04 (1) (b) A communication or information is “confidential” if not intended  
24 to be disclosed to 3rd persons other than those present to further the interest of the  
25 patient in the consultation, examination, or interview, to persons reasonably

1 necessary for the transmission of the communication or information, or to persons  
2 who are participating in the diagnosis and treatment under the direction of the  
3 physician, graduate physician, naturopathic doctor, podiatrist, registered nurse,  
4 chiropractor, psychologist, social worker, marriage and family therapist or  
5 professional counselor, including the members of the patient's family.

6 **SECTION 150.** 905.04 (1) (bg) of the statutes is created to read:

7 905.04 (1) (bg) "Graduate physician" means a person defined in s. 990.01 (9m),  
8 or an individual reasonably believed by the patient to be a graduate physician.

9 **SECTION 151.** 905.04 (1) (c) of the statutes is amended to read:

10 905.04 (1) (c) "Patient" means an individual, couple, family or group of  
11 individuals who consults with or is examined or interviewed by a physician, graduate  
12 physician, naturopathic doctor, podiatrist, registered nurse, chiropractor,  
13 psychologist, social worker, marriage and family therapist or professional counselor.

14 **SECTION 152.** 905.04 (2) of the statutes is amended to read:

15 905.04 (2) GENERAL RULE OF PRIVILEGE. A patient has a privilege to refuse to  
16 disclose and to prevent any other person from disclosing confidential  
17 communications made or information obtained or disseminated for purposes of  
18 diagnosis or treatment of the patient's physical, mental or emotional condition,  
19 among the patient, the patient's physician, the patient's graduate physician, the  
20 patient's naturopathic doctor, the patient's podiatrist, the patient's registered nurse,  
21 the patient's chiropractor, the patient's psychologist, the patient's social worker, the  
22 patient's marriage and family therapist, the patient's professional counselor or  
23 persons, including members of the patient's family, who are participating in the  
24 diagnosis or treatment under the direction of the physician, naturopathic doctor,

1 podiatrist, registered nurse, chiropractor, psychologist, social worker, marriage and  
2 family therapist or professional counselor.

3 **SECTION 153.** 905.04 (3) of the statutes is amended to read:

4 905.04 (3) WHO MAY CLAIM THE PRIVILEGE. The privilege may be claimed by the  
5 patient, by the patient's guardian or conservator, or by the personal representative  
6 of a deceased patient. The person who was the physician, graduate physician,  
7 naturopathic doctor, podiatrist, registered nurse, chiropractor, psychologist, social  
8 worker, marriage and family therapist or professional counselor may claim the  
9 privilege but only on behalf of the patient. The authority so to do is presumed in the  
10 absence of evidence to the contrary.

11 **SECTION 154.** 905.04 (4) (a) of the statutes is amended to read:

12 905.04 (4) (a) *Proceedings for commitment, guardianship, protective services,*  
13 *or protective placement or for control, care, or treatment of a sexually violent person.*  
14 There is no privilege under this rule as to communications and information relevant  
15 to an issue in probable cause or final proceedings to commit the patient for mental  
16 illness under s. 51.20, to appoint a guardian in this state, for court-ordered  
17 protective services or protective placement, for review of guardianship, protective  
18 services, or protective placement orders, or for control, care, or treatment of a  
19 sexually violent person under ch. 980, if the physician, graduate physician,  
20 registered nurse, chiropractor, psychologist, social worker, marriage and family  
21 therapist, or professional counselor in the course of diagnosis or treatment has  
22 determined that the patient is in need of commitment, guardianship, protective  
23 services, or protective placement or control, care, and treatment as a sexually violent  
24 person.

25 **SECTION 155.** 905.04 (4) (e) 3. of the statutes is amended to read:



1           905.04 (4) (e) 3. There is no privilege in situations where the examination of  
2 the expectant mother of an abused unborn child creates a reasonable ground for an  
3 opinion of the physician, graduate physician, registered nurse, chiropractor,  
4 psychologist, social worker, marriage and family therapist or professional counselor  
5 that the physical injury inflicted on the unborn child was caused by the habitual lack  
6 of self-control of the expectant mother of the unborn child in the use of alcohol  
7 beverages, controlled substances or controlled substance analogs, exhibited to a  
8 severe degree.

9           **SECTION 156.** 961.01 (19) (a) of the statutes is amended to read:

10           961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian,  
11 podiatrist, optometrist, scientific investigator or, physician assistant, subject to s.  
12 448.975 (1) (b), ~~a physician assistant~~, graduate physician, subject to s. 448.97966 (1)  
13 (b), or other person licensed, registered, certified or otherwise permitted to  
14 distribute, dispense, conduct research with respect to, administer or use in teaching  
15 or chemical analysis a controlled substance in the course of professional practice or  
16 research in this state.

17           **SECTION 157.** 968.255 (3) of the statutes is amended to read:

18           968.255 (3) No person other than a physician, physician assistant, graduate  
19 physician, or registered nurse licensed to practice in this state may conduct a body  
20 cavity search. A physician, physician assistant, graduate physician, or registered  
21 nurse acting under this section, the employer of any such person, and any health care  
22 facility where the search is conducted have immunity from civil or criminal liability  
23 under s. 895.535.

24           **SECTION 158.** 971.14 (4) (a) of the statutes is amended to read:

1           971.14 (4) (a) The court shall cause copies of the report to be delivered forthwith  
2 to the district attorney and the defense counsel, or the defendant personally if not  
3 represented by counsel. Upon the request of the sheriff or jailer charged with care  
4 and control of the jail in which the defendant is being held pending or during a trial  
5 or sentencing proceeding, the court shall cause a copy of the report to be delivered  
6 to the sheriff or jailer. The sheriff or jailer may provide a copy of the report to the  
7 person who is responsible for maintaining medical records for inmates of the jail, or  
8 to a nurse licensed under ch. 441, to a physician licensed under subch. II of ch. 448,  
9 or to a physician assistant licensed under subch. IX of ch. 448, or to a graduate  
10 physician licensed under subch. X of ch. 448 who is a health care provider for the  
11 defendant or who is responsible for providing health care services to inmates of the  
12 jail. The report shall not be otherwise disclosed prior to the hearing under this  
13 subsection.

14           **SECTION 159.** 990.01 (9m) of the statutes is created to read:

15           990.01 (9m) GRADUATE PHYSICIAN. “Graduate physician” means a person  
16 licensed as a graduate physician by the graduate physician affiliated credentialing  
17 board.

18           **SECTION 160.** 990.01 (28) of the statutes is amended to read:

19           990.01 (28) PHYSICIAN, SURGEON OR OSTEOPATH. “Physician,” “surgeon,” or  
20 “osteopath” means a person holding a license ~~or certificate of registration~~ to practice  
21 medicine and surgery from the medical examining board.

22           **SECTION 161. Cross-reference changes.**

23           (1) In ss. 49.45 (9r) (a) 7. b., 146.81 (1) (dg), 146.997 (1) (d) 4., 154.03 (2), 154.07  
24 (1) (a) (intro.), 155.01 (7), 165.77 (1) (a), 252.14 (1) (ar) 4e., 302.384 (1m), 440.094 (1)

1 (c) 5., 446.01 (1v) (d), 448.956 (4), 450.10 (3) (a) 5., and 462.04 the cross-references  
2 to “subch. XI of ch. 448” are changed to “subch. XII of ch. 448.”

3 (2) In ss. 49.45 (9r) (a) 7. c., 146.81 (1) (es), 146.997 (1) (d) 4., 155.01 (7), 252.14  
4 (1) (ar) 4p., 446.01 (1v) (h), and 450.10 (3) (a) 5. the cross-references to “subch. XII  
5 of ch. 448” are changed to “subch. XIII of ch. 448.”

6 **SECTION 162. Nonstatutory provisions.**

7 (1) INITIAL MEMBERS OF THE BOARD.

8 (a) For the purposes of appointing initial members to the graduate physician  
9 affiliated credentialing board under s. 15.406 (9), 4 of the initial members under s.  
10 15.406 (9) (a) shall be appointed for terms expiring on July 1, 2025; 3 of the initial  
11 members under s. 15.406 (9) (a) and the initial member under s. 15.406 (9) (b) shall  
12 be appointed for terms expiring on July 1, 2026; and the remaining initial member  
13 under s. 15.406 (9) (a) shall be appointed for a term expiring on July 1, 2027.

14 (b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial  
15 members of the graduate physician affiliated credentialing board under s. 15.406 (9).  
16 These provisional appointments remain in force until withdrawn by the governor or  
17 acted upon by the senate and if confirmed by the senate, shall continue for the  
18 remainder of the unexpired term, if any, of the member and until a successor is  
19 chosen and qualifies. A provisional appointee may exercise all the powers and duties  
20 of board membership to which the person is appointed during the time in which the  
21 appointee qualifies.

22 (c) Notwithstanding s. 15.406 (9) (a), for purposes of an initial appointment to  
23 the graduate physician affiliated credentialing board made before the date specified  
24 in SECTION 163 (intro.) of this act, including any provisional appointment made under  
25 par. (b), the governor may appoint any individual who intends to become a licensed

1 graduate physician, any individual who teaches or instructs individuals who intend  
2 to become a licensed graduate physician, or any other individual who possesses  
3 knowledge and expertise in the practice of graduate physicians.

4 (2) **EMERGENCY RULES.** The graduate physician affiliated credentialing board  
5 may promulgate emergency rules under s. 227.24 to implement the creation of subch.  
6 X of ch. 448. Notwithstanding s. 227.24 (1) (c) and (2), an emergency rule  
7 promulgated under this subsection remains in effect until the first day of the 25th  
8 month beginning after the effective date of the emergency rule, or the date on which  
9 permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a)  
10 and (3), the graduate physician affiliated credentialing board is not required to  
11 provide evidence that promulgating a rule under this subsection as an emergency  
12 rule is necessary for the preservation of the public peace, health, safety, or welfare  
13 and is not required to provide a finding of emergency for a rule promulgated under  
14 this subsection.

15 **SECTION 163. Effective dates.** This act takes effect on the first day of the 13th  
16 month beginning after publication, except as follows:

17 (1) The treatment of ss. 15.406 (9) and 448.97964 (1) and SECTION 162 of this  
18 act take effect on the day after publication.

19 (END)

Sections 1-2: Regarding the Graduate Physician Affiliated Credentialing Board

- Creates GPACB, which is attached to the MEB
- The initial appointment of members before the license is established is described in Section 162.

Sections 3-115: Regarding the Miscellaneous Statutes to Amend

- These sections add “graduate physicians” to various statutes that reference or list different types of medical practitioners
- Noteworthy sections:
  - Sections 14 and 15: adds graduate physicians to the Health care provider loan assistance program in s. 36.61, stats. This would make them eligible for state loan assistance if they work in a health professional shortage area as defined in statute.
  - Section 113: sets renewal date for graduate physician license at November 1 of each odd-numbered year.

Sections 116-128: Regarding Chapter 448, main part of the bill

- Various parts to add to Chapter 448 to create the license
- Main component: Section 125
  - Creates Subchapter X of Chapter 448
    - Roughly based on current Subchapter IX (physician assistants)
  - 448.97964: Powers and duties of graduate physician credentialing board
  - 448.97965: License, qualifications
  - 448.97966: Practice and employment
    - Includes more language regarding the rulemaking power of the GPACB
    - Allows MEB to revise rules from graduate physician affiliated credentialing board if it reasonably determines those rules permit a broader scope of practice than the law does
  - 448.97967-8: Civil liability and malpractice
  - 448.97969: Professional discipline
- Renumbering statutes
  - Sections 126-128

Sections 129-161: Regarding more miscellaneous statutes to add graduate physician to

Sections 162-163: Nonstatutory provisions

- Section 162: provides for initial members of the graduate physician credentialing board
- Section 163: makes most of the bill effective after the first day of the 13<sup>th</sup> month beginning after publication
  - Section 162 and parts about the board take effect on day of publication

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Nilajah Hardin Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 6/9/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 06/21/23	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> 8:00 A.M. Public Hearing – Emergency Rule 2308 on Med 26, Relating to Military Medical Personnel 1. Review Public Hearing Comments	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b> The Board will hold a Public Hearing on this rule as required by the rulemaking process.			
<b>11) Authorization</b>			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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

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The statement of scope for this rule, SS 044-22, was approved by the Governor on May 12, 2022, published in Register 797A4 on May 23, 2022, and approved by the Medical Examining Board on June 16, 2022. This emergency rule was approved by the Governor on April 27, 2023.

ORDER

An order of the Medical Examining Board to create Med 26 relating to military medical personnel.

Analysis prepared by the Department of Safety and Professional Services.

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EXEMPTION FROM FINDING OF EMERGENCY

The Legislature by Section 6 Subsection 2 of 2021 Wisconsin Act 158 provides an exemption from a finding of emergency for the adoption of the rule.

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ANALYSIS

**Statutes interpreted:** s. 440.077, Stats.

**Statutory authority:** ss. 15.08 (5) (b) and 448.40 (1), Stats.

**Explanation of agency authority:**

Section 15.08 (5) (b), Stats. states that “The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.40 (1), Stats., provides that “[t]he 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.”

**Related statute or rule:** None.

**Plain language analysis:**

The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 158.

**Summary of, and comparison with, existing or proposed federal regulation:** The federal regulations that govern the U.S. armed forces are included under Title 32 of Us. Code of Federal Regulations.

**Comparison with rules in adjacent states:**

**Illinois:** The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians [225 Illinois Compiled Statutes ch. 60]. The rules in the Illinois Administrative Code include requirements for education programs, visiting physician permits, and disciplinary proceedings, among others. [Illinois Administrative Code Title 68, ch. 7, s. 1285]. Neither the Illinois statutes nor the administrative rules for medical practice include requirements for military medical personnel. The Illinois Service Member Employment and Reemployment Rights Acts includes general provisions for employment for all military personnel, but none are specific to medical or healthcare practice [330 Illinois Compiled Statutes ch. 61].

**Iowa:** The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice. These requirements also include rules on military service and veteran reciprocity. Military service members can apply to have their service and training counted for credit toward licensure as a medical physician or surgeon, osteopathic physician or surgeon, or licensed acupuncturist. Veterans can apply for provisional licensure to service members who are licensed in another jurisdiction with a credential that is not substantially equivalent to an Iowa license. This provisional license allows for that Veteran to obtain the additional experience or education needed for a regular Iowa license. Iowa also has rules for reciprocal licensure for veterans and their spouses that are licensed in other jurisdictions and that license is substantially equivalent to an Iowa license [653 Iowa Administrative Code ch. 18]. The Iowa statutes and rules for medicine and surgery do not include requirements specifically for military medical personnel supervision and practice.

**Michigan:** The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. This part of the Michigan rules also includes requirements for physician assistants and genetic counselors in addition to physicians. [Michigan Compiled Laws ss. 333.17001-333.17097]. The Michigan rules for medicine



do not include requirements specifically for military medical personnel supervision and practice.

**Minnesota:** The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147]. Chapter 197 of the Minnesota Statutes includes requirements for expedited licensing processing and temporary licensure for former and current military personnel. The expedited licensing process is for those service members who are otherwise qualified to obtain licensure in an efficient manner. The temporary license process allows certain qualified service members who are licensed in another state to practice while waiting for a regular license to be granted [Minnesota Statutes ch. 197]. The Minnesota statutes and rules for medicine do not include requirements specifically for military medical personnel supervision and practice.

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

The Board reviewed 2021 Wisconsin Act 158 and added to the Wisconsin Administrative Code accordingly. While promulgating these rules, the Board referenced material submitted by the Virginia Military Medic and Corpsman Program, Heroes for Healthcare, and the Wisconsin Hospital Association, among other sources.

**Fiscal Estimate:** The fiscal estimate will be attached upon completion.

**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 Jennifer.Garrett@wisconsin.gov , or by calling (608) 266-6795.

**Agency contact person:**

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8306; telephone 608-267-7139; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

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## TEXT OF RULE

SECTION 1 Chapter Med 26 is created to read:

### **Chapter Med 26 MILITARY MEDICAL PERSONNEL**

**Med 26.01 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) (b) and 448.40 (1m), Stats.

**Med 26.02 Definitions. (1)** “Adequate supervision” means the licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.

**(2)** “Administering facility” means an inpatient health care facility defined in s. 50.135(1), Stats., an outpatient health care location, a community-based residential facility defined in s. 50.01(1g), Stats., or a residential care apartment complex defined in s. 50.01(6d), Stats., that is a party to the memorandum of understanding specified in s. Med 26.03(1) and maintains a written policy governing registered military medical personnel specified in s. Med 26.03 (1) (g).

**(3)** “Advanced practice nurse prescriber” means a certified advanced practice nurse prescriber authorized to issue prescription orders under ch. 441, Stats.

**(4)** “Basic patient care” means care that can be performed following a defined procedure with minimal modification in which the responses of the patient to the care are predictable.

**(5)** “Basic patient situation” as determined by a licensed supervising practitioner means the following 3 conditions prevail at the same time in a given situation:

- (a)** The patient's clinical condition is predictable;
- (b)** Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c)** The patient's clinical condition requires only basic patient care.

**(6)** “Complex patient situation” as determined by a Licensed supervising practitioner means any one or more of the following conditions exist in a given situation:

- (a)** The patient's clinical condition is not predictable;
- (b)** Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c)** The patient's clinical condition indicates care that is likely to require modification of procedures in which the responses of the patient to the care are not predictable.

(7) “Licensed supervising practitioner” means a physician licensed under ch. 448, Stats., a physician assistant licensed under ch. 448, Stats., a podiatrist licensed under ch. 448, Stats., a registered nurse licensed under ch. 441, Stats., and a certified advanced practice nurse prescriber defined in sub. (3).

(8) “Military medical personnel” means a person who served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces.

(9) “Military medical personnel program participant” means military medical personnel who meet all of the following requirements:

- (a) The person has signed a memorandum of understanding specified in s. Med 26.04 (1) and has submitted the memorandum of understanding to their employer as specified in s. Med 26.04 (2).
- (b) The person has signed a reasonable timeline consistent with s. 440.077 (3) (c), Stats. that describes the actions the military medical personnel intends to take to acquire a license or certification under ss. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats., including the date by which the military medical personnel agrees to acquire the license, and has submitted the timeline to the medical examining board as specified in s. Med 26.04 (3).
- (c) The person was discharged or released from the service in par. (a) under honorable or general conditions no earlier than 12 months prior to the date the person signed the memorandum of understanding specified in s. Med 26.04 (1).

**Med 26.03 Delegated authority. (1)** Pursuant to the authority specified in s. 440.077 (2), Stats. and notwithstanding any rule or statute to the contrary, a licensed supervising practitioner may delegate his or her licensed or certified professional practice authority to perform a delegated clinical act to a person who is a military medical personnel program participant if all of the following are true:

- (a) The licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act.
- (b) The licensed supervising practitioner has reasonable evidence that the supervised military medical personnel program participant is minimally competent to perform the delegated clinical act under the circumstances based on the individual’s level of training and experience. Such reasonable evidence may include the memorandum of understanding signed by the military medical personnel program participant and the administering facility specified in s. Med 26.04.
- (c) The delegated clinical act is not a surgical procedure or the issuance of a prescription order.
- (d) The delegated clinical act is performed in an administering facility.

(2) The licensed supervising practitioner may rely on the representations made regarding the training and experience of the registered military medical personnel that are specified in the memorandum of understanding as reasonable evidence under subd. (1) (b) of the

individual's clinical training, experience and competency to perform the delegated clinical act.

(3) The licensed supervising practitioner who delegates a clinical act for a patient to a registered military medical personnel pursuant to this section retains responsibility for the care of the patient.

(4) Subject to the limitation in s. 440.077 (2) (b), Stats. and except as provided in sub. (5), the scope in which a registered military medical personnel may practice is limited to the performance of acts in basic patient situations under the general supervision of a licensed supervising practitioner, which includes the following:

- (a) Accept only patient care assignments which the military medical personnel program participant is competent to perform.
- (b) Provide basic patient care.
- (c) Record patient care given and report changes in the condition of a patient to the appropriate person.
- (d) Consult with a provider in cases where the military medical personnel program participant knows or should know a delegated clinical act may harm a patient.
- (e) Perform the following other acts when applicable:
  - 1. Assist with the collection of data.
  - 2. Assist with the development and revision of a patient care plan.
  - 3. Reinforce the teaching provided by a licensed provider and provide basic health care instruction.
  - 4. Participate with other health team members in meeting basic patient needs.

(5) In the performance of acts in complex patient situations the military medical personnel program participant shall do all of the following:

- (a) Meet standards under sub. (4) under the general supervision of a licensed supervising practitioner.
- (b) Perform delegated clinical acts beyond basic patient care under the direct supervision of a licensed supervising provider. A military medical personnel program participant shall, upon request of the medical examining board, provide documentation of his or her education, training, or experience which prepares the military medical personnel program participant to competently perform these assignments.

**Med 26.04 Documentation of training and experience. (1)** A military medical personnel who practices pursuant to this chapter Med 26 shall sign a memorandum of understanding form published by the medical examining board that includes all of the following:

- (a) The name of the administering facility at which the military medical personnel will be providing delegated clinical care pursuant this chapter Med 26.
- (b) An identification of the military medical personnel as either an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician, and the individual's dates of service in such role.

- (c) The date of the military medical personnel's date of honorable or regular discharge from military service. Such date must be no earlier than 12 months prior to the date the memorandum of understanding is signed by the military medical personnel and the administering facility.
- (d) A description of the medical training and experience the individual received as an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician
- (e) A reasonable timeline consistent with s. 440.077 (3) (c), Stats. that describes the actions the military medical personnel intends to take to acquire a license under ss. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats., including the date by which the military medical personnel agrees to acquire the license. Except as provided in s. Med 26.05, the memorandum of understanding shall terminate one day after the date specified above or the date the military medical personnel acquires the license, whichever is earlier.
- (f) An attestation by the military medical personnel that he or she will not accept a delegation of practice authority under chapter Med 26 to perform a clinical act if his or her training and experience as a military medical personnel did not include that clinical act.
- (g) An attestation by the administering facility that it has a written policy governing clinical practice by registered military medical personnel, and that policy is shared with the military medical personnel subject to the memorandum of understanding and those licensed supervising practitioners likely to delegate clinical acts to the individual.
- (h) An attestation by the administering facility that the administering facility to the best of the administering facility's knowledge and with a reasonable degree of certainty, all of the information in the memorandum of understanding is true.
- (i) The memorandum of understanding is signed and dated by the military medical personnel and an authorized representative of the administering facility.

(2) The military medical personnel shall submit a completed memorandum of understanding that meets all of the requirements in sub. (1) to the military medical personnel's employer.

(3) The military medical personnel shall submit the completed timeline under sub. (1) (e) to the department in the manner specified by the medical examining board on its published timeline form.

**Med 26.05 Extension of Memorandum of Understanding Expiration Date.** The medical examining board may extend the termination date of a signed memorandum of understanding under s. Med 26.04 if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under ss. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats.

**Med 26.06 Complaints, investigations, suspension, and termination of authorization.** The medical examining board may receive and investigate complaints against a military medical personnel program participant performing delegated clinical acts pursuant to this

chapter Med 26. The medical examining board may suspend or terminate a military medical personnel program participant's authority to perform delegated clinical acts pursuant to this chapter Med 26.

SECTION 2 Pursuant to 2021 Wisconsin Act 158 section 6 (1), this emergency rule shall take effect upon publication in the official state newspaper and remain in effect until December 1, 2023 or until the date on which permanent rules take effect, whichever is sooner.

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(END OF TEXT OF RULE)  
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Dated 2/23/2023

Agency 

Chairperson  
Medical Examining Board

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

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Nilajah Hardin, Administrative Rules Coordinator		<b>2) Date when request submitted:</b> 6/9/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board			
<b>4) Meeting Date:</b> 06/21/23	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Administrative Rule Matters – Discussion and Consideration 1. Preliminary Permanent Rule Draft: Med 26, Relating to Military Medical Personnel 2. Pending or Possible Rulemaking Projects a. Rule Projects Chart	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b> N/A	
<b>10) Describe the issue and action that should be addressed:</b>  Attachments: Med 26 – Preliminary (Permanent) Rule Draft 2021 WI Act 158 Rule Project Chart  (Board Rule projects can be Viewed Here if Needed: <a href="https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx">https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx</a> )			
<b>11) Authorization</b>			
		6/9/23	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)    Date			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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

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PROPOSED ORDER

An order of the Medical Examining Board to **create** Med 26, relating to Military Medical Personnel.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:** s. 440.077, Stats.

**Statutory authority:** ss. 15.08 (5) (b) and 448.40 (1), Stats.

**Explanation of agency authority:**

Section 15.08 (5) (b), Stats. states that “The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.40 (1), Stats., provides that “[t]he 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.”

**Related statute or rule:** None

**Plain language analysis:** The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 158.

**Summary of, and comparison with, existing or proposed federal regulation:** The federal regulations that govern the U.S. armed forces are included under Title 32 of U.S. Code of Federal Regulations.

**Comparison with rules in adjacent states:**



**Illinois:** The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians [225 Illinois Compiled Statutes ch. 60]. The rules in the Illinois Administrative Code include requirements for education programs, visiting physician permits, and disciplinary proceedings, among others. [Illinois Administrative Code Title 68, ch. 7, s. 1285]. Neither the Illinois statutes nor the administrative rules for medical practice include requirements for military medical personnel. The Illinois Service Member Employment and Reemployment Rights Acts includes general provisions for employment for all military personnel, but none are specific to medical or healthcare practice [330 Illinois Compiled Statutes ch. 61].

**Iowa:** The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice. These requirements also include rules on military service and veteran reciprocity. Military service members can apply to have their service and training counted for credit toward licensure as a medical physician or surgeon, osteopathic physician or surgeon, or licensed acupuncturist. Veterans can apply for provisional licensure to service members who are licensed in another jurisdiction with a credential that is not substantially equivalent to an Iowa license. This provisional license allows for that Veteran to obtain the additional experience or education needed for a regular Iowa license. Iowa also has rules for reciprocal licensure for veterans and their spouses that are licensed in other jurisdictions and that license is substantially equivalent to an Iowa license [653 Iowa Administrative Code ch. 18]. The Iowa statutes and rules for medicine and surgery do not include requirements specifically for military medical personnel supervision and practice.

**Michigan:** The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. This part of the Michigan rules also includes requirements for physician assistants and genetic counselors in addition to physicians. [Michigan Compiled Laws ss. 333.17001-333.17097]. The Michigan rules for medicine do not include requirements specifically for military medical personnel supervision and practice.

**Minnesota:** The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements

for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147].

Chapter 197 of the Minnesota Statutes includes requirements for expedited licensing processing and temporary licensure for former and current military personnel. The expedited licensing process is for those service members who are otherwise qualified to obtain licensure in an efficient manner. The temporary license process allows certain qualified service members who are licensed in another state to practice while waiting for a regular license to be granted [Minnesota Statutes ch. 197]. The Minnesota statutes and rules for medicine do not include requirements specifically for military medical personnel supervision and practice.

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

The Board reviewed 2021 Wisconsin Act 158 and added to the Wisconsin Administrative Code accordingly. While promulgating these rules, the Board referenced material submitted by the Virginia Military Medic and Corpsman Program, Heroes for Healthcare, and the Wisconsin Hospital Association, among other sources.

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

The rule will be posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

**Effect on small business:**

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator, Dan Hereth, may be contacted by email at [Jennifer.Garrett@wisconsin.gov](mailto:Jennifer.Garrett@wisconsin.gov), or by calling (608) 266-6795.

**Agency contact person:**

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-267-7139; email at [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov).

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

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. Chapter Med 26 is created to read:

**Chapter Med 26  
MILITARY MEDICAL PERSONNEL**

**Med 26.01 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) (b) and 448.40 (1m), Stats.

**Med 26.02 Definitions. (1)** “Adequate supervision” means the licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.

(2) “Administering facility” means an inpatient health care facility defined in s. 50.135(1), Stats., an outpatient health care location, a community-based residential facility defined in s. 50.01(1g), Stats., or a residential care apartment complex defined in s. 50.01(6d), Stats., that is a party to the memorandum of understanding specified in s. Med 26.03(1) and maintains a written policy governing registered military medical personnel specified in s. Med 26.03 (1) (g).

(3) “Advanced practice nurse prescriber” means a certified advanced practice nurse prescriber authorized to issue prescription orders under ch. 441, Stats.

(4) “Basic patient care” means care that can be performed following a defined procedure with minimal modification in which the responses of the patient to the care are predictable.

(5) “Basic patient situation” as determined by a licensed supervising practitioner means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient's clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient's clinical condition requires only basic patient care.

(6) “Complex patient situation” as determined by a Licensed supervising practitioner means any one or more of the following conditions exist in a given situation:

- (a) The patient's clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

- (c) The patient's clinical condition indicates care that is likely to require modification of procedures in which the responses of the patient to the care are not predictable.
- (7) “Licensed supervising practitioner” means a physician licensed under ch. 448, Stats., a physician assistant licensed under ch. 448, Stats., a podiatrist licensed under ch. 448, Stats., a registered nurse licensed under ch. 441, Stats., and a certified advanced practice nurse prescriber defined in sub. (3).
- (8) “Military medical personnel” means a person who served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces.
- (9) “Military medical personnel program participant” means military medical personnel who meet all of the following requirements:
  - (a) The person has signed a memorandum of understanding specified in s. Med 26.04 (1) and has submitted the memorandum of understanding to their employer as specified in s. Med 26.04 (2).
  - (b) The person has signed a reasonable timeline consistent with s. 440.077 (3) (c), Stats. that describes the actions the military medical personnel intends to take to acquire a license or certification under ss. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats., including the date by which the military medical personnel agrees to acquire the license, and has submitted the timeline to the medical examining board as specified in s. Med 26.04 (3).
  - (c) The person was discharged or released from the service in par. (a) under honorable or general conditions no later than 12 months prior to the date the person signed the memorandum of understanding specified in s. Med 26.04 (1).

**Med 26.03 Delegated authority. (1)** Pursuant to the authority specified in s. 440.077 (2), Stats. and notwithstanding any rule or statute to the contrary, a licensed supervising practitioner may delegate his or her licensed or certified professional practice authority to perform a delegated clinical act to a person who is a military medical personnel program participant if all of the following are true:

- (a) The licensed supervising practitioner is competent and authorized under his or her applicable license or certification to perform the delegated clinical act.
- (b) The licensed supervising practitioner has reasonable evidence that the supervised military medical personnel program participant is minimally competent to perform the delegated clinical act under the circumstances based on the individual’s level of training and experience. Such reasonable evidence may include the memorandum of understanding signed by the military medical personnel program participant and the administering facility specified in s. Med 26.04.
- (c) The delegated clinical act is not a surgical procedure or the issuance of a prescription order.
- (d) The delegated clinical act is performed in an administering facility.

(2) The licensed supervising practitioner may rely on the representations made regarding the training and experience of the registered military medical personnel that are specified in the memorandum of understanding as reasonable evidence under subd. (1) (b) of the individual's clinical training, experience and competency to perform the delegated clinical act.

(3) The licensed supervising practitioner who delegates a clinical act for a patient to a registered military medical personnel pursuant to this section retains responsibility for the care of the patient.

(4) Subject to the limitation in s. 440.077 (2) (b), Stats. and except as provided in sub. (5), the scope in which a registered military medical personnel may practice is limited to the performance of acts in basic patient situations under the general supervision of a licensed supervising practitioner, which includes the following:

- (a) Accept only patient care assignments which the military medical personnel program participant is competent to perform.
- (b) Provide basic patient care.
- (c) Record patient care given and report changes in the condition of a patient to the appropriate person.
- (d) Consult with a provider in cases where the military medical personnel program participant knows or should know a delegated clinical act may harm a patient.
- (e) Perform the following other acts when applicable:
  - 1. Assist with the collection of data.
  - 2. Assist with the development and revision of a patient care plan.
  - 3. Reinforce the teaching provided by a licensed provider and provide basic health care instruction.
  - 4. Participate with other health team members in meeting basic patient needs.

(5) In the performance of acts in complex patient situations the military medical personnel program participant shall do all of the following:

- (a) Meet standards under sub. (4) under the general supervision of a licensed supervising practitioner.
- (b) Perform delegated clinical acts beyond basic patient care under the direct supervision of a licensed supervising provider. A military medical personnel program participant shall, upon request of the medical examining board, provide documentation of his or her education, training, or experience which prepares the military medical personnel program participant to competently perform these assignments.

**Med 26.04 Documentation of training and experience. (1)** A military medical personnel who practices pursuant to this chapter Med 26 shall sign a memorandum of understanding form published by the medical examining board that includes all of the following:

- (a) The name of the administering facility at which the military medical personnel will be providing delegated clinical care pursuant this chapter Med 26.

- (b) An identification of the military medical personnel as either an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician, and the individual's dates of service in such role.
- (c) The date of the military medical personnel's date of honorable or regular discharge from military service. Such date must be no earlier than 12 months prior to the date the memorandum of understanding is signed by the military medical personnel and the administering facility.
- (d) A description of the medical training and experience the individual received as an army medic, a navy corpsman, a coastguard corpsman, or an air force aerospace medical technician.
- (e) A reasonable timeline consistent with s. 440.077 (3) (c), Stats. that describes the actions the military medical personnel intends to take to acquire a license under ss. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats., including the date by which the military medical personnel agrees to acquire the license. Except as provided in s. Med 26.05, the memorandum of understanding shall terminate one day after the date specified above or the date the military medical personnel acquires the license, whichever is earlier.
- (f) An attestation by the military medical personnel that he or she will not accept a delegation of practice authority under chapter Med 26 to perform a clinical act if his or her training and experience as a military medical personnel did not include that clinical act.
- (g) An attestation by the administering facility that it has a written policy governing clinical practice by registered military medical personnel, and that policy is shared with the military medical personnel subject to the memorandum of understanding and those licensed supervising practitioners **authorized** to delegate clinical acts to the individual.
- (h) An attestation by the administering facility that the administering facility to the best of the administering facility's knowledge and with a reasonable degree of certainty, all of the information in the memorandum of understanding is true.
- (i) The memorandum of understanding is signed and dated by the military medical personnel and an authorized representative of the administering facility.

(2) The military medical personnel shall submit a completed memorandum of understanding that meets all of the requirements in sub. (1) to the military medical personnel's employer.

(3) The military medical personnel shall submit the completed timeline under sub. (1) (e) to the department in the manner specified by the medical examining board on its published timeline form.

**Med 26.05 Extension of Memorandum of Understanding Expiration Date.** The medical examining board may extend the termination date of a signed memorandum of understanding under s. Med 26.04 if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under ss. 441.06, 441.10, 448.04, 448.61, or 448.974, Stats.

**Med 26.06 Complaints, investigations, suspension, and termination of authorization.**

The medical examining board may receive and investigate complaints against a military medical personnel program participant performing delegated clinical acts pursuant to this chapter Med 26. The medical examining board may suspend or terminate a military medical personnel program participant's authority to perform delegated clinical acts pursuant to this chapter Med 26.

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

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(END OF TEXT OF RULE)

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DRAFT

# State of Wisconsin



2021 Assembly Bill 720

Date of enactment: **March 8, 2022**  
Date of publication\*: **March 9, 2022**

## 2021 WISCONSIN ACT 158

AN ACT *to amend* 441.06 (4) and 448.61; and *to create* 440.077, 448.03 (2) (bm) and 448.40 (1m) of the statutes; **relating to:** practice of certain skilled health services by military medical personnel, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

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

**SECTION 1.** 440.077 of the statutes is created to read:  
**440.077 Military medical personnel program. (1)**

In this section:

(a) "Advanced practice nurse prescriber" means an advanced practice nurse prescriber certified under s. 441.16 (2).

(am) "Community-based residential facility" has the meaning given in s. 50.01 (1g).

(b) "Disease" means any pain, injury, deformity, physical or mental illness, or departure from complete health or the proper condition of the human body or any of its parts.

(c) "Inpatient health care facility" has the meaning given in s. 50.135 (1).

(d) "Military medical personnel" means a person who has served as an army medic, a navy or coast guard corpsman, or an air force aerospace medical technician in the U.S. armed forces and who was discharged or released from such service in the previous 12 months under honorable or general conditions.

(e) "Physician assistant" has the meaning given in s. 448.971 (2).

(f) "Podiatrist" has the meaning given in s. 448.60 (3).

(g) "Registered professional nurse" means a registered nurse who is licensed under ch. 441 or who holds a multistate license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k).

(gm) "Residential care apartment complex" has the meaning given in s. 50.01 (6d).

(h) 1. "Skilled health services" means any of the following:

a. To examine into the fact, condition, or cause of human health or disease, or to treat, operate, prescribe, or advise for the same, by any means or instrumentality.

b. To apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions in subd. 1. a. and par. (b).

c. To penetrate, pierce, or sever the tissues of a human being.

d. To offer, undertake, attempt, or hold oneself out in any manner as able to do any of the acts described in this paragraph.

2. "Skilled health services" does not include surgical procedures or issuing prescription orders.

\* 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."



(2) (a) The department, in collaboration with the department of veterans affairs, the medical examining board, and the board of nursing, shall establish a program in which military medical personnel may temporarily perform certain skilled health services while supervised in an inpatient health care facility, outpatient health care facility, community-based residential facility, or a residential care apartment complex without having to obtain a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974.

(b) Under the program under par. (a), the services that a military medical personnel may provide shall reflect the level of training and experience of the military medical personnel. Before performing any services under the program under par. (a), the military medical personnel shall complete and sign a memorandum of understanding on a form prescribed by the medical examining board and shall submit the memorandum of understanding to their employer. The memorandum of understanding shall detail the military medical personnel's scope of practice.

(c) Under the program under par. (a), a participating military medical personnel shall be supervised by a physician, physician assistant, podiatrist, registered professional nurse, or advanced practice nurse prescriber. The supervising physician, physician assistant, podiatrist, registered professional nurse, or advanced practice nurse prescriber shall retain responsibility for the care of the patient.

(3) (a) In order to participate in the program under sub. (2) (a), a military medical personnel shall establish a reasonable timeline with his or her employer that describes the actions the military medical personnel intends to take to acquire a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974 including the date by which the military medical personnel agrees to acquire the license. The military medical personnel shall submit the timeline to the department on a form provided by the department.

(b) A military medical personnel becomes ineligible to participate in the program under sub. (2) (a) beginning on the day after the date that the military medical personnel agreed to acquire a license under par. (a).

(c) The timeline to acquire a license under par. (a) may not be longer than is reasonably necessary considering the license the military medical personnel intends to acquire, his or her education and experience, and any other relevant factors.

(d) The medical examining board may extend the timeline under par. (a) if it appears that, because of unforeseen circumstances, the applicant requires more time to receive a license under s. 441.06, 441.10, 448.04, 448.61, or 448.974.

(4) The medical examining board shall oversee the operations of the program under sub. (2) (a).

(5) The department may promulgate any rules necessary for the administration of this section.

**SECTION 2.** 441.06 (4) of the statutes is amended to read:

441.06 (4) Except as provided in ~~s. ss. 257.03 and 440.077~~, no person may practice or attempt to practice professional nursing, nor use the title, letters, or anything else to indicate that he or she is a registered or professional nurse unless he or she is licensed under this section. Except as provided in ~~s. ss. 257.03 and 440.077~~, no person not so licensed may use in connection with his or her nursing employment or vocation any title or anything else to indicate that he or she is a trained, certified or graduate nurse. This subsection does not apply to any registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the enhanced nurse licensure compact under s. 441.51.

**SECTION 3.** 448.03 (2) (bm) of the statutes is created to read:

448.03 (2) (bm) The activities of military medical personnel, as defined in s. 440.077 (1) (d), while supervised under s. 440.077.

**SECTION 4.** 448.40 (1m) of the statutes is created to read:

448.40 (1m) The board may promulgate rules to establish minimum standards for military medical personnel, as defined in s. 440.077 (1) (d), who perform skilled health services, as defined in s. 440.077 (1) (g), that are supervised under s. 440.077.

**SECTION 5.** 448.61 of the statutes is amended to read:

**448.61 License required.** Except as provided in ss. 257.03, ~~440.077~~, and 448.62, no person may practice podiatry, designate himself or herself as a podiatrist, use or assume the title "doctor of surgical chiropody", "doctor of podiatry" or "doctor of podiatric medicine", or append to the person's name the words or letters "doctor", "Dr.", "D.S.C.", "D.P.M.", "foot doctor", "foot specialist" or any other title, letters or designation which represents or may tend to represent the person as a podiatrist unless the person is licensed under this subchapter.

**SECTION 6. Nonstatutory provisions.**

(1) The department of safety and professional services may promulgate emergency rules under s. 227.24 to implement s. 440.077 (5). Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until December 1, 2023, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the department of safety and professional services is not required to provide evidence that promulgating a rule under this subsection as emergency rules is necessary for the preservation of public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

(2) The medical examining board may promulgate emergency rules under s. 227.24 to establish minimum standards for military medical personnel under s. 448.40

**2021 Assembly Bill 720**

– 3 –

**2021 Wisconsin Act 158**

(1m). Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until December 1, 2023, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding s. 227.24 (1) (a) and (3), the medical examining board is not required to provide evidence that promulgating a rule under this subsection as emergency rules is necessary for the preservation of public peace, health, safety,

or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

**SECTION 7. Effective dates.** This act takes effect on April 2, 2022, or on the day after publication, whichever is later, except as follows:

(1) SECTION 6 of this act takes effect on the day after publication.

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**Medical Examining Board  
Rule Projects (updated 06/09/23)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause (description)	Current Stage	Next Step
22-063	012-21	08/08/2023	Med 10	Performance of Physical Examinations (Chaperones and Observers during Physical Examinations)	Legislative Review	Board Review of Adoption Order at a future meeting
20-053	094-20	01/20/2023	Med 13	Continuing Medical Education (Physician use of Electronic CE Tracking)	Effective on 07/01/23	N/A
22-067	035-22	10/25/2024	Med 13	Continuing Medical Education (Controlled Substances Prescribing CE)	Legislative Review	Board Review of Adoption Order at a future meeting
Not Assigned Yet (EmR 2308)	044-22	11/23/2024	Med 26	Military Medical Personnel	Public Hearing on Emergency Rule at 6/21/23 Meeting (Rule effective 6/1/23-12/1/23); Preliminary (Permanent) Rule Draft Reviewed at 6/21/23 Meeting	Preliminary (Permanent) Rule Draft Approved for EIA Comment Posting and Submission to Clearinghouse for Review

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

**AGENDA REQUEST FORM**

1) Name and title of person submitting the request: <b>Marjorie Liu</b> <b>Program Lead, PDMP</b>		2) Date when request submitted: <p style="text-align: center;">06/09/2023</p> <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: <b>Medical Examining Board</b>			
4) Meeting Date: <b>06/21/2023</b>	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Prescription Drug Monitoring Program (PDMP) Overviews and Updates</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete <a href="#">Appearance Request</a> for Non-DSPS Staff)</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> <li>1. WI PDMP Overview             <ol style="list-style-type: none"> <li>a. Recent and Upcoming Enhancement</li> <li>b. Gabapentin and Upcoming NPI Requirement</li> </ol> </li> <li>2. PDMP Data Updates: MD &amp; DO</li> </ol>			
11) <span style="float: right;">Authorization</span> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"><i>Marjorie Liu</i></div> <div style="width: 35%;">June 9, 2023</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 35%;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 35%;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 35%;">Date</div> </div>			
Directions for including supporting documents: <ol style="list-style-type: none"> <li>1. This form should be attached to any documents submitted to the agenda.</li> <li>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.</li> <li>3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.</li> </ol>			



# WISCONSIN | ePDMP

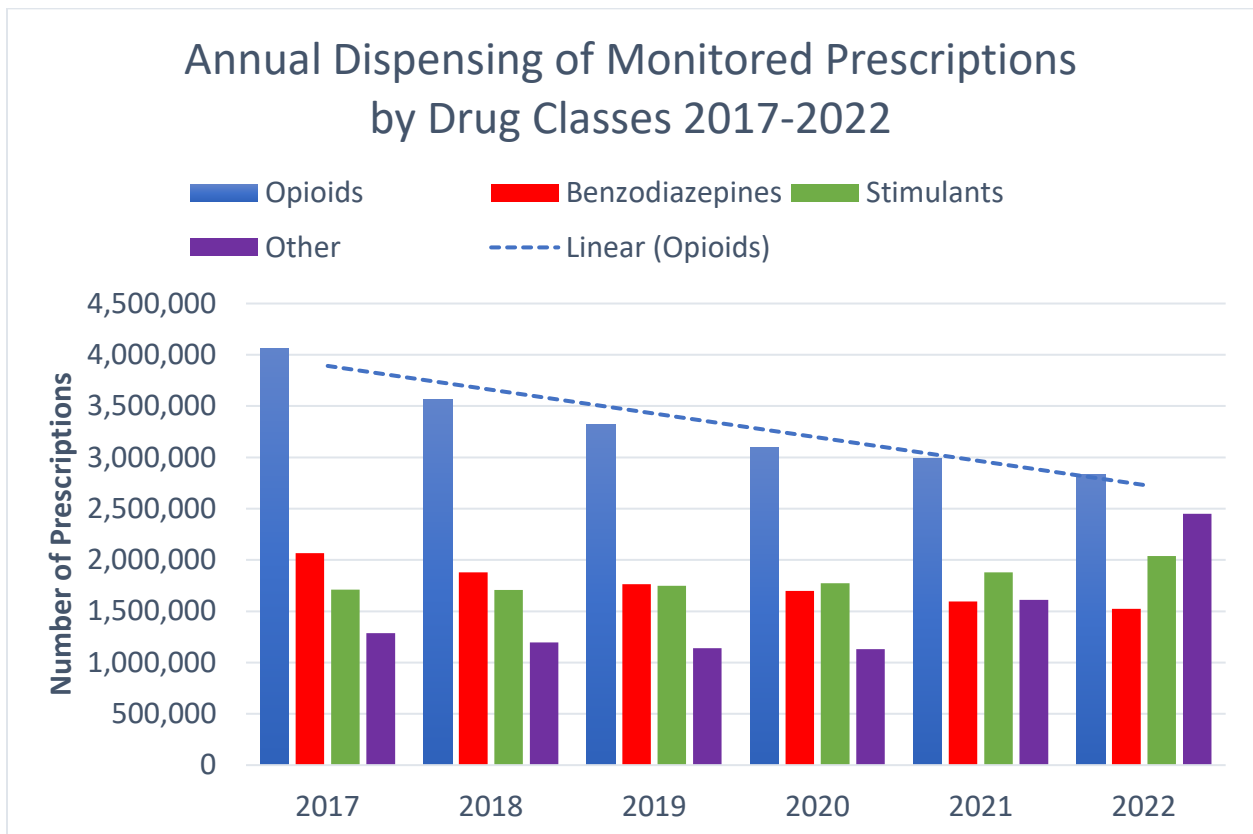
## Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

**738,000** Dispensing Records Submitted per Month

**80,800** Data-Driven Patient History Alerts per Month

**30,000** Active Healthcare Professional Users

**786,000** Patient Queries per Month





# WISCONSIN | ePDMP

## Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- MD & DO

### ePDMP Registration (As of 3/31/2023)

Total Number of Licensed MD & DO	37,249
Total Number of Licensed MD & DO Registered with the WI ePDMP	19,160
Number of Licensed MD & DO who have logged in to the ePDMP in the past 12 months	14,193

### ePDMP Usage (Q1 2023)

Number of MD & DO with Rx Required of PDMP Review	9,952	
Total Queries by MD & DO (Including Delegates)	1,015,527	
ePDMP Usage/Prescribing Compliance Rate	<b>ePDMP Usage</b>	<b>Number of Prescribers</b>
	100%	3,357
	99-50%	2,512
	49-1%	2,061
	0%	2,022

### Prescribing of Monitored Drugs Q1 2023 (MD & DO)

	Total Unique Prescribers	Total Prescriptions
MD & DO with Monitored Drug Prescriptions	10,535	1,339,585
MD & DO with Opioid Prescriptions	7,854	330,429
MD & DO with Benzo Prescriptions	7,049	240,644

### Opioid Prescribing Trend 2022-2023 (MD & DO)

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Opioid Prescriptions/ Number of Licensees	388,327/8,311	391,292/8,262	364,399/8,241	346,678/8,048	330,429/7,854
Change from Prev. Q	-5.51%	0.76%	-6.9%	-4.9%	-4.7%