



VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
April 21, 2022

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

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-4)**
- B. Approval of Minutes of March 24, 2022 (5-6)**
- C. Reminders: Conflicts of Interest, Scheduling Concerns
- D. Introductions, Announcements and Recognition
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. Board Members – Term Expiration Dates
 - a) Collins, Clark A. – 7/1/2023
 - b) Edwards, Jacqueline K. – 7/1/2025
 - c) Elliot, Eric M. – 7/1/2024
 - d) Fischer, Jean M. – 7/1/2023
 - e) Holmes-Drammeh, Emelle S. – 7/1/2024
 - f) Jarrett, Jennifer L. – 7/1/2024
 - g) Martin, Cynthia S. – 7/1/2023
 - h) Sanders, Robert W. – 7/1/2024
 - i) Streit, Tara E. – 7/1/2023
 - 3. Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board
- F. Board Chair Meeting and Options to Address Department Resources – Discussion and Consideration**
- G. Legislation and Policy Matters – Discussion and Consideration
- H. Administrative Rule Matters – Discussion and Consideration (7)**
 - 1. Permanent Rule Draft: PA 1 to 4, Relating to Physician Assistants **(8-35)**
 - 2. Pending & Possible Rulemaking Projects

I. Outreach and Communication Options Regarding Wisconsin Act 23, Emergency Rule PA 1-4 and Other Board Business – Discussion and Consideration

1. Questions and Answers:
 - a) Questions from the Wisconsin Association for Physician Assistants (WAPA) **(36)**
 - b) April 1, 2022 Memo from Ascension Wisconsin to Wisconsin Physician Assistants and their Supervising Physicians Regarding Upcoming Changes to the Physician Assistant Rule **(37-38)**
2. Collaborative Agreement Article – Board Review for Approval
3. Website Posting(s)
4. PowerPoint Presentation(s)
5. Draft Article(s)
6. Other

J. Speaking Engagements, Travel, or Public Relation Requests and Report – Discussion and Consideration

1. Speaking Report: WAPA Spring Conference, April 6-8, 2022 – Eric Elliot & Tara Streit

K. COVID-19 – Discussion and Consideration

L. Items Added After Preparation of Agenda:

1. Introductions, Announcements and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Administrative Rule Matters
10. Legislative and Policy Matters
11. Liaison Reports
12. Board Liaison Training and Appointment of Mentors
13. Informational Items
14. Division of Legal Services and Compliance (DLSC) Matters
15. Presentations of Petitions for Summary Suspension
16. Petitions for Designation of Hearing Examiner
17. Presentation of Stipulations, Final Decision and Orders
18. Presentation of Proposed Final Decision and Orders
19. Presentation of Interim Orders
20. Petitions for Re-Hearing
21. Petitions for Assessments
22. Petitions to Vacate Orders
23. Requests for Disciplinary Proceeding Presentations
24. Motions
25. Petitions
26. Appearances from Requests Received or Renewed
27. Speaking Engagements, Travel, or Public Relation Requests, and Reports

M. 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 440.205, 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.).

N. Deliberation on DLSC Matters

1. Case Closings

a) 21 PAB 006 – M.D.T. **(39-48)**

O. 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 Orders
- 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) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

P. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

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

ADJOURNMENT

VIRTUAL/TELECONFERENCE

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

10:30 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of Zero (0) (at time of agenda publication) Candidates for Licensure – Jean Fischer and Clark Collins.

NEXT MEETING: MAY 19, 2022

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 at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. 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 deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer at 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
MARCH 24, 2022**

PRESENT: Clark Collins, Jacqueline Edwards (*arrived at 9:06 a.m., departed at 10:13 a.m., returned at 11:43 a.m.*), Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Cynthia Martin, Tara Streit

EXCUSED: Robert Sanders

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other Department Staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Tara Streit moved, seconded by Clark Collins, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 24, 2022

MOTION: Tara Streit moved, seconded by Jean Fischer, to approve the Minutes of February 24, 2022 as published. Motion carried unanimously.

(*Jacqueline Edwards arrived at 9:06 a.m.*)

ADMINISTRATIVE MATTERS

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison(s) <i>(Effective 4/1/2022)</i>	Clark Collins, Jean Fischer <i>Alternate:</i> Jacqueline Edwards, Eric Elliot

BOARD CHAIR MEETING AND OPTIONS TO ADDRESS DEPARTMENT RESOURCES

MOTION: Tara Streit moved, seconded by Emelle Holmes-Drammeh, to express the Physician Assistant Affiliated Credentialing Board's concern to the Legislature that its ongoing restrictions on the Department of Safety and Professional Services' (DPS) ability to add staff and spending authority have created backlogs in licensing timelines that have in turn created unnecessary delays in physician assistants being licensed in a timely manner. This has resulted in delays in physician assistants' ability to enter the workforce, serve patients, and earn a livelihood. Staffing levels at DPS are simply not adequate to manage the increasing volume of license applications. The number of complaints about the slow pace of licensing has increased significantly due to the staff and spending authority restrictions. The Board urges the Legislature to take immediate action to increase the staffing and spending authority of DPS and to immediately discontinue its practice of diverting license fee program revenue for other purposes. Motion carried unanimously.

(Jacqueline Edwards was excused at 10:13 a.m. and returned at 10:43 a.m.)

ADJOURNMENT

MOTION: Jacqueline Edwards moved, seconded by Emelle Holmes-Drammeh, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:24 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 04/08/22 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 04/21/22	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion and Consideration 1. Permanent Rule Draft: PA 1 to 4, Relating to Physician Assistants 2. Pending or Possible Rulemaking Projects	
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 Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Review Emergency Rule Draft for PA 1 to 4 Attachments: 1. Draft Rule Text 2. 2021 Wisconsin Act 23			
11) Authorization			
Signature of person making this request		02/14/22 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

TEXT OF RULE

SECTION 1 CHAPTERS PA 1 to 4 are created to read:

CHAPTER PA 1
AUTHORITY AND DEFINITIONS

PA 1.01 Authority. The rules in chapters PA 1 to 4 are adopted by the Physician Assistant Affiliated Credentialing Board pursuant to the authority delegated by ss. 15.085 (5) (b) and 448.973 (1), stats.

PA 1.02 Definitions. As used in chapters PA 1 to 4:

- (1) "Alternate Collaborator" means a physician or physician assistant who is designated temporary duties of collaboration by the collaborating physician when the collaborating physician is temporarily unavailable.
- (2) "Board" means the Physician Assistant Affiliated Credentialing Board.
- (3) "DEA" means the United States Drug Enforcement Administration.
- (4) "Department" means the Department of Safety and Professional Services
- (5) "Educational Program" means a program for educating and preparing physician assistants which is approved by the board.
- (6) "Physician" has the meaning given in s. 448.01 (5), stats.
- (7) "Physician Assistant" means a person licensed under s. 448.974, stats.
- (8) "Physician Associate" is analogous to and has the same meaning as "physician assistant".
- (9) "Podiatry" or "Podiatric Medicine and Surgery" has the meaning given in s. 448.60 (4), stats.
- (10) "Podiatrist" has the meaning given in s. 448.60 (3), stats.

CHAPTER PA 2
LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT

PA 2.01 Initial Licensure. Except as provided under sub. (3), the board shall grant an initial license to practice as a physician assistant to any applicant who has been found qualified by three-fourths of the members of the Board and satisfies all of the following requirements, as determined by the board:

- (1) The applicant shall submit all of the following:
 - (a) A completed application form.
Note: Application forms are available from the department of safety and professional services' website at <http://dsps.wi.gov>.
 - (b) The fee determined by the Department under s. 448.07 (2), stats.

- (c) Verified evidence of graduation from an educational program approved under PA 2.02.
 - (d) Evidence of having successfully passed the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination or an equivalent national examination approved by the board.
 - (e) A listing of all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.
- (2) Subject to ss. 111.321, 111.322, and 111.335, stats., the applicant does not have an arrest or conviction record.
- (3) Subsection (1) (c) of this section does not apply to an applicant who provides evidence that the applicant is a licensed physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under sub. (1) (c) of this section.
- (4) The board may require an applicant to complete a personal appearance for purposes of an interview, or review of credentials, or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.
- (5) Notwithstanding sub. (1) of this section, an individual who, as of April 1, 2022, was licensed by the medical examining board as a physician assistant under subchapter II of chapter 448, 2017 stats., shall be considered to have been licensed as a physician assistant for the purposes of these rules, and, upon the license's expiration, shall renew in accordance with the provisions of PA 2.04.
- (6) If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation and the cost of that translation shall be borne by the applicant.
- (7) An applicant who fails to receive a passing score on the examination required under subsection (1) (d) may reapply by payment of the fee specified in subsection (1) (b). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

PA 2.02 Education Program Approval. The board shall approve only education programs for physician assistants or physician associates that are accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor, or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

If the applicant does not satisfy this requirement, the applicant may show that, prior to January 1, 1986, the applicant successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

PA 2.03 Oral Interviews and Personal Appearances. (1) Each applicant shall complete an oral interview or personal appearance before the board, if any of the following circumstances apply:

- (a) Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.
- (b) Uses chemical substances that impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.
- (c) Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
- (d) Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.
- (e) Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has graduated from an approved educational program in the last 3 years under PA 2.02.
- (f) Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.
- (g) Has been diagnosed with any condition that may create a risk of harm to a patient or the public.
- (h) Has within the last 2 years engaged in the illegal use of controlled substances.
- (i) Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(2) An application filed under this chapter shall be reviewed by an application review panel, designated by the chairperson of the board, to determine whether an applicant is required to complete an oral interview or a personal appearance or both under sub. (1) of this section. If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral interview or a personal appearance or both, the application shall be referred to the board for a final determination.

(3) The board shall notify each applicant requiring an oral interview or appearance of the time and place scheduled for that applicant's interview or appearance.

(4) Otherwise qualified applicants with disabilities, as defined by the Americans with Disabilities Act, shall be provided with reasonable accommodations.

PA 2.04 License Renewal and Continuing Medical Education. (1) Each licensee shall renew their license biennially. The renewal date and fee are specified by s. 440.08 (2) (a) and s. 440.03 (9) (a), Stats.

(2) Every even-numbered year, each licensee shall complete a renewal application

and return it with the required fee prior to March 1 of that year.

Note: Instructions for renewal applications can be found on the department of safety and professional services' website at <http://dsps.wi.gov>.

(3) Each licensee shall attest to the completion of NCCPA continuing education for the biennium. If the licensee is not certified by the NCCPA, then they shall complete the following:

(a) At least 50 continuing medical education credits in Category I approved by any of the following organizations:

1. American Academy of Physician Assistants
2. Accreditation Council for Continuing Medical Education
3. European Accreditation Council for Continuing Medical Education
4. American Academy of Family Physicians
5. Royal College of Physicians and Surgeons of Canada
6. College of Family Physicians of Canada
7. Physician Assistant Certification Council of Canada

(b) At least 50 continuing medical education credits in Category I or II approved by the organizations listed in subsection (3) (a). Category II credit includes any educational activity that relates to medicine, patient care, or the role of a physician assistant not designated as Category I.

(4) Licensees shall retain certificates of continuing medical education attendance for a minimum of four years.

Commented [HN-D1]: From: [Continuing Medical Education \(CME\) - NCCPA](#)

PA 2.05 Reinstatement. (1) A licensee who fails for any reason to be licensed as required under this chapter shall not exercise the rights or privileges conferred by any license granted by the board.

(2) Failure to renew a license as specified in s. 440.08 (2) (a), stats. shall cause the license to lapse. A licensee who allows the license to lapse may apply for reinstatement of the license by the board, subject to 440.08 (4), Stats., as follows:

- (a)** If the licensee applies for renewal of the license less than five years after its expiration, the license shall be renewed upon payment of the renewal fee
- (b)** If the licensee applies for renewal of the license more than five years after its expiration, the board shall make an inquiry to determine whether the applicant is competent to practice under the license in this state and shall impose any reasonable conditions on the renewal of the license. This paragraph does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

(3) A licensee who has unmet disciplinary requirements and failed to renew a license within five years of the renewal date or whose license has been surrendered or revoked may apply to have a license reinstated if the applicant provides all of the following:

- (a)** Evidence of completion of requirements under PA 2.05 (2) (b) if the licensee has not held an active Wisconsin license in the last five years.
- (b)** Evidence of completion of disciplinary requirements, if applicable.
- (c)** Evidence of rehabilitation or a change in circumstances, warranting reinstatement of the license.

PA 2.06 Reciprocal Credentials for Service Members, Former Service Members, and their Spouses. A reciprocal license shall be granted to a service member, former

service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. 440.09 (2), Stats. subject to s. 440.09 (2m), Stats. The board may request verification necessary to make a determination under this section.

PA 2.07 Title Protection. No person may designate himself or herself as a “physician assistant” or “physician associate” or use or assume the title “physician assistant” or “physician associate” or append to the person’s name the words or letters “physician assistant”, “physician associate” or “P.A.” or any other titles, letters, or designation which represents or may tend to represent that person as a physician assistant or physician associate unless that person is a physician assistant licensed by the board or a federally credentialed physician assistant or physician associate.

CHAPTER PA 3 COLLABORATION AND PRACTICE

PA 3.01 Practice Standards. (1) Regardless of employment status, a physician assistant shall practice pursuant to one of the following:

- (a) In accordance with s. 448.975 (2) (a) 1. a., Stats. the physician assistant practices pursuant to an employment arrangement. Under this option, a physician assistant is not required under this rule to enter into a written collaborative agreement with a physician. This provision shall not prevent an employer from requiring a written collaborative or practice agreement; or
- (b) The physician assistant enters into a written collaborative agreement with a physician pursuant to s. 448.975 (2) (a) 1. b., Stats.:
 1. If a physician assistant practices pursuant to a written collaborative agreement under sub. (1) (b) of this section, the agreement must be kept on file at the practice site. The agreement must include, at a minimum:
 - a. A statement that the collaborating physician shall remain reasonably available to the physician assistant for consultation via telecommunications or other electronic means and that consultation shall occur within a medically appropriate time;
 - b. A statement that the collaborating physician may designate an alternate collaborator to be consulted when the collaborating physician is temporarily unavailable.
 - c. A statement that if the patient requests a physician consultation, arrangements must be made for such a consult within a medically appropriate time;
 - d. A clause specifying that either party may terminate the collaborative agreement by providing written notice at least 30 days prior to the date of termination, or in a manner otherwise specified by the collaborating

- physician and the physician assistant; and
- e. The signature of both the collaborating physician and the physician assistant.

(2) A physician is not required under this rule to be physically present at the location where the physician assistant practices or renders care.

PA 3.02 Practice of Podiatry. A physician assistant may practice with the supervision and direction of a podiatrist pursuant to s. 448.975 (1) (b) 2., stats. and the rules promulgated under s. 448.695 (4) (b), Stats.

PA 3.03 Emergency, Disaster, and Volunteer Practice. (1) A physician assistant licensed under s. PA 2 may perform any of the following:

- (a) Render such emergency medical care that they are able to provide at the scene of an accident or emergency situation, not to be defined as an emergency situation that occurs in the place of one's employment, in the absence of an employment or collaborative agreement entered into under PA 3.01 (1).
- (b) Render such medical care that they are able to provide during a declared state of emergency or other disaster, notwithstanding an employment or collaborative agreement entered into under PA 3.01 (1).
- (c) Provide volunteer medical care at camps or sporting events, notwithstanding an employment or collaborative agreement entered into under PA 3.01 (1).

(2) Pursuant to ss. 448.975 (5) (a) b 1. and 257.03 (3) Physician assistants who voluntarily and gratuitously render emergency, disaster, or volunteer care pursuant to sub. (1) of this section shall not be liable for civil damages for any personal injuries that result from acts or omissions which may constitute ordinary negligence. The immunity granted by this section shall not apply to acts or omissions constituting reckless, wanton, or intentional misconduct.

PA 3.04 Practice During Interruption in Collaboration. If a physician assistant's collaborating physician under PA 3.01 (1) (b) is unable to collaborate as specified in that section due to an interruption in licensed practice, a leave of absence of 30 days or longer such that the physician is unreachable, change in employment, change in license or privileges, or death:

- (1) When the interruption is temporary, and an alternate has not been identified in the current agreement, or is otherwise not available, a new alternate physician may provide temporary collaboration to the physician assistant. An interim collaborative agreement shall be documented within and maintained at the site of practice in accordance with s. PA 3.01 (1) (b).
- (2) If the collaborating physician will be unavailable for more than 90 business days due to an interruption in licensure or privileges, employment, extended leave of absence or death, the physician assistant shall secure a new collaborating physician and document the agreement in accordance with s. PA 3.01 (1) (b).
- (3) If no physician is available to collaborate with the physician assistant, either:
 - (a) A Physician Assistant possessing at least 2,080 hours of practice experience in

the same specialty or concentration shall notify the board within 3 business days of the collaborating physician's absence and attestation to active search for replacement. The physician assistant may continue to practice under the current terms of the physician assistant's collaboration agreement without physician collaboration for up to 90 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection; or

- (b) A Physician Assistant possessing less than 2,080 hours of practice experience in the same specialty or concentration shall enter into a written interim collaborative agreement with a physician assistant possessing at least 10,000 hours of practice experience in the same specialty or concentration; and shall notify the board within 3 business days of the collaborating physician's absence, provide a copy of the interim written collaborative agreement and, an attestation to active search for replacement of the collaborating physician. The physician assistant may continue to practice under the current terms of the physician assistant's interim collaboration agreement with physician assistant collaboration for up to 30 business days, at which time the physician assistant may petition the board to extend practice under the same terms. The board shall consider the practice setting, experience, and qualifications of the physician assistant, the collaborating physician assistant and potential availability of collaborating physicians when reviewing requests to extend practice under this subsection. This interim collaborative agreement may not exceed 180 consecutive days or 180 days in any calendar year.

(4) The board may audit and review the practice of a physician assistant temporarily practicing without a collaborating physician under sub. (3) of this section at any time during or after the collaborating physician's absence.

(5) Physician assistants temporarily practicing without a collaborating physician under sub. (3) of this section shall not practice outside of their education, training, and experience and shall refer patients to another provider when appropriate to the patient's condition and the standard of care.

PA 3.05 Minimum Standards for Patient Health Care Records. (1) When patient healthcare records are not maintained by a separate entity, a physician assistant shall ensure patient health care records are maintained on every patient for a period of not less than 5 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(2) A patient health care record shall contain all of the following clinical health care information which applies to the patient's medical condition:

- (a) Pertinent patient history.
- (b) Pertinent objective findings related to examination and test results.
- (c) Assessment or diagnosis.
- (d) Plan of treatment for the patient.

(3) Each patient health care record entry shall be dated, shall identify the physician assistant, and shall be sufficiently legible to allow interpretation by other health care

practitioners.

PA 3.06 Standards for Dispensing and Prescribing Drugs. (1) PRESCRIPTIVE AUTHORITY.

- (a) A physician assistant may order, prescribe, procure, dispense, and administer prescription drugs, medical devices, services, and supplies.
- (b) A physician assistant practicing under the supervision and direction of a podiatrist may issue a prescription order for a drug or device in accordance with guidelines established by the supervising podiatrist and the physician assistant.
- (2) **PACKAGING.** A prescription drug dispensed by a physician assistant shall be dispensed in a child-resistant container if it is a substance requiring special packaging under 16 CFR 1700.14 (1982) of the federal regulations for the federal poison packaging act of 1970.
- (3) **LABELING.** A prescription drug dispensed by a physician assistant shall contain a legible label affixed to the immediate container disclosing all of the following:
 - (a) The name and address of the facility from which the prescribed drug is dispensed.
 - (b) The date on which the prescription is dispensed.
 - (c) The name of the physician assistant who prescribed the drug.
 - (d) The full name of the patient.
 - (e) The generic name and strength of the prescription drug dispensed unless the prescribing physician assistant requests omission of the name and strength of the drug dispensed.
 - (f) Directions for the use of the prescribed drug and cautionary statements, if any, contained in the prescription or required by law.
- (4) **RECORDKEEPING.** A physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.
 - (a) Records required by the federal controlled substances act and ch. 961, Stats., shall be maintained at the location where the drug is received, distributed, or dispensed and be available for inspection by authorized persons for at least 5 years from the date of the record.
 - (b) Controlled substances dispensed by a physician assistant shall be recorded on a separate log, in a separate bound logbook in which each schedule of controlled substances dispensed is recorded separately and in chronological order with the following information:
 - 1. The name of the substance.
 - 2. Dosage form and strength of the substance.
 - 3. Name and address of the person for whom dispensed.
 - 4. Date of dispensing
 - 5. Quantity dispensed.
 - 6. Name or initials of physician assistant who dispensed the substance.

PA 3.07 Informed Consent. (1) Pursuant to s. 448.9785, Stats., a physician assistant shall communicate alternate modes of treatment to a patient.

(2) Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternative modes of treatment and about the benefits and risks

of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances.

- (3) The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:
- (a) Detailed technical information that in all probability a patient would not understand.
 - (b) Risks apparent or known to the patient.
 - (c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
 - (d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
 - (e) Information in cases where the patient is incapable of consenting.
 - (f) Information about alternate modes of treatment for any condition the physician assistant has not included in the physician assistant's diagnosis at the time the physician assistant informs the patient.
- (4) A physician assistant's record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient.

CHAPTER PA 4 UNPROFESSIONAL CONDUCT

PA 4.01 Unprofessional Conduct. "Unprofessional conduct" includes, but is not limited to the following, or aiding or abetting the same:

- (1) **DISHONESTY AND CHARACTER.**
- (a) Violating or attempting to violate any provision or term of subch. VIII of ch. 448, Stats., or of any valid rule of the board.
 - (b) Violating or attempting to violate any term, provision, or condition of any order of the board.
 - (c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a physician assistant license, or in connection with applying for or procuring periodic renewal of a physician assistant license, or in otherwise maintaining such licensure.
 - (d) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.
 - (e) Employing illegal or unethical business practices.
 - (f) Knowingly, negligently, or recklessly making any false statement, written or oral, as a physician assistant which creates an unacceptable risk of harm to a patient, the public, or both.
 - (g) Engaging in any act of fraud, deceit, or misrepresentation, including acts of

omission to the board or any person acting on the board's behalf.

- (h) Obtaining any fee by fraud, deceit or misrepresentation.
 - (i) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.
 - (j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their circumstances, may be vulnerable to undue influence.
 - (k) Engaging in false, misleading, or deceptive advertising.
 - (L) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.
- (2) DIRECT PATIENT CARE VIOLATIONS. (a) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician assistant was, for any period covered by the order, unable to practice with reasonable skill and safety.
- (b) Departing from or failing to conform to the standard of minimally competent practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.
 - (c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.
 - (d) Performing or attempting to perform any procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.
 - (e) Administering, dispensing, prescribing, supplying, or obtaining controlled substances as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise prohibited by law.
 - 1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgement by a state or federal court or agency charged with making legal determinations shall be conclusive evidence of its findings of fact and conclusions of law.
 - 2. A certificate copy of a finding, order, or judgement demonstrating that entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of a physician assistant is conclusive evidence of a violation of this paragraph.
 - (f) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician assistant has contact with a patient's intimate parts without legitimate medical justification for doing so.
 2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.
 3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.
- (g) Engaging in any sexual conduct with or in the presence of a patient or former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.
- (h) Engaging in repeated or significant disruptive behavior or interaction with physician assistants, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.
- (i) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.
- (j) Performing physician assistant services without required informed consent under s. 448.9785, Stats. or PA 3.07.
- (k) Aiding or abetting the practice of an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice as a physician assistant. This provision does not prohibit a Wisconsin licensed physician assistant from providing outpatient services ordered by a physician licensed in another state, if the physician who wrote the order saw the patient in the state in which the physician is licensed and the physician who wrote the order remains responsible for the patient.
- (L) Prescribing a controlled substance to oneself as described in s. 961.38 (5), Stats.
- (m) Practicing as a physician assistant in another state or jurisdiction without appropriate licensure. A physician assistant has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, their patient requests that the services ordered be provided in another state or jurisdiction.
- (n) Patient abandonment occurs when a physician assistant without reasonable justification unilaterally withdraws from a physician assistant-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:
1. The physician assistant fails to give the patient at least 30 days' notice in advance of the date on which the physician assistant's withdrawal becomes

effective.

2. The physician assistant fails to allow for patient access to or transfer of the patient's health record as required by law.
 3. The physician assistant fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.
 4. The physician assistant fails to provide for continuity of care during the period between the notice of intent to withdraw from the physician assistant-patient relationship and the date on which the physician assistant-patient relationship ends. Nothing in this section shall be interpreted to imposed upon the physician assistant a greater duty to provide continuity care to a patient than otherwise required by law.
- (3) LAW VIOLATIONS, ADVERSE ACTION, AND REQUIRED REPORTS TO THE BOARD.
- (a) Failing, within 30 days to report to the board any final adverse action taken against the licensee's authority to practice by another licensing jurisdiction.
 - (b) Failing, within 30 days, to report the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.
 - (c) Failing to comply with state and federal laws regarding access to patient health care records.
 - (d) Failure by a licensee to establish and maintain patient health care records consistent with the requirements of ss. PA 3.05 and 3.06 (4), or as otherwise required by law.
 - (e) Violating the duty to report under s. 448.9795, Stats.
 - (f) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a licensee. There is a rebuttable presumption that a licensee who takes longer than 30 days to respond to a request of the board has not acted within a timely manner.
 - (g) Failing, within 48 hours of the entry of judgement of conviction of any crime, to provide notice to the department of safety and professional services required under s. SPS 4.09 (2), or failing within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgement of conviction.
 - (h) Except as provided under (i), a violation or conviction of any laws or rules of this state, or of any other state, or any federal law or regulation that is substantially related to the practice of a physician assistant.
 1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with determining whether a

- person has violated a law or rule relevant to this paragraph is conclusive evidence of findings of facts and conclusions of law therein.
2. The department of safety and professional services has the burden of proving that the circumstances of the crime are substantially related to the practice of a physician assistant.
 - (i) Violating or being convicted of any the conduct listed under in Table PA 4.01, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of any statute listed in Table PA 4.01:

**Table PA 4.01
Violations or Convictions Cited by Statute**

Statute Section	Description of Violation or Conviction
940.01	First degree intentional homicide
940.02	First degree reckless homicide
940.03	Felony murder
940.05	Second degree intentional homicide
940.12	Assisting suicide
940.19 (2), (4), (5), or (6)	Battery, substantial battery, or aggravated battery
940.22 (2) or 3	Sexual exploitation by therapist, duty to report
940.225 (1), (2), or (3)	First, second, or third degree sexual assault
940.285 (2)	Abuse of individuals at risk
940.29	Abuse of residents at penal facilities
940.295	Abuse and neglect of patients and residents
948.02 (1) or (2)	First and second degree sexual assault of a child
948.03 (2)	Physical abuse of a child, intentional causation of bodily harm
948.05	Sexual exploitation of a child
948.051	Trafficking of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.085	Sexual assault of a child placed in substitute care

PA 4.02 Discipline. (1) The board may conduct investigations and hearings to determine whether a licensee has violated PA 4.01 or has violated any state or federal law or any other jurisdiction that substantially relates to the practice of a physician assistant.

(2) The board may reprimand a physician assistant or deny, limit, suspend, or revoke a physician assistant’s license if the physician assistant has violated PA 4.01.

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

(END OF TEXT OF RULE)

DRAFT

State of Wisconsin



2021 Assembly Bill 125

Date of enactment: **March 26, 2021**

Date of publication*: **March 27, 2021**

2021 WISCONSIN ACT 23

AN ACT to repeal 15.407 (2), 50.01 (4p), 252.01 (5), 448.01 (6), 448.03 (1) (b), 448.03 (3) (e), 448.04 (1) (f), 448.05 (5), 448.20, 448.21, 448.40 (2) (f) and 450.01 (15r); **to renumber** 448.970, subchapter VIII of chapter 448 [precedes 448.980] and subchapter IX of chapter 448 [precedes 448.985]; **to amend** 15.08 (1m) (b), 15.085 (1m) (b), 16.417 (1) (e) 3m., 46.03 (44), 48.981 (2m) (b) 1., 49.45 (9r) (a) 7. a., 50.08 (2), 50.39 (3), 55.14 (8) (b), 69.01 (6g), 70.47 (8) (intro.), 97.67 (5m) (a) 3., 118.2925 (1) (f), 146.81 (1) (d), 146.82 (3) (a), 146.89 (1) (r) 1., 146.997 (1) (d) 5., 154.01 (3) (intro.), 154.03 (2), 154.07 (1) (a) (intro.), 165.77 (1) (a), 255.07 (1) (d), 343.16 (5) (a), 440.035 (2m) (b), 440.035 (2m) (c) 1. (intro.), 448.015 (4) (am) 2., 448.02 (1), 448.03 (2) (a), 448.03 (2) (e), 448.03 (2) (k), 448.03 (5) (b), 448.035 (2) to (4), 448.037 (2) (a) (intro.) and (b) and (3), 448.62 (7), 448.695 (4) (a) and (b), 450.01 (16) (hm) 3., 450.11 (1), 450.11 (1g) (b), 450.11 (1i) (a) 1., 450.11 (1i) (b) 2. c., 450.11 (1i) (c) 2., 450.11 (8) (b), 462.02 (2) (e), 462.04, 961.01 (19) (a) and 971.14 (4) (a); **and to create** 15.406 (7), 49.45 (9r) (a) 7. e., 69.18 (1) (ck), 146.81 (1) (eu), subchapter VIII of chapter 448 [precedes 448.971], 450.11 (1i) (b) 2. cm., 450.11 (8) (f) and 990.01 (27s) of the statutes; **relating to:** regulation of physician assistants, creating a Physician Assistant Affiliated Credentialing Board, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.

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

SECTION 1. 15.08 (1m) (b) of the statutes is amended to read:

15.08 (1m) (b) The public members of the chiropractic examining board, the dentistry examining board, the hearing and speech examining board, the medical examining board, the physical therapy examining board, the perfusionists examining council, the respiratory care practitioners examining council and council on physician assistants, the board of nursing, the nursing home administrator examining board, the veterinary examining board, the optometry examining board, the pharmacy examining board, the marriage and family therapy, professional counseling, and social work examining board,

the psychology examining board, and the radiography examining board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 2. 15.085 (1m) (b) of the statutes is amended to read:

15.085 (1m) (b) The public members of the podiatry affiliated credentialing board ~~or the occupational therapists affiliated credentialing board~~, and the physician assistant affiliated credentialing board shall not be engaged in any profession or occupation concerned with the delivery of physical or mental health care.

SECTION 3. 15.406 (7) of the statutes is created to read:

* 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."

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

(a) Eight physician assistants licensed under subch. VIII of ch. 448.

(b) One public member.

SECTION 4. 15.407 (2) of the statutes is repealed.

SECTION 5. 16.417 (1) (e) 3m. of the statutes is amended to read:

16.417 (1) (e) 3m. A physician assistant who is licensed under s. 448.04 (1) (f) ~~448.974~~.

SECTION 6. 46.03 (44) of the statutes is amended to read:

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

SECTION 7. 48.981 (2m) (b) 1. of the statutes is amended to read:

48.981 (2m) (b) 1. "Health care provider" means a physician, as defined under s. 448.01 (5), a physician assistant, as defined under s. 448.01 (6) ~~448.971 (2)~~, or a nurse holding a license under s. 441.06 (1) or a license under s. 441.10.

SECTION 8. 49.45 (9r) (a) 7. a. of the statutes is amended to read:

49.45 (9r) (a) 7. a. A physician ~~or physician assistant~~ licensed under subch. II of ch. 448.

SECTION 9. 49.45 (9r) (a) 7. e. of the statutes is created to read:

49.45 (9r) (a) 7. e. A physician assistant licensed under subch. VIII of ch. 448.

SECTION 10. 50.01 (4p) of the statutes is repealed.

SECTION 11. 50.08 (2) of the statutes is amended to read:

50.08 (2) A physician, an advanced practice nurse prescriber certified under s. 441.16 (2), or a physician assistant licensed under ch. 448, who prescribes a psychotropic medication to a nursing home resident who has degenerative brain disorder shall notify the nursing home if the prescribed medication has a boxed warning under 21 CFR 201.57.

SECTION 12. 50.39 (3) of the statutes is amended to read:

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

SECTION 13. 55.14 (8) (b) of the statutes is amended to read:

55.14 (8) (b) Order the individual to comply with the treatment plan under par. (a). The order shall provide that if the individual fails to comply with provisions of the treatment plan that require the individual to take psychotropic medications, the medications may be administered involuntarily with consent of the guardian. The order shall specify the methods of involuntary administration of psychotropic medication to which the guardian may consent. An order authorizing the forcible restraint of an individual shall specify that a person licensed under s. 441.06, 441.10, ~~or 448.05 (2) or (5)~~, ~~or 448.974~~ shall be present at all times that psychotropic medication is administered in this manner and shall require the person or facility using forcible restraint to maintain records stating the date of each administration, the medication administered, and the method of forcible restraint utilized.

SECTION 14. 69.01 (6g) of the statutes is amended to read:

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

SECTION 15. 69.18 (1) (ck) of the statutes is created to read:

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

SECTION 16. 70.47 (8) (intro.) of the statutes is amended to read:

70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who appear before it in relation to the assessment. Instead of appearing in person at the hearing, the board may allow the property owner, or the property owner's representative, at the request of either person, to appear before the board, under oath, by telephone or to submit written statements, under oath, to the

board. The board shall hear upon oath, by telephone, all ill or disabled persons who present to the board a letter from a physician, ~~osteopath~~, physician assistant, as defined in s. 448.01 (6), or advanced practice nurse prescriber certified under s. 441.16 (2) that confirms their illness or disability. At the request of the property owner or the property owner's representative, the board may postpone and reschedule a hearing under this subsection, but may not postpone and reschedule a hearing more than once during the same session for the same property. The board at such hearing shall proceed as follows:

SECTION 17. 97.67 (5m) (a) 3. of the statutes is amended to read:

97.67 (5m) (a) 3. A physician assistant licensed under subch. II VIII of ch. 448.

SECTION 18. 118.2925 (1) (f) of the statutes is amended to read:

118.2925 (1) (f) "Physician assistant" means a person licensed under s. 448.04 (1) ~~(f)~~ 448.974.

SECTION 19. 146.81 (1) (d) of the statutes is amended to read:

146.81 (1) (d) A physician, ~~physician assistant~~, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.

SECTION 20. 146.81 (1) (eu) of the statutes is created to read:

146.81 (1) (eu) A physician assistant licensed under subch. VIII of ch. 448.

SECTION 21. 146.82 (3) (a) of the statutes is amended to read:

146.82 (3) (a) Notwithstanding sub. (1), a physician, a physician assistant, ~~as defined in s. 448.01 (6)~~, or an advanced practice nurse prescriber certified under s. 441.16 (2) who treats a patient whose physical or mental condition in the physician's, physician assistant's, or advanced practice nurse prescriber's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

SECTION 22. 146.89 (1) (r) 1. of the statutes is amended to read:

146.89 (1) (r) 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or nurse-midwife under ch. 441, an optometrist under ch. 449, a physician assistant under subch. VIII of ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

SECTION 23. 146.997 (1) (d) 5. of the statutes is amended to read:

146.997 (1) (d) 5. An occupational therapist, occupational therapy assistant, physician assistant or respiratory care practitioner licensed or certified under ch. 448.

SECTION 24. 154.01 (3) (intro.) of the statutes is amended to read:

154.01 (3) (intro.) "Health care professional" means ~~who is, or who holds a compact privilege under subch. IX of ch. 448~~ any of the following:

SECTION 25. 154.03 (2) of the statutes is amended to read:

154.03 (2) The department shall prepare and provide copies of the declaration and accompanying information for distribution in quantities to persons licensed, certified, or registered under ch. 441, 448, or 455, persons who hold a compact privilege under subch. X of ch. 448, hospitals, nursing homes, county clerks and local bar associations and individually to private persons. The department shall include, in information accompanying the declaration, at least the statutory definitions of terms used in the declaration, statutory restrictions on who may be witnesses to a valid declaration, a statement explaining that valid witnesses acting in good faith are statutorily immune from civil or criminal liability, an instruction to potential declarants to read and understand the information before completing the declaration and a statement explaining that an instrument may, but need not be, filed with the register in probate of the declarant's county of residence. The department may charge a reasonable fee for the cost of preparation and distribution. The declaration distributed by the department of health services shall be easy to read, the type size may be no smaller than 10 point, and the declaration shall be in the following form, setting forth on the first page the wording before the ATTENTION statement and setting forth on the 2nd page the ATTENTION statement and remaining wording:

DECLARATION TO HEALTH CARE PROFESSIONALS
(WISCONSIN LIVING WILL)

I,....., being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician, physician assistant, or advanced practice registered nurse honor this document as the final expression of my legal right to refuse medical or surgical treatment.

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

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

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

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

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

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

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

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

3. If I am in a PERSISTENT VEGETATIVE STATE, as determined by a physician, physician assistant, or advanced practice registered nurse who has personally examined me, and if a physician who has also personally examined me agrees with that determination, the following are my directions regarding the use of feeding tubes:

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

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

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

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

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

Signed Date

Address Date of birth

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

Witness signature Date signed

Print name

Witness signature Date signed

Print name

DIRECTIVES TO ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when a physician and another physician, physician assistant, or advanced practice registered nurse, one of whom is the attending health care professional, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

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

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

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

* * * * *

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

.....
.....
.....

SECTION 26. 154.07 (1) (a) (intro.) of the statutes is amended to read:

154.07 (1) (a) (intro.) No health care professional, inpatient health care facility or person licensed, certified, or registered under ch. 441, 448, or 455, or a person who holds a compact privilege under subch. X of ch. 448 acting under the direction of a health care professional may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

SECTION 27. 165.77 (1) (a) of the statutes is amended to read:

165.77 (1) (a) "Health care professional" means a person licensed, certified, or registered under ch. 441, 448, or 455 or a person who holds a compact privilege under subch. X of ch. 448.

SECTION 28. 252.01 (5) of the statutes is repealed.

SECTION 29. 255.07 (1) (d) of the statutes is amended to read:

255.07 (1) (d) "Health care practitioner" means a physician, a physician assistant licensed under s. 448.04 (1)-(f), or an advanced practice nurse who is certified to issue prescription orders under s. 441.16.

SECTION 30. 343.16 (5) (a) of the statutes is amended to read:

343.16 (5) (a) The secretary may require any applicant for a license or any licensed operator to submit to a special examination by such persons or agencies as the secretary may direct to determine incompetency, physical or mental disability, disease, or any other condition that might prevent such applicant or licensed person from exercising reasonable and ordinary control over a motor

vehicle. If the department requires the applicant to submit to an examination, the applicant shall pay for the examination. If the department receives an application for a renewal or duplicate license after voluntary surrender under s. 343.265 or receives a report from a physician, physician assistant, as defined in s. 448.01 (6), advanced practice nurse prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the department has a report of 2 or more arrests within a one-year period for any combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a vehicle, the department shall determine, by interview or otherwise, whether the operator should submit to an examination under this section. The examination may consist of an assessment. If the examination indicates that education or treatment for a disability, disease or condition concerning the use of alcohol, a controlled substance or a controlled substance analog is appropriate, the department may order a driver safety plan in accordance with s. 343.30 (1q). If there is non-compliance with assessment or the driver safety plan, the department shall revoke the person's operating privilege in the manner specified in s. 343.30 (1q) (d).

SECTION 31. 440.035 (2m) (b) of the statutes is amended to read:

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

SECTION 32. 440.035 (2m) (c) 1. (intro.) of the statutes is amended to read:

440.035 (2m) (c) 1. (intro.) The medical examining board, the physician assistant affiliated credentialing board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter of each year, submit a report to the persons specified in subd. 2. that does all of the following:

SECTION 33. 448.01 (6) of the statutes is repealed.

SECTION 34. 448.015 (4) (am) 2. of the statutes is amended to read:

448.015 (4) (am) 2. Any act by a physician ~~or physician assistant~~ in violation of ch. 450 or 961.

SECTION 35. 448.02 (1) of the statutes is amended to read:

448.02 (1) LICENSE. The board may grant licenses, including various classes of temporary licenses, to prac-

tice medicine and surgery, to practice as an administrative physician, to practice perfusion, and to practice as an anesthesiologist assistant, ~~and to practice as a physician assistant.~~

SECTION 36. 448.03 (1) (b) of the statutes is repealed.

SECTION 37. 448.03 (2) (a) of the statutes is amended to read:

448.03 (2) (a) Any person lawfully practicing within the scope of a license, permit, registration, certificate or certification granted to practice midwifery under subch. XIII of ch. 440, to practice professional or practical nursing or nurse-midwifery under ch. 441, to practice chiropractic under ch. 446, to practice dentistry or dental hygiene under ch. 447, to practice optometry under ch. 449, to practice as a physician assistant under subch. VIII, to practice acupuncture under ch. 451 or under any other statutory provision, or as otherwise provided by statute.

SECTION 38. 448.03 (2) (e) of the statutes is amended to read:

448.03 (2) (e) Any person other than ~~a physician assistant~~ or an anesthesiologist assistant who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the patient services rendered.

SECTION 39. 448.03 (2) (k) of the statutes is amended to read:

448.03 (2) (k) Any persons, other than ~~physician assistants~~, anesthesiologist assistants, or perfusionists, who assist physicians.

SECTION 40. 448.03 (3) (e) of the statutes is repealed.

SECTION 41. 448.03 (5) (b) of the statutes is amended to read:

448.03 (5) (b) No physician ~~or physician assistant~~ shall be liable for any civil damages for either of the following:

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

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

SECTION 42. 448.035 (2) to (4) of the statutes are amended to read:

448.035 (2) Notwithstanding the requirements of s. 448.30, a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber may provide expedited partner therapy if the patient is diagnosed as infected with a chlamydial infection, gonorrhea, or tri-

chomoniasis and the patient has had sexual contact with a sexual partner during which the chlamydial infection, gonorrhea, or trichomoniasis may have been transmitted to or from the sexual partner. The physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall attempt to obtain the name of the patient's sexual partner. A prescription order for an antimicrobial drug prepared under this subsection shall include the name and address of the patient's sexual partner, if known. If the physician, ~~physician assistant~~, or certified advanced practice nurse prescriber is unable to obtain the name of the patient's sexual partner, the prescription order shall include, in ordinary bold-faced capital letters, the words, "expedited partner therapy" or the letters "EPT."

(3) The physician, ~~physician assistant~~, or certified advanced practice nurse prescriber shall provide the patient with a copy of the information sheet prepared by the department of health services under s. 46.03 (44) and shall request that the patient give the information sheet to the person with whom the patient had sexual contact.

(4) (a) Except as provided in par. (b), a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber is immune from civil liability for injury to or the death of a person who takes any antimicrobial drug if the antimicrobial drug is prescribed, dispensed, or furnished under this section and if expedited partner therapy is provided as specified under this section.

(b) The immunity under par. (a) does not extend to the donation, distribution, furnishing, or dispensing of an antimicrobial drug by a physician, ~~physician assistant~~, or certified advanced practice nurse prescriber whose act or omission involves reckless, wanton, or intentional misconduct.

SECTION 43. 448.037 (2) (a) (intro.) and (b) and (3) of the statutes are amended to read:

448.037 (2) (a) (intro.) A physician ~~or physician assistant~~ may do any of the following:

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

(3) A physician ~~or physician assistant~~ who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

SECTION 44. 448.04 (1) (f) of the statutes is repealed.

SECTION 45. 448.05 (5) of the statutes is repealed.

SECTION 46. 448.20 of the statutes is repealed.

SECTION 47. 448.21 of the statutes is repealed.

SECTION 48. 448.40 (2) (f) of the statutes is repealed.

SECTION 49. 448.62 (7) of the statutes is amended to read:

448.62 (7) A physician assistant who is acting under the supervision and direction of a podiatrist, subject to s. 448.21 (4) ~~448.975 (2) (a) 2m.~~, or an individual to whom the physician assistant delegates a task or order under s. 448.975 (4).

SECTION 50. 448.695 (4) (a) and (b) of the statutes are amended to read:

448.695 (4) (a) Practice standards for a physician assistant practicing podiatry as provided in s. 448.21 (4) ~~448.975 (2) (a) 2m.~~

(b) Requirements for a podiatrist who is supervising a physician assistant as provided in s. 448.21 (4) ~~448.975 (2) (a) 2m.~~

SECTION 51. 448.970 of the statutes is renumbered 448.9695.

SECTION 52. Subchapter VIII of chapter 448 [precedes 448.971] of the statutes is created to read:

CHAPTER 448

SUBCHAPTER VIII

PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

448.971 Definitions. In this subchapter, unless the context requires otherwise:

(1) "Board" means the physician assistant affiliated credentialing board.

(2) "Physician assistant" means a person licensed under this subchapter.

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

(4) "Podiatry" has the meaning given in s. 448.60 (4).

448.972 License required; exceptions. (1) Except as provided in subs. (2) and (3), no person may represent himself or herself as a "PA" or "physician assistant," use or assume the title "PA" or "physician assistant," or append to the person's name the words or letters "physician assistant," "PA," "PA-C," or any other titles, letters, or designation that represents or may tend to represent the person as a physician assistant, unless he or she is licensed by the board under this subchapter.

(2) Subsection (1) does not apply with respect to any of the following:

(a) An individual employed and duly credentialed as a physician assistant or physician associate by the federal government while performing duties incident to that employment, unless a license under this subchapter is required by the federal government.

(b) A person who satisfies the requirement under s. 448.974 (1) (a) 3. but who is not licensed under this subchapter. This paragraph does not allow such a person to

practice medicine and surgery in violation of s. 448.03 (1) (a) or to practice podiatry in violation of s. 448.61.

(3) A student who is enrolled in an accredited physician assistant educational program may use the title “physician assistant student,” “PA student,” or “PA-S.”

448.9725 Expedited partner therapy. (1) In this section:

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

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

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

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

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

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

448.9727 Prescriptions for and delivery of opioid antagonists. (1) In this section:

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

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

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

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

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

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

(2) (a) A physician assistant may do any of the following:

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

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

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

(3) A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.978 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

448.973 Powers and duties of board. (1) (a) The board shall promulgate rules implementing s. 448.9785.

(b) The board shall promulgate rules establishing continuing education requirements for physician assistants.

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

1. Rules defining what constitutes unprofessional conduct for physician assistants for purposes of s. 448.978 (2) (d).

2. Rules under s. 448.977 (2).

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

448.974 License; renewal. (1) (a) Except as provided in par. (b), the board shall grant an initial license to practice as a physician assistant to any applicant who is found qualified by three-fourths of the members of the board and satisfies all of the following requirements, as determined by the board:

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

2. The applicant is at least 18 years of age.

3. The applicant provides evidence of one of the following:

a. That the applicant has successfully completed an educational program for physician assistants or physician associates that is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor or, prior to 2001, by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

b. If the applicant does not satisfy subd. 3. a., that the applicant, prior to January 1, 1986, successfully passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.

4. The applicant passes the National Commission on Certification of Physician Assistants examination or an equivalent national examination adopted by the board.

5. The applicant provides a listing with all employers, practice settings, internships, residencies, fellowships, and other employment for the past 7 years.

6. Subject to ss. 111.321, 111.322, and 111.335, the applicant does not have an arrest or conviction record.

(b) Paragraph (a) 3. does not apply to an applicant if the applicant provides evidence that he or she is licensed as a physician assistant or physician associate in another state, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States and the board determines that the requirements for obtaining the license in that state or territory are substantially equivalent to the requirements under par. (a).

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

(b) An applicant for the renewal of a license under this subchapter shall submit with his or her application for renewal proof of having satisfied the continuing education requirements imposed by the board under s. 448.973 (1) (b). This paragraph does not apply to an applicant for renewal of a license that expires on the first renewal date after the date on which the board initially granted the license.

(3) Notwithstanding sub. (1), an individual who, on the effective date of this subsection [LRB inserts date], was licensed by the medical examining board as a physician assistant under subch. II of ch. 448, 2019 stats., shall be considered to have been licensed under sub. (1) for purposes of this subchapter.

448.975 Practice and employment. (1) (a) Subject to the limitations and requirements under sub. (2); the physician assistant's experience, education, and training;

and any rules promulgated under sub. (5), a physician assistant may do any of the following:

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

2. Apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in subd. 1. and in s. 448.971 (2).

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

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

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

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

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

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

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

b. A written collaborative agreement with a physician that, subject to subd. 1m., describes the physician assistant's individual scope of practice, that includes a protocol for identifying an alternative collaborating physician for situations in which the collaborating physician or the physician's designee is not available for consultation, and that includes other information as required by the board.

1m. All of the following apply to a written collaborative agreement between a physician and physician assistant under subd. 1. b.:

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

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

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

d. The agreement shall be signed by the physician assistant and the collaborating physician.

2. Subdivision 1. does not require the physical presence of a physician at the time and place a physician assistant renders a service.

2m. A physician assistant may practice under the supervision and direction of a podiatrist. A physician assistant who is practicing under the supervision and direction of a podiatrist shall be limited to providing non-surgical patient services. Subdivision 1. does not apply to a physician assistant who is practicing under the supervision and direction of a podiatrist.

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

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

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

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

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

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

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

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

(3) (a) It shall be the obligation of a physician assistant to ensure all of the following:

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

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

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

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

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

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

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

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

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

2. Rules promulgated by the board may not permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2). Notwithstanding s. 15.085 (5) (b) 2., if the Medical Examining Board reasonably determines that a rule submitted to it by the Physician Assistant Affiliated Credentialing Board under s. 15.085 (5) (b) 1. permits a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2), then the Physician Assistant Examining Board shall, prior to submitting the proposed rule to the legislative council staff under s. 227.15 (1), revise the proposed rule so that it does not exceed or permit a broader scope of practice than that which may be exercised in accordance with subs. (1) and (2).

(b) The board shall develop and recommend to the podiatry affiliated credentialing board practice standards for physician assistants practicing under podiatrists under sub. (2) (a) 2m.

(6) The practice permissions provided in this section are permissions granted by the state authorizing the licensed practice of physician assistants. Nothing in this section prohibits an employer, hospital, health plan, or other similar entity employing or with a relationship with a physician assistant from establishing additional requirements for a physician assistant as a condition of employment or relationship.

448.976 Civil liability. No physician assistant shall be liable for any civil damages for either of the following:

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

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

448.977 Malpractice liability insurance. (1) Except as provided in subs. (2) and (3), no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage evidenced by one of the following:

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

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

(2) The board may promulgate rules requiring a practicing physician assistant to have in effect malpractice liability insurance coverage in amounts greater than those specified in sub. (1) (a) or (b) or (4). If the board promulgates rules under this subsection, no physician assistant may practice as authorized under s. 448.975 unless he or she has in effect malpractice liability insurance coverage as required under those rules, except as provided in sub. (3).

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

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

448.978 Professional discipline. (1) Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine

whether a person has violated this subchapter or a rule promulgated under this subchapter.

(2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license issued under s. 448.974 does any of the following, the board may reprimand the person or deny, limit, suspend, or revoke the person's license:

(a) Makes a material misstatement in an application for a license or an application for renewal of a license under s. 448.974.

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

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

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

1. Providing expedited partner therapy as described in s. 448.9725.

2. Prescribing or delivering an opioid antagonist in accordance with s. 448.9727 (2).

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

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

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

(h) Is adjudicated mentally incompetent by a court.

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

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

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

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

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

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

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

448.9785 Informed consent. Any physician assistant who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician assistant standard is the standard for informing a patient under this section. The

reasonable physician assistant standard requires disclosure only of information that a reasonable physician assistant in the same or a similar medical specialty would know and disclose under the circumstances. The physician assistant's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate medical modes of treatment for any condition the physician assistant has not included in his or her diagnosis at the time the physician informs the patient.

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

448.9793 Injunction. If it appears upon complaint to the board by any person or if it is known to the board that any person is violating this subchapter, or rules adopted by the board under this subchapter, the board or the attorney general may investigate and may, in addition to any other remedies, bring action in the name and on behalf of the state against any such person to enjoin such person from such violation. The attorney general shall represent the board in all proceedings.

448.9795 Duty to report. (1) A physician assistant who has reason to believe any of the following about another physician assistant shall promptly submit a written report to the board that includes facts relating to the conduct of the other physician assistant:

- (a) The other physician assistant is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
- (b) The other physician assistant is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
- (c) The other physician assistant is or may be medically incompetent.
- (d) The other physician assistant is or may be mentally or physically unable safely to engage in the practice of a physician assistant.

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

SECTION 53. Subchapter VIII of chapter 448 [precedes 448.980] of the statutes is renumbered subchapter IX of chapter 448 [precedes 448.980].

SECTION 54. Subchapter IX of chapter 448 [precedes 448.985] of the statutes is renumbered subchapter X of chapter 448 [precedes 448.985].

SECTION 55. 450.01 (15r) of the statutes is repealed.

SECTION 56. 450.01 (16) (hm) 3. of the statutes is amended to read:

450.01 (16) (hm) 3. The patient's physician assistant, ~~if the physician assistant is under the supervision of the patient's personal attending physician.~~

SECTION 57. 450.11 (1) of the statutes is amended to read:

450.11 (1) DISPENSING. Except as provided in sub. (1i) (b) 2., no person may dispense any prescribed drug or device except upon the prescription order of a practitioner. All prescription orders shall, except as provided in sub. (1a), specify the date of issue, the name and address of the practitioner, the name and quantity of the drug product or device prescribed, directions for the use of the drug product or device, the symptom or purpose for which the drug is being prescribed if required under sub. (4) (a) 8., and, if the order is written by the practitioner, the signature of the practitioner. Except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1., 448.035 (2), ~~and 448.037 (2) (a) 1., 448.9725 (2), and 448.9727 (2) (a) 1.~~ and except for standing orders issued under s. 441.18 (2) (a) 2. ~~or 448.037 (2) (a) 2., or 448.9727 (2) (a) 2.,~~ all prescription orders shall also specify the name and address of the patient. A prescription order issued under s. 118.2925 (3) shall specify the name and address of the school. A prescription order issued under s. 255.07 (2) shall specify the name and address of the authorized entity or authorized individual. Any oral prescription order shall be immediately reduced to writing by the pharmacist and filed according to sub. (2).

SECTION 58. 450.11 (1g) (b) of the statutes is amended to read:

450.11 (1g) (b) A pharmacist may, upon the prescription order of a practitioner providing expedited partner therapy, as specified in s. 448.035 ~~or 448.9725~~, that complies with the requirements of sub. (1), dispense an antimicrobial drug as a course of therapy for treatment of chlamydial infections, gonorrhea, or trichomoniasis to the practitioner's patient or a person with whom the patient has had sexual contact for use by the person with whom the patient has had sexual contact. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the dispensing of a prescription to the person to whom the antimicrobial drug is dispensed. A pharmacist providing a consultation under this paragraph shall ask whether the person for whom the antimicrobial drug has been prescribed is allergic to the antimicrobial drug and advise that the person for whom the antimicrobial drug has been prescribed must discontinue use of the antimicrobial drug if the person is allergic

to or develops signs of an allergic reaction to the antimicrobial drug.

SECTION 59. 450.11 (1i) (a) 1. of the statutes is amended to read:

450.11 (1i) (a) 1. A pharmacist may, upon and in accordance with the prescription order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 1., ~~or of a physician or physician assistant under s. 448.037 (2) (a) 1., or of a physician assistant under s. 448.9727 (2) (a) 1.~~ that complies with the requirements of sub. (1), deliver an opioid antagonist to a person specified in the prescription order and may, upon and in accordance with the standing order of an advanced practice nurse prescriber under s. 441.18 (2) (a) 2., ~~or of a physician or physician assistant under s. 448.037 (2) (a) 2., or of a physician assistant under s. 448.9727 (2) (a) 2.~~ that complies with the requirements of sub. (1), deliver an opioid antagonist to an individual in accordance with the order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered.

SECTION 60. 450.11 (1i) (b) 2. c. of the statutes is amended to read:

450.11 (1i) (b) 2. c. A ~~physician or physician assistant~~ may only deliver or dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

SECTION 61. 450.11 (1i) (b) 2. cm. of the statutes is created to read:

450.11 (1i) (b) 2. cm. A physician assistant may only deliver or dispense an opioid antagonist in accordance with s. 448.9727 (2) or in accordance with his or her other legal authority to dispense prescription drugs.

SECTION 62. 450.11 (1i) (c) 2. of the statutes is amended to read:

450.11 (1i) (c) 2. Subject to par. (a) 2. and ss. 441.18 (3) ~~and~~ 448.037 (3), ~~and 448.9727 (3)~~, any person who, acting in good faith, delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.

SECTION 63. 450.11 (8) (b) of the statutes is amended to read:

450.11 (8) (b) The medical examining board, insofar as this section applies to physicians ~~and physician assistants~~.

SECTION 64. 450.11 (8) (f) of the statutes is created to read:

450.11 (8) (f) The physician assistant affiliated credentialing board, insofar as this section applies to physician assistants.

SECTION 65. 462.02 (2) (e) of the statutes is amended to read:

462.02 (2) (e) A physician assistant licensed under s. 448.04 (1) (f) ~~448.974~~.

SECTION 66. 462.04 of the statutes is amended to read:

462.04 Prescription or order required. A person who holds a license or limited X-ray machine operator permit under this chapter may not use diagnostic X-ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician assistant licensed under s. 448.04 (1) (f) ~~448.974~~, or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. ~~IX~~ X of ch. 448.

SECTION 67. 961.01 (19) (a) of the statutes is amended to read:

961.01 (19) (a) A physician, advanced practice nurse, dentist, veterinarian, podiatrist, optometrist, scientific investigator or, subject to s. 448.21 (3) ~~448.975 (1) (b)~~, a physician assistant, or other person licensed, registered, certified or otherwise permitted to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in this state.

SECTION 68. 971.14 (4) (a) of the statutes is amended to read:

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

SECTION 69. 990.01 (27s) of the statutes is created to read:

990.01 (27s) PHYSICIAN ASSISTANT. "Physician assistant" means a person licensed as a physician assistant under subch. VIII of ch. 448.

SECTION 70. Chapter Med 8 of the administrative code is repealed.

SECTION 71. Cross-reference changes. In ss. 49.45 (9r) (a) 7. b., 146.81 (1) (dg), 146.997 (1) (d) 4., 155.01 (7), 252.14 (1) (ar) 4e., 446.01 (1v) (d), 448.956 (1m) and (4), 450.10 (3) (a) 5., and 451.02 (1), the cross-references to “subch. IX of ch. 448” are changed to “subch. X of ch. 448.”

SECTION 72. Nonstatutory provisions.

(1) BOARD; APPOINTMENTS.

(a) Notwithstanding the length of terms specified for the members of the physician assistant affiliated credentialing board under s. 15.406 (7), 4 of the initial members under s. 15.406 (7) (a) shall be appointed for terms expiring on July 1, 2023; 3 of the initial members under s. 15.406 (7) (a) and the initial member under s. 15.406 (7) (b) shall be appointed for terms expiring on July 1, 2024; and the remaining initial member under s. 15.406 (7) (a) shall be appointed for a term expiring on July 1, 2025.

(b) Notwithstanding s. 15.08 (1), the governor may provisionally appoint initial members of the physician assistant affiliated credentialing board under s. 15.406 (7). Those provisional appointments remain in force until withdrawn by the governor or acted upon by the senate and if confirmed by the senate, shall continue for the remainder of the unexpired term, if any, of the member and until a successor is chosen and qualifies. A provisional appointee may exercise all the powers and duties of board membership to which the person is appointed during the time in which the appointee qualifies.

(c) Notwithstanding s. 15.406 (7) (a), for purposes of an initial appointment to the physician assistant affiliated credentialing board made before the date specified in SECTION 73 (intro.) of this act, including any provisional appointment made under par. (b), the governor may appoint physician assistants licensed under subch. II of ch. 448 to the positions on the board specified under s. 15.406 (7) (a).

(2) EMERGENCY RULES.

(a) Using the procedure under s. 227.24, the physician assistant affiliated credentialing board may promulgate initial rules under ss. 448.973 (1) and 448.975 (5) (a) as emergency rules under s. 227.24 to allow for the licensure, discipline, and practice of physician assistants. The authority granted under this subsection applies only to rules described in this paragraph, and any other emergency rules promulgated by the board shall be as provided in, and subject to, s. 227.24.

(b) Notwithstanding s. 227.24 (1) (a) and (3), the physician assistant affiliated credentialing board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

(c) Emergency rules promulgated under this subsection may not take effect prior to the date specified in SECTION 73 (intro.) of this act.

(d) Notwithstanding s. 227.24 (1) (c), emergency rules promulgated under this subsection remain in effect for one year, subject to extension under par. (e), or until

the date on which permanent rules take effect, whichever is sooner.

(e) Notwithstanding s. 227.24 (2) (a), the joint committee for review of administrative rules may, at any time prior to the expiration date of the emergency rule promulgated under this subsection, extend the effective period of the emergency rule at the request of the physician assistant affiliated credentialing board for a period specified by the committee not to exceed 180 days. Any number of extensions may be granted under this paragraph, but the total period for all extensions may not extend beyond the expiration date of the emergency rule’s statement of scope under s. 227.135 (5). Notwithstanding s. 227.24 (2) (b) 1., the physician assistant affiliated credentialing board is not required to provide evidence that there is a threat to the public peace, health, safety, or welfare that can be avoided only by extension of the emergency rule when making a request for an extension under this subsection, but s. 227.24 (2) (am) to (c) shall otherwise apply to extensions under this paragraph.

(f) If the physician assistant affiliated credentialing board promulgates emergency rules under this subsection, the board shall submit a single statement of scope for both permanent and emergency rules.

(3) BOARD; TRANSFERS.

(a) *Tangible personal property.* On the effective date of this paragraph, all tangible personal property, including records, of the medical examining board that the secretary of safety and professional services determines to be primarily related to the regulation of physician assistants is transferred to the physician assistant affiliated credentialing board.

(b) *Pending matters.* Any matter pending with the medical examining board on the effective date of this paragraph that is primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, is transferred to the physician assistant affiliated credentialing board. All materials submitted to or actions taken by the medical examining board with respect to the pending matter are considered as having been submitted to or taken by the physician assistant affiliated credentialing board.

(c) *Contracts.* All contracts entered into by the medical examining board in effect on the effective date of this paragraph that are primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, remain in effect and are transferred to the physician assistant affiliated credentialing board. The physician assistant affiliated credentialing board shall carry out any obligations under such a contract until the contract is modified or rescinded by the physician assistant affiliated credentialing board to the extent allowed under the contract.

(d) *Assets and liabilities.* On the effective date of this paragraph, the assets and liabilities of the medical examining board that are primarily related to the regulation of physician assistants, as determined by the secretary of safety and professional services, become the assets and liabilities of the physician assistant affiliated credentialing board.

(e) *Orders.* All orders issued by the medical examining board in effect on the effective date of this paragraph that are primarily related to the regulation of physician assistants remain in effect until their specified expiration

dates or until modified or rescinded by the physician assistant affiliated credentialing board.

SECTION 73. Effective dates. This act takes effect on the first day of the 13th month beginning after publication, except as follows:

(1) The treatment of s. 15.406 (7) and SECTION 72 (1) and (2) of this act take effect on the day after publication.

(2) Notwithstanding s. 227.265, the treatment of ch. Med 8 of the administrative code takes effect on the first day of the 13th month beginning after publication.

Licensure

- How does Act 23 change the process by which licenses are issued for PAs?
- Under Act 23, if I allow my license to lapse can I get it reinstated at a later date?
- How does Act 23 change the paperwork I need to file with DSPS?

Collaboration

- Under Act 23, what should be in a collaborative agreement?
- Under Act 23 do I need to have further collaborating physicians beyond my primary?

Scope of Practice

- Does Act 23 allow a PA to write a DNR order?

Commerce and Employment

- Will Act 23 allow me to own my practice?
- Will Act 23 open jobs to PAs with units of government that are now only open to NPs?

To: Ascension Wisconsin Physician Assistants and their Supervising Physicians
From: Gregory Brusko, DO, MMM, FACOS, Chief Clinical Officer, Ascension Wisconsin
cc: Bernie Sherry, SVP, Ministry Market Executive, Ascension Wisconsin
Monica Hilt, Chief Operating Officer, Ascension Wisconsin
Chad Craig, MD, MBA, MS, FACP, Chief Medical Officer, Ascension Wisconsin
Cheryl Schmidt, Vice President Quality & Regulatory, Ascension Wisconsin
Date: April 1, 2022
Subject: Upcoming Changes to the Physician Assistant Role



This communication is being shared today with Ascension Wisconsin physician assistants and their supervising physicians.

As you may know, in Spring of 2021, Governor Evers signed a state assembly bill to create Wisconsin Act 23 which changes the law related to the licensure, regulation and the scope of practice of physician assistants (PAs). The changes affect PA practice independence. Further guidance regarding the relationship between PAs and their physician supervisors will be shared in the coming weeks. As of the Act's effective date of April 1, 2022, PAs shall be required to comply with the below practice changes:

- A. PAs shall have a duty to report another PA to the Department of Safety and Professional Services if that other PA is (i) engaging or has engaged in acts that constitute a pattern of unprofessional conduct, (ii) the other PA is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public, (iii) the other PA is or may be medically incompetent, or (iv) the other PA is or may be mentally or physically unable safely to engage in the practice of a physician assistant.
 1. No PA who reports as described above may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith.
 2. Failure to so report is itself unprofessional conduct.
 3. PAs will be subject to professional discipline by the new Physician Assistant Affiliated Credentialing Board.
- B. PAs are responsible for maintaining medical malpractice liability insurance. This requirement is met if a PA's employer already has compliant malpractice liability insurance in effect for that PA. All AMG WI employed PAs will continue to be covered.
- C. Continuing education requirements which will be further promulgated by the



Physician Assistant Affiliated Credentialing Board.

- D. Any PA who treats a patient shall inform the patient about the availability of reasonable alternative medical modes of treatment and about the benefits and risks of these treatments. The reasonable PA standard is the standard for informing a patient. The reasonable PA standard requires disclosure only of information that a reasonable PA in the same or a similar medical specialty would know and disclose under the circumstances.

In addition to the above, Act 23 created a new Physician Assistant Affiliated Credentialing Board which is expected to provide further guidance on supervisory or collaborative agreements between PAs and physicians. The new Board will also provide further guidance on scope of practice and delegation authority. Since the regulations still need further development, formal approval by the State of Wisconsin and legal interpretation, all PA supervisory agreements currently in effect shall remain in place. Continued practice by PAs under supervisory agreements is not prohibited by the act and health systems are permitted to implement additional practice guidelines for PAs. Further guidance and communication will be provided as regulations are further developed and interpreted by legal counsel. Until then, PAs must continue to practice under the current supervisory agreements and in compliance with applicable Medical Staff Bylaws and policies.

If you have any questions, please contact your supervising physician or practice manager.

Thank you in advance for your time and consideration.