Wisconsin Department of Safety and Professional Services
Division of Policy Development
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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
January 19, 2023

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

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of December 15, 2022 (4-5)

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) Annual Policy Review **(6-9)**
3) Election of Officers, Appointments of Liaisons and Alternates, Delegation of Authorities **(10-18)**
4) 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
5) Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board

F. Medical Examining Board's 2022 Opioid Prescribing Guidelines – Discussion and Consideration (19-24)

G. Controlled Substances Board's Annual Report – Discussion and Consideration (25-30)

H. Update on Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders – Discussion and Consideration

I. Physician Assistant (PA) Licensure Compact – Discussion and Consideration

J. Legislation and Policy Matters – Discussion and Consideration

K. Administrative Rule Matters – Discussion and Consideration (31)

1) Legislative Report and Final Rule Draft: PA 1 to 4, Relating to Physician Assistants **(32-56)**
2) Update on Medical Examining Board's Military Personnel Rule Writing Project
3) Pending & Possible Rulemaking Projects

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) Public Health Emergencies
11) Legislative and Policy Matters
12) Liaison Reports
13) Board Liaison Training and Appointment of Mentors
14) Informational Items
15) Division of Legal Services and Compliance (DLSC) Matters
16) Presentations of Petitions for Summary Suspension
17) Petitions for Designation of Hearing Examiner
18) Presentation of Stipulations, Final Decision and Orders
19) Presentation of Proposed Final Decision and Orders
20) Presentation of Interim Orders
21) Petitions for Re-Hearing
22) Petitions for Assessments
23) Petitions to Vacate Orders
24) Requests for Disciplinary Proceeding Presentations
25) Motions
26) Petitions
27) Appearances from Requests Received or Renewed
28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

M. Public Comments

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

ADJOURNMENT

VIRTUAL/TELECONFERENCE

ORAL INTERVIEW OF CANDIDATES FOR LICENSURE

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

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

NEXT MEETING: FEBRUARY 23, 2023

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

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

VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
December 15, 2022

PRESENT: Clark Collins, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Cynthia Martin, Robert Sanders, Tara Streit

EXCUSED: Jacqueline Edwards, Eric Elliot

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

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:02 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Jean Fischer moved, seconded by Robert Sanders, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 22, 2022

MOTION: Clark Collins moved, seconded by Emelle Holmes-Drammeh, to approve the Minutes of November 22, 2022 as published. Motion carried unanimously.

2023 Meeting Dates

MOTION: Clark Collins moved, seconded by Tara Streit, to that the Board hold its April and August meetings in person pursuant to the Department's policy. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Legislative Report and Final Rule Draft: PA 1 to 4, Relating to Physician Assistants

MOTION: Robert Sanders moved, seconded by Clark Collins, to designate Eric Elliott to approve the Legislative Report and Draft for Clearinghouse Rule 22-064 (PA 1 to 4), relating to Physician Assistants, for submission to the Governor's Office and Legislature. Motion carried unanimously.

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

MOTION: Jean Fischer moved, seconded by Tara Streit, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 9:39 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Katlin Schwartz, Bureau Assistant on behalf of Division of Policy Development Executive Directors	12/14/2022 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:

All Boards

4) Meeting Date: First Meeting of 2023	5) Attachments:	6) How should the item be titled on the agenda page?
	☒ Yes ☐ No	Annual Policy Review

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if applicable:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

Please be advised of the following Annual Policy Review items:

1. In-Person Meeting Policy: Depending on the frequency of Board meetings, a Board may be allowed a certain number of in-person meetings.
   - 4-5 Meetings per year = 1 in-person opportunity
   - 6-8 Meetings per year =2 in-person opportunities
   - 12 Meetings per year = 4 in-person opportunities
2. Attendance/Quorum: Thank you for your service and for your commitment to meeting attendance. If you cannot attend a meeting or if you have scheduling conflicts impacting your attendance, please let us know ASAP. Timely notification is appreciated as quorum is required for our Boards, Sections and Councils to meet pursuant to Open Meetings Law.
3. Walking Quorum: Board/Section/Council members must not collectively discuss the body's business outside of a properly noticed meeting. Should several members of a body do so, the members could be violating the open meetings law.
4. Mandatory Training: All Board Members must complete their annual Public Records and Ethics Trainings, if not complete, the training will be done at the next meeting.
5. Agenda Deadlines: Please communicate agenda topics to your Executive Director before the agenda submission deadline which is at 12:00 pm, 8 business days prior to a meeting. (Attachment: Timeline of a Meeting)
6. Travel Voucher and Per Diem Submissions: Please submit all Per Diem and Reimbursement claims to DSPS within 30 days of the close of each month in which expenses are incurred. (Attachments: Per Diem Example, Travel Voucher Example)
7. Lodging Accommodations/Hotel Cancellation Policy: Lodging accommodations are available to eligible members. Standard eligibility: member must leave home before 6:00 a.m. to attend a meeting by the scheduled start time.
   - If a member cannot attend a meeting it is their responsibility to cancel their reservation within the applicable cancellation timeframe. If a meeting is changed to occur remotely or is cancelled or rescheduled DSPS staff will cancel or modify reservations as appropriate.
8. Inclement Weather Policy: In the event of inclement weather the agency may change a meeting from an in-person venue to on that is executive remotely.

11) Authorization

Katlin Schwartz	12/14/2022
Signature of person making this request	Date
Supervisor (Only required for post agenda deadline items)	Date
Executive Director signature (Indicates approval for post agenda deadline items)	Date

Directions for including supporting documents:

1. This form should be saved with any other documents submitted to the Agenda Items folders.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Timeline of a Meeting

8 business days prior to the meeting: All agenda materials are due to the Department by 12:00 pm, 8 business days prior to the meeting date.

7 business days prior to the meeting: The draft agenda page is due to the Executive Director. The Executive Director transmits to the Chair for review and approval.

5 business days prior to the meeting: The approved agenda is returned to the Bureau Assistant for agenda packet production and compilation.

4 business days prior to the meeting: Agenda packets are posted on the DSPS Board SharePoint site and on the Department website.

Agenda Item Examples:

- Approval of the Agenda and Minutes (from the last meeting)
- Open Session Items
  - Public Hearings (on Admin Rules)
  - Administrative Matters
  - Legislation and Policy Matters
  - Administrative Rules Matters
  - Credentialing Matters
  - Education and Exam Issues
  - Public Agenda Requests
  - Current Issues Affecting the Profession
  - Public Comments
- Closed Session items
  - Deliberations on Proposed Disciplinary Actions
    - Stipulations
    - Administrative Warnings
    - Case Closings
    - Monitoring Matters
    - Professional Assistance Procedure (PAP) Issues
  - Proposed Final Decisions and Orders
  - Orders Fixing Costs/Matters Relating to Costs
  - Credentialing Matters
  - Education and Exam Issues

Thursday of the Week Prior to the Meeting: Agendas are published for public notice on the Public Notices and Meeting Minutes website: **publicmeetings.wi.gov**.

1 business day after the Meeting: "Action" lists are distributed by staff detailing board actions on closed session business.

5 business days after the Meeting: "To Do" lists are distributed to staff to ensure that board decisions are acted on and/or implemented within the appropriate divisions in the Department. Minutes approved by the board are published on the the Public Notices and Meeting Minutes website: **publicmeetings.wi.gov**.

Department of Safety and Professional Services

PER DIEM REPORT

INSTRUCTIONS: Claimant records board-related activities by entering the date of an activity, the duration of time spent in that activity, the relevant purpose code (see purpose code descriptions below), where the activity is conducted, and the type of activity performed. Only one (1) $25.00 per diem payment can be issued on any given calendar day.

Purpose Codes:

A. **Official meetings including video/teleconference calls** (automatic day of per diem)**:** i.e., board, committee, board training or screening panels; **Hearings,** i.e., Senate Confirmation, legislative, disciplinary or informal settlement conferences; **Examinations and Test Development Sessions,** i.e., test administration, test review or analysis events, national testing events, tour of test facilities, etc.)

B. **Other** (One (1) per diem will be issued for every five (5) hours spent in category B, per calendar month): i.e., review of disciplinary cases, consultation on cases, review of meeting materials, board liaison work e.g., contacts regarding Monitoring, Professional Assistance Procedure, Credentialing, Education and Examinations

NAME OF EXAMINING BOARD OR COUNCIL	BOARD OR COUNCIL MEMBER'S NAME
EXAMPLE EXAMINING BOARD	**MARY SUNSHINE**

Activity Date **MM/DD/YY**	Duration of Activity **Hours/Minutes**	Purpose Code **A or B**	Where Performed **City/Location (Home, Work, DSPS)**	Activity **Describe Activity Performed (see purpose codes)**
12/2/20	**2 hrs**	**B**	**Pleasant Prairie/Home**	**Review of screening panel materials**
12/3/20	**2 hr / 30 mins**	**B**	**Pleasant Prairie/Home**	**Review of screening panel materials**
12/10/20	1 hr	A	Pleasant Prairie/Home	Screening Panel Meeting - Teleconference
12/12/20	**1 hr / 30 mins**	**B**	**Pleasant Prairie/Home**	**Case consultation**
12/13/20	**1 hr**	**B**	**Pleasant Prairie/Home**	**Liaison: Application Review**
12/16/20	6 hrs	A	Madison/DSPS	Board Member Training

The 5-hour rule applies to "B" code activities. Add the 'B' codes within the calendar month and then divide by five (5) hours to calculate your per diem payment. In this case the total is seven (7) hours which equals one (1) day of per diem.

Each 'A' code is an automatic day of per diem regardless of time spent in that activity. Ms. Sunshine is eligible for two (2) additional days of payment.

Department staff completes the fields titled "Total Days Claimed".

CLAIMANT'S CERTIFICATION

The undersigned certifies, in accordance with § 16.53, Wis. Stats., that this account for per diem, is just and correct; and that this claim is for service necessarily incurred in the performance of duties required by the State, as authorized by law.

Comments:

Mary Sunshine 1/4/2021

Claimant's Signature Date

Supervisor Date

EMPL ID: 100012345-0

To be completed by Department staff: **TOTAL DAYS CLAIMED:** 3 @ $25.00 = 75.00

State of Wisconsin **DOCUMENT NUMBER TL**

Travel Voucher **Staple Receipts Face Up On Backside** For Agency Use Only

Safety & Professional Services

Department/ Division Example Examining Board **Emp ID** 100012345 **Z**

State Officer/Employee Name Mary Sunshine **Address** 2424 Happy Road

Mo/Yr **From/To:** **City** Pleasant Prairie **State** WI **Zip-Code** 53158

FY	FUND	BUSINESS UNIT	DEPART	APPR CLASS	OBJECT	PROJECT			BALANCE SHEET ACCT	REPORTING CATEGORY	PROJECT NUMBER	AMOUNT DEBIT	AMOUNT CREDIT
2021	10000	16500	1651300200	12100	7340000	16500P1<BRD ID>							
				12800		16500P2<TRD ID>							
				22100									
											TOTALS		

Official Business		Travel Points		HDQS-TIME		Personal Vehicle		Meals, including tips			Other Allowable Expenses		Total Allowable Expenses	
Date	Purpose of Trip	From	To	Depart	Return	Miles	Lodging	Morning	Noon	Evening	Item	Amount	Taxable	Non-Taxable
Use	Board Meeting	Home base	Madison	Report times you left		Miles	P-card	$8.00	$10.00	$20.00			Report	Report
separate		Madison	Home base	and returned home if		must be		Maximum in-state amounts					meal cost	meal cost
lines for	You must identify			meals are claimed		split.	Enter		or				here if there	here if there
each leg	the purpose of					Cannot	"P-card"	$10.00	$15.00	$25.00			is **NO**	**IS** an
of your	your trip.					place	when hotel	Maximum out-of-state amounts					overnight	overnight
trip.						roundtrip	is provided						stay.	stay.
						total on	by DSPS	Must leave	Must leave	Must return				
						one line.		home	home	home after				
								before	before	7:00 p.m.				
								6:00 a.m.	10:30 a.m.					
									and return					
									home after					
	LEGEND:	**Staff can fill in these areas.**							2:30 p.m.					
		Board Member MUST fill in these areas												
	*Item billed directly to the state agency			**Sub-Totals**										

			Mileage Costs
	Miles at	**0.510 cents/mile**	**Totals**
			Total Expenditure
			Less Travel Advance
			Net Amount Due

Claimant's Statement § 16.53 Wisconsin Statutes

I declare, under penalties, that all claimed travel expenses are true and correct and are in conformity with Wisconsin statute 16.53 and related agreements. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of official duties and no portion was previously reimbursed to me by the State or any other source.

Date _____ **Claimant's Signature** _____

I certify that this travel claim is reasonable, proper, and in conformity with applicable statutes, travel schedule amounts, and/or collective bargaining agreements.

Date _____ **Supervisor's Signature** _____

I certify that all expenses on this voucher conform to statutory, departmental or applicable collective bargaining provisions, and were necessary in the official performance of duties required by the State Expenditures are determined to be reasonable and proper, and that sufficient funds are available to pay this claim.

_____

Agency Head or Authorized Representative

Audited in accordance with S. 16.53 Wisconsin Statutes and allowed by the provisions of chapter 20.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Katlin Schwartz, Bureau Assistant		**2) Date when request submitted:** 12/14/2022 **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: 1/19/2023	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Administrative Matters • Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	

10) Describe the issue and action that should be addressed:

1) The Board, Council or Section should conduct Election Officers: Chairperson, Vice Chairperson & Secretary
2) The newly elected Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate
3) The Board should review and then consider its existing delegated authorities including any modification of these delegations and any proposals for additional delegations.
    a. Credentialing Delegations
    b. Monitoring Delegations
    c. Pre-Screening Delegations

11) Authorization

Dialah Azam	*12/14/2022*
Signature of person making this request	**Date**
Supervisor (Only required for post agenda deadline items)	**Date**
Executive Director signature (Indicates approval for post agenda deadline items)	**Date**

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PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

2022 Elections, Liaisons and Delegations

ELECTION RESULTS	
Chairperson	Jennifer Jarrett
Vice Chairperson	Eric Elliot
Secretary	Jacqueline Edwards

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
***Credentialing Liaison(s)**	**Clark Collins, Jean Fischer *Alternate:* **Jaqueline Edwards, **Eric Elliot
Legislative Liaison(s)	Jennifer Jarrett *Alternate:* Eric Elliot
***Education, Continuing Education, and Examinations Liaison(s)**	Eric Elliot *Alternate:* Emelle Holmes-Drammeh
***Monitoring Liaison(s)**	Jennifer Jarrett *Alternate:* Eric Elliot
***Professional Assistance Procedure Liaison(s)**	Clark Collins *Alternate:* Tara Streit
MEB Liaison(s)	Jennifer Jarrett *Alternate:* Eric Elliot
Administrative Rules Liaison(s)	Eric Elliot *Alternate:* Tara Streit
Travel Authorization Liaison(s)	Jennifer Jarrett *Alternate:* Eric Elliot
Website Liaison(s)	Tara Streit *Alternate:* Clark Collins
***Screening Panel**	Jean Fischer, Robert Sanders, Cynthia Martin

	Alternate: Emelle Holmes Drammeh

*Liaison appointments effective April 1, 2022

**Appointments updated 3/24/2022

Delegation of Authorities

Document Signature Delegations

MOTION: Eric Elliot moved, seconded by Jean Fischer, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Jennifer Jarrett moved, seconded by Jean Fischer, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Eric Elliot moved, seconded by Clark Collins, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Cynthia Martin moved, seconded by Emelle Holmes-Drammeh, to delegate the review and authority to act on disciplinary cases to the Department's Chief Legal Counsel due to lack of/loss of quorum after two consecutive meetings, effective April 1, 2022. Motion carried unanimously.

Monitoring Delegations

Delegation of Authorities for Monitoring

MOTION: Jennifer Jarrett moved, seconded by Eric Elliot, to adopt the "Roles and Authorities Delegated for Monitoring" document as presented in the January 27, 2022 agenda materials on pages 13-14, effective April 1, 2022. Motion carried unanimously.

Delegation of Authorities for Legal Counsel to Sign Monitoring Orders

MOTION: Clark Collins moved, seconded by Jean Fischer, to delegate to Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson, effective April 1, 2022. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Eric Elliot moved, seconded by Emelle Holmes-Drammeh, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications, except that potential denial decisions shall be referred to the full Board for final determination, effective April 1, 2022. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Jean Fischer moved, seconded by Eric Elliot, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review, effective April 1, 2022. Motion carried unanimously.

Delegation of Authority for Predetermination Reviews

MOTION: Jennifer Jarrett moved, seconded by Jean Fischer, to delegate authority to the Department Attorneys to make decisions regarding predetermination applications pursuant to Wis. Stat. § 111.335(4)(f), effective April 1, 2022. Motion carried unanimously.

Delegation of Authority for Reciprocity/Endorsement Reviews

MOTION: Cynthia Martin moved, seconded by Jean Fischer, to delegate authority to the Department Attorneys to review and approve reciprocity/endorsement

applications in which the out of state license requirements are substantially equivalent to the Board's requirements for licensure, effective April 1, 2022. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Jennifer Jarrett moved, seconded by Eric Elliot, to delegate authority to the Department's Attorney Supervisors to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential, effective April 1, 2022. Motion carried unanimously.

Delegation of Authority for Conviction Reviews ***Declined 2/24/2022 – Review again in 2023***

MOTION: Eric Elliot moved, seconded by Robert Sanders, to decline delegation of authority to the Department Attorneys to review and approve applications with convictions which are not substantially related to the practice of physician assistants. The Board wishes to review this matter in one year. Motion carried unanimously.

Education and Examination Liaison(s) Delegation

MOTION: Eric Elliot moved, seconded by Jennifer Jarrett, to delegate authority to the Education and Examination Liaison(s) to address all issues related to continuing education and examinations, effective April 1, 2022. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Cynthia Martin moved, seconded by Jean Fischer, to authorize the Department staff to provide national regulatory related bodies with all board member e-mail address information that the Department retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Eric Elliot moved, seconded by Clark Collins, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request, effective April 1, 2022. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Jean Fischer moved, seconded by Cynthia Martin, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Authorization Liaison Delegation

MOTION: Jean Fischer moved, seconded by Eric Elliot, to delegate authority to the Travel Authorization Liaison to approve any board member travel to and/or participation in events germane to the board, and to designate representatives from the Board to speak and/or act on the Board's behalf at such events. Motion carried unanimously.

Website Liaison(s) Delegation

MOTION: Jennifer Jarrett moved, seconded by Clark Collins, to authorize to the Website Liaison(s) to act on behalf of the Board in working with Department staff to identify and execute website updates. Motion carried unanimously.

Medical Examining Board Liaison(s) Delegation

MOTION: Jean Fischer moved, seconded by Jennifer Jarrett, to designate the MEB Liaison to represent the Board before the Medical Examining Board and to confer with the Medical Examining Board on matters of joint interest. Motion carried unanimously.

Administrative Rules Liaison(s) Delegation

MOTION: Jennifer Jarrett moved, seconded by Jean Fischer, to delegate authority to the Administrative Rules Liaison(s) to address all rulemaking as related to drafting and making recommendations to the full Board. Motion carried unanimously.

Roles and Authorities Delegated for Monitoring

The Monitoring Liaison ("Liaison") is a Board/Section designee who works with department monitors ("Monitor") to enforce Board/Section orders as explained below.

Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor ("Monitor") will draft an order and sign on behalf of the Liaison.

2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.

3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.

4. Grant or deny approval when Respondent proposes continuing/disciplinary/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.

~~5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing/disciplinary/remedial education.~~

~~6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.~~

~~7. Grant a maximum of one extension, if warranted and requested in writing by Respondent, to complete a Board/Section-ordered evaluation or exam.~~

5. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain written authorization from the Liaison to sign on their behalf.

6. Grant or deny a request to appear before the Board/Section in closed session.

7. The Liaison may determine whether Respondent's petition is eligible for consideration by the full Board/Section.

8. *(Except Pharmacy and Medical)* Accept Respondent's written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.

9. Grant Respondent's petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison. Orders that do not start at 49 screens will still follow the same standard schedule.

    a. Initial: 49 screens (including 1 hair test, if required by original order)
    b. 1st Reduction: 36 screens (plus 1 hair test, if required by original order)
    c. 2nd Reduction: 28 screens plus 1 hair test
    d. 3rd Reduction: 14 screens plus 1 hair test

10. *(Dentistry only)* Ability to approve or deny all requests from a respondent.

~~11. The Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.~~

Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if education is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.

2. Suspend the license if Respondent has not completed Board/Section-ordered education and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof of completion and/or payment have been received.

3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.

4. Grant or deny approval when Respondent proposes treatment providers [, mentors, supervisors, etc.] unless the Order specifically requires full-Board/Section or Board designee approval.

5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing/disciplinary/remedial education.

6. Grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.

7. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete a Board/Section-ordered evaluation or exam.

Authorities Delegated to Board Legal Counsel

Board Legal Counsel may take the following actions on behalf of the Board/Section:

1. Sign Monitoring orders that result from Board/Section meetings on behalf of the Board/Section Chair.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Dialah Azam. Bureau Assistant		**2) Date when request submitted:** 1/9/2023 **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 1/19/2023	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Medical Examining Board's 2022 Opioid Prescribing Guidelines – Discussion and Consideration	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	
10) Describe the issue and action that should be addressed: The Board will review the Medical Examining Board's Opioid Prescribing Guidelines that were amended in December of 2022			
11) **Authorization**			
Dialah Azam		*1/9/2023*	
Signature of person making this request		**Date**	
Supervisor (Only required for post agenda deadline items)		**Date**	
Executive Director signature (Indicates approval for post agenda deadline items)		**Date**	

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Medical Examining Board

Department of Safety and Professional Services

4822 Madison Yards Way
PO Box 8366
Madison WI 53708-8366

Wisconsin Medical Examining Board Opioid Prescribing Guideline Amended 12/2022

Guideline Scope and Purpose

To help providers make informed decisions about acute and chronic pain treatment -- pain lasting longer than three months or past the time of normal tissue healing.

Opioids pose a potential risk to all patients. The Guideline encourages providers to implement safe practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients.

Guideline Core Principles

Identify and treat the cause of the pain, use non-opioid therapies

Use non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/alternative medical therapies) and non-opioid pharmacologic therapies (such as acetaminophen and anti-inflammatories) for acute and chronic pain. Don't use opioids routinely for chronic pain. When opioids are used, combine them with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

Start low and go slow

When opioids are used, prescribe the lowest possible effective dosage and start with immediate release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain.

Close follow-up

Regularly monitor patients to make sure opioids are improving pain and function without causing harm. If benefits do not outweigh harms, optimize other therapies and work with patients to taper or discontinue opioids, if needed.

Guideline Focus Areas

The Guideline addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, treating the cause of the pain, closely monitoring risks, and safely discontinuing opioids. The three main focus areas in the Guideline include:

Determining when to initiate or continue opioids

- Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy

- Establishment of treatment goals
- Discussion of risks and benefits of therapy with patients

Opioid selection, dosage, duration, follow up and discontinuation

- Selection of immediate-release or extended-release and long-acting opioids
- Dosage considerations
- Duration of treatment
- Considerations for follow-up and discontinuation of opioid therapy

Assessing risk and addressing harms of opioid use

- Evaluation of risk factors for opioid-related harms and ways to mitigate/reduce patient risk ▪ Review of prescription drug monitoring program (PDMP) data
- Use of urine drug testing
- Considerations for co-prescribing benzodiazepines
- Arrangement of treatment for opioid use disorder

Opioid Prescribing Guideline

1. **The guideline is not intended for patients who are in active cancer treatment, palliative care, sickle cell or end-of-life care.** Although not specifically designed for pediatric pain, many of the principles upon which they are based could be applied there, as well.

2. In treating acute pain, non-opioids should be considered first. If non-opioids are not efficacious, opioid therapy may be considered if benefits are anticipated to outweigh the risks. Before prescribing opioid therapy for acute pain, realistic benefits and known risks of opioid therapy should be discussed. Consultation should be considered if diagnosis and treatment is outside the scope of the prescribing practitioner. If a practitioner is not familiar with safe opioid prescribing, they are not required to prescribe.

3. Nonopioid therapy is preferred for subacute and chronic pain (pain greater than 3 months). If non-opioids are not adequate and expected benefits for pain and function outweigh risks, opioids may be acceptable. Risks and benefits should be discussed. The goal is to establish treatment goals and functional improvement and how opioid therapy will be discontinued. Therapies such as physical therapy, behavioral health, yoga etc. should be considered. If pain is beyond the expected healing period of surgery or trauma or etiology of pain is unclear, a consultation with a pain specialist (completed an ACGME fellowship) should be placed. A patient should have at least 30% improvement in pain scores, functional improvement, no signs of abuse or aberrant behavior and side effects screened for such as sedation or constipation.

4. Patients should not receive opioid prescriptions from multiple physicians. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored.

5. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.

6. Prescribing of opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants (gabapentin, lyrica, muscle relaxants, sleep aids). Benzodiazepines triple the already high increases in respiratory depression and annual mortality rates from opioids. If they are used concurrently, clear clinical rationale must exist.

7. Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:

    a. Medical history and physical examination targeted to the pain condition.
    b. Nature and intensity of the pain.
    c. Current and past treatments, with response to each treatment.
    d. Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
    e. Effect of pain on physical and psychological functioning.
    f. Personal and family history of substance abuse.
    g. History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
    h. Medical indication(s) for use of opioids.
    i. Use of an opioid risk tool

8. Components of ongoing assessment of risk include:

    a. Review of the Prescription Drug Monitoring Program (PDMP) information.
    b. Periodic urine drug testing (including chromatography) – at least yearly in low-risk cases, more frequently with evidence of increased risk.
    c. Violations of the opioid agreement.
    d. Periodic pill counts may also be considered for high-risk patients.

9. All patients on chronic opioid therapy should have informed consent consisting of:

    a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.

b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.

10. Opioids should be prescribed in the lowest effective dose. Literature shows diminished returns for doses above 50 morphine equivalents. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely injured patients. Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is discouraged, and appropriate documentation to support such dosing should be present on the chart. It is understood there is variation in response to opioid doses.

11. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.

12. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.

13. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:

    a. History of overdose (a relative contraindication to chronic opioid therapy).
    b. Opioid doses over 50 MMEs/day.
    c. Clinical depression.
    d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

    The recommended dose is 0.4 mg for intramuscular or intranasal use, with a second dose available if the first is ineffective or wears off before Emergency Medical Services (EMS) arrives. Family members can be prescribed naloxone for use with the patient.

14. All practitioners are expected to provide care for potential complications of the treatments they provide, including opioid use disorder. As a result, if a patient receiving opioids develops behaviors indicative of opioid use disorder, the practitioner, when possible, should assist the patient in obtaining addiction treatment, either by providing it directly (buprenorphine, naltrexone, etc. plus behavioral therapy) or referring them to an appropriate treatment center or provider willing to accept the patient. Discharging a patient from the provider's practice solely due to an opioid use disorder is not considered acceptable.

15. If a patient has had chronic pain and has not been evaluated by a pain specialist (completed an ACGME fellowship) in the last 5 years, a referral should be placed.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

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3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 1/19/2023	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** Controlled Substances Board's Annual Report – Discussion and Consideration	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes ☒ No	**9) Name of Case Advisor(s), if applicable:** N/A	
10) Describe the issue and action that should be addressed: The Board will review the Controlled Substances Board's Annual Report			
11) **Authorization**			
Dialah Azam		*1/9/2023*	
Signature of person making this request		**Date**	
Supervisor (Only required for post agenda deadline items)		**Date**	
Executive Director signature (Indicates approval for post agenda deadline items)		**Date**	

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Doug Englebert
Chairperson

Alan Bloom
Vice Chairperson

Yvonne Bellay
Secretary

CONTROLLED SUBSTANCES BOARD

4822 Madison Yards Way
PO Box 8366
Madison WI 53708-8366

Email: dsps@wisconsin.gov
Voice: 608-266-2112
FAX: 608-251-3032

Annual Report

I. Membership

Statutory membership of the Board:
1. A psychiatrist (appointed by the Governor)
2. A pharmacologist (appointed by the Governor)
3. Chair of the Pharmacy Examining Board or designee
4. Chair of the Board of Nursing or designee
5. Chair of the Dentistry Examining Board or designee
6. Chair of the Medical Examining Board or designee
7. State Attorney General or designee
8. Secretary of the Department of Agriculture, Trade & Consumer Protection or designee
9. Secretary of the Department of Health Services or designee

II. Drug Scheduling

The Controlled Substances Board may add substances to or delete or reschedule substances listed in the schedules of chapter 961.

Scheduling
The Controlled Substances Board took the following scheduling actions in 2022:
Schedule I:
- Addition of 7 synthetic benzimidazole-opioid substances

Schedule III:
- Addition of 38 anabolic steroids

Schedule IV:
- Addition of daridorexant

Schedule V:
- Addition of ganaxolone

III. Drug Use Trends in Wisconsin

The Controlled Substances Board received the following information at the public hearing held on November 11, 2022 in accordance with Executive Order 228:

Trends
According to the Wisconsin State Crime Laboratories, the most prevalent drugs seen in 2022 are:
- methamphetamine
- cannabis

- cocaine
- fentanyl/ fentanyl analogs
- heroin

The data listed below was compiled by the Wisconsin Department of Health Services and can be found on the Dose of Reality: Opioids Data Dashboard.

2021 Overdose Data

*Data for 2022 was not available for the reporting year at the time this report was required for submission

- The statewide death rate per 100,000 people was 24.6 for all opioids and 6.1 for prescription opioids
  - 54.9 in Milwaukee County
  - 26.1 in Dane County
  - 24.7 in Waukesha County

Wisconsin Overdose Deaths

(Data source: WI Department of Health Services)

*Please note that a single death can be represented in multiple drug categories

2020	2021
All Opioids: 1,231	All Opioids: 1,425
Heroin: 265	Heroin: 162
Prescription Opioids: 335	Prescription Opioids: 355
Synthetic Opioids (Including Fentanyl): 1,052	Synthetic Opioids (Including Fentanyl): 1,293
Cocaine: 397	Cocaine: 549

National Overdose Deaths

(Data source: Centers for Disease Control and Prevention National Vital Statistics System and *CDC WONDER)

2020	2021
All Opioids: 69,061	All Opioids: 80,926
Heroin: 13,253	Heroin: 9,259
*Prescription Opioids: 7,790	(Data not yet available)
Synthetic Opioids (Including Fentanyl): 56,894	Synthetic Opioids (Including Fentanyl): 71,074
Cocaine: 19,601	Cocaine: 24,688

IV. Special Use Authorization (SUA) Permits

The Board under Chapter 961 issues permits that authorize individuals to manufacture, obtain, possess, use, administer or dispense controlled substances. Permits are necessary for research, teaching, analytical laboratories, industrial applications, humane societies, and drug detection dog training.

SUA Types	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Year Totals
Analytical Lab	**3**	**1**	**3**		**10**			**5**	**7**	**8**	**2**		**39**
Humane Society	**6**	**9**	**1**	**1**	**3**	**1**	**5**	**5**	**7**	**4**	**4**	**1**	**47**

Instructional Activities					**1**								**1**
Narcotic Dog Training									**1**				**1**
Research	**15**	**1**	**17**	**6**	**20**	**2**	**1**	**8**	**30**	**17**	**11**	**2**	**130**
Other	**1**												**1**
Law Enforcement Animal Control Officers									**1**				**1**
Industrial/Commercial Processing	**1**								**1**				**2**
								Total SUA's Issued in 2022					**219**

V. The Wisconsin enhanced Prescription Drug Monitoring Program (WI ePDMP).

The ePDMP is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. By providing valuable information about monitored prescription drugs that are dispensed in the state, it aids healthcare professionals in their prescribing and dispensing decisions. The ePDMP also fosters the ability of pharmacies, healthcare professionals, law enforcement agencies, and public health officials to work together to reduce the misuse, abuse, and diversion of prescribed monitored prescription drugs.

2022 Accomplishments

- In 2022, the WI PDMP was awarded $1,400,000 in federal funding through the Bureau of Justice Assistance (BJA) Harold Rogers PDMP Grant program. This funding will allow the PDMP to improve on-demand training materials as well as create new interactive testing opportunities for data submitters and healthcare professionals. Along with updating current training materials, DSPS will create a sandbox environment, equipped with tutorials, allowing users to test data submission processes and better understand the analytics and new functionalities of the ePDMP system.

- In 2022, the PDMP began to allow healthcare organizations to access ePDMP data via electronic health record (EHR) without the payment of monthly subscription fees. This will continue to greatly benefit under-resourced and rural healthcare facilities.

- DSPS has conducted a survey of ePDMP users on a quarterly basis which began the second quarter of 2021 to measure user satisfaction and inform current and future system enhancements. Survey results indicated a 78% overall user satisfaction rate amongst respondents, a 6% increase compared to the same timeframe in 2021.

2022 Referrals

The Controlled Substances Board refers to relevant boards, suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, or practitioner.

The Controlled Substances Board made the following referrals in 2022:

- 36 physicians to the Medical Examining Board
- 18 dentists to the Dentistry Examining Board
- 5 physician assistants to the Physician Assistant Affiliated Credentialing Board
- 4 advanced practice nurse prescribers to the Board of Nursing

Top 15 Dispensed Monitored Prescription Drugs

In general, the top 15 drugs have annually remained the same with some changes in the ranking with the exception of gabapentin, which joined to the list in 2021 for the first time.

The Top 15 Dispensed Monitored Prescription Drugs by Dispensing in the third quarter of 2022 were:

1. Gabapentin (Other)
2. Hydrocodone-Acetaminophen (Opioid)
3. Amphetamine-Dextroamphetamine (Stimulant)
4. Tramadol HCl (Opioid)
5. Oxycodone HCl (Opioid)
6. Pregabalin (Other)
7. Alprazolam (Benzodiazepine)
8. Clonazepam (Benzodiazepine)
9. Lorazepam (Benzodiazepine)
10. Methylphenidate HCl (Stimulant)
11. Oxycodone w/ Acetaminophen (Opioid)
12. Lisdexamfetamine Dimesylate (Stimulant)
13. Zolpidem Tartrate (Other)
14. Buprenorphine HCI-Naloxone HCl Dihydrate (Opioid)
15. Diazepam (Benzodiazepine)

2022 Dispensing Trends

There was an 8% increase in monitored prescription drugs being dispensed in Wisconsin through Q3 2022 compared to same quarter in 2021. This increase in dispensing can largely be attributed to gabapentin being introduced as a monitored drug in Q3 2021 which had 157,175 dispensings in that timeframe. In Q3 2022, gabapentin accounted for 388,049 dispensings, a 115% increase compared to the same quarter in 2021.

- 5% decrease in the total number of monitored prescription drugs dispensed through Q3 2022 compared to 2017 including:
  - 32% decrease in the number of opioid prescriptions dispensed.
  - 27% decrease in the number of benzodiazepine prescriptions dispensed.
  - 17% increase in the number of stimulant prescriptions dispensed.
- 38% decrease in the total number of data-driven alerts generated by the WI ePDMP through Q3 2022 compared to 2017 including:
  - 39% decrease in the number of alerts for multiple same day prescriptions.

- 33% decrease in the number of alerts for multiple prescribers or pharmacies.
- 65% decrease in the number of alerts for high opioid daily dose
- 42% decrease in the number of alerts for concurrent benzodiazepine and opioid prescriptions.
- 35% decrease in the number of alerts for long-term opioid therapy.
- 30% decrease in the number of alerts for early refills.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin **Administrative Rules Coordinator**	**01/12/13** 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:	5) Attachments:	6) How should the item be titled on the agenda page?
01/19/23	☒ Yes ☐ No	**Administrative Rule Matters Discussion and Consideration** 1. **Legislative Report and Final Rule Draft: PA 1 to 4, Relating to Physician Assistants** 2. **Update on Medical Examining Board's Military Personnel Rule Writing Project** 3. **Pending or Possible Rulemaking Projects**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Review Legislative Report and Final Rule Draft for PA 1 to 4

Attachments:

1. **Legislative Report – PA 1 to 4**
2. **Final Rule Draft - PA 1 to 4**
3. **Economic Impact Analysis – PA 1 to 4**

11) Authorization

Nilajah D. Hardin — 01/12/23

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Tom Ryan (approved via email) — 01/11/23

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

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STATE OF WISCONSIN
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD	**:**	**REPORT TO THE LEGISLATURE CR 22-064**

I. THE PROPOSED RULE:
The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS: N/A

III. FISCAL ESTIMATE AND EIA:
The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:
The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 23.

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

The Physician Assistant Affiliated Credentialing Board ("Board") held a public hearing on October 20, 2022. The following people either testified at the hearing, or submitted written comments:

- Wisconsin Hospital Association
  - Matthew Stanford, JD, MHA, General Counsel
  - Ann Zenk, RN, BSN, MHA, Senior Vice President, Workforce and Clinical Practice
- Wisconsin Academy of Physician Assistants
  - Roger Lovelace, PA-C, President
  - Reid Bowers, MPAS, PA-C

The Board summarizes the comments received either by hearing testimony or by written submission as follows:

- The Wisconsin Hospital Association submitted the following recommended changes:
  - Remove the word "verified" from PA 2.01 (1) (c)
  - Amend PA 2.01 (1) (e) to only require employment information related to clinical health care practice be submitted with an application
  - Add requirements PA 2.01 for new graduates, who have not previously been credentialed as Physician Assistants, to attest to education program

completion without submission of primary source verification until after the credential has been issued.

- Add requirements to PA 2.01 that allow the applicant to not have to include information on specific minor, non-violent, or older convictions or gaps in employment not related to clinical health practice.
- Add requirements to PA 2.01 for the Board to review and make changes to the application form every other odd-numbered year.
- Amend PA 2.01 (2) to include exception language for minor, non-violent or old convictions listed as exempted from application requirements in PA 2.01
- Amend PA 2.03 (1) to begin with "the board may require an applicant to…", instead of "each applicant shall…".
- Amend PA 2.03 (1) (d) to add exemption for convictions listed as not required in PA 2.01.
- Amend PA 2.03 (1) (f) to require someone who "is currently" a party in a lawsuit where negligent practice has been alleged to do an oral interview or personal appearance
- Amend PA 2.03 (1) (i) to require someone who has had adverse formal action that limited the applicant's clinical practice or activities to do an oral interview or personal appearance.
- Amend PA 2.04 (1) to reference the statute for renewal.
- Amend PA 2.04 (2) to reference the statue for renewal and that the renewal application shall be approved by the Board.
- Amend PA 2.04 (3) to require that each licensee shall attest to completion of continuing medical education every two years.
- Amend PA 2.04 (4) to reflect that the 30 hours of continuing medical education is not required for the first two years following initial licensure.
- Amend PA 3.01 (1) to read "Except as provided in sub. (2), PA 2.03, PA 3.03, and PA 3.04, a physician assistant shall maintain and practice in accordance with a written collaborative agreement with a physician as specified in s. 448.975 (2) (a), Stats."
- Amend PA 3.01 (2) to read "(a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975 (2) (a), if the physician assistant's practice is pursuant to an employment arrangement specified in s. 448.975 (2) (a) 1. a.
  (b) The requirement specified in s. 448.975 (2) (a) 1. a. is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the clinical department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s. 448.975 (2) (a) 1. a. A physician assistant may meet the requirements for maintaining the evidence specified in s. 448.975 (2) (a) 1. a. if the physician assistant has reasonable belief that his or her employer maintains such evidence.

    - Create PA 3.01 (3) to read "As provided by s. 448.975 (2) (a) 2. subs. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service."
    - Amend s. PA 3.06 (4) to include that physician assistants shall maintain records of all prescriptions dispensed or disposed of by the physician assistant.
    - Amend PA 3.06 (4) (a) to read "records required by the federal controlled substances and ch. 961, Stats shall be maintained as required by Wisconsin and federal law."
    - Remove PA 3.06 (4) (b).
    - Amend PA 3.08 (2) (a) so that the end of the requirement reads "…or other medical data related to the care of patients in this state."
    - Remove PA 3.08 (8).
    - Amend PA 4.01 (2) (k) to read "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.
    - Create PA. 4.01 (3) (h) 3.to include the list of minor, non-violent, or older convictions from PA 2.01 as not substantially related to the practice of a physician assistant.
- The Wisconsin Academy of Physician Assistants submitted the following recommended changes:
    - Amend PA 3.01 (1) to more closely mirror the statutory language.
    - Amend PA 2.01 to include an attestation that the applicant is at least 18 years old.
    - Amend PA 2.01 (4) to use the word "qualified" instead of the phrase "minimally competent."
    - Amend PA 3.01 (2) to use the phrase "time and place" instead of the word "location"

The Board explains modifications to its rule-making proposal prompted by public comments as follows:

- Amend PA 2.01 (2) (c) to remove the word "verified."
- Create PA 2.01 (1) (f) to read "An attestation that the applicant is at least 18 years old."
- Amend PA 2.01 (4) to read "The board may require an applicant to complete a personal appearance for purposes or an interview, or review of credentials, or both."
- Amend PA 2.03 (1) (intro.) to read "The board may require an applicant to complete an oral interview or personal appearance before the board if any of the following circumstances apply:"
- Amend PA 2.03 (1) (f) to read "The applicant has been found to have been negligent in the practice as a physician assistant or is currently a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.
- Amend PA 2.04 (1) to read "A licensee shall renew their license as specified by ss. 440.03 (9) (a) and 440.08 (2) (a), Stats."

- Amend PA 2.04 (2) to read "A licensee shall complete a renewal application approved by the board and return it with the required fee prior to the date specified by ss. 440.03 (9) (a) and 440.08 (2) (a), Stats."
- Amend PA 2.04 (3) to read "Except as provided under subsection (4) and specified by s. 440.08 (2) (a), a licensee shall attest to the completion of the following:"
- Amend PA 2.04 (4) to read "Section (3) does not apply to the first renewal following the date a license is issued."
- Amend Chapter PA 3 (title) to read "Practice."
- Amend PA 3.01 (1) to read "Except as provided in sub. (2), PA 3.02, 3.03, and 3.04, a physician assistant shall maintain and practice in accordance with a written collaborative agreement with a physician as specified in s. 448.975 (2) (a), Stats."
- Amend PA 3.01 (2) to read "(a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975 (2) (a), Stats., if the physician assistant's practice is pursuant to an employment arrangement specified in s. 448.975 (2) (a) 1. a., Stats.
  (b) The requirement specified in s. 448.975 (2) (a) 1. a., Stats. is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the organization or clinical department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s. 448.975 (2) (a) 1. a., Stats. A physician assistant may meet the requirements for maintaining the evidence specified in s. 448.975 (2) (a) 1. a., Stats. if the physician assistant has reasonable belief that his or her employer maintains such evidence."
- Create PA 3.01 (3) to read "As provided by s. 448.975 (2) (a) 2., Stats., ss. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service."
- Amend PA 3.06 (4) (a) and (b) to read "(a) Unless otherwise maintained by an organization, a physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.
  (b) Records for controlled substances shall be maintained as required by the federal controlled substances act and ch. 961, Stats."
- Remove PA 3.06 (4) (a) and (b).
- Amend PA 3.08 (2) (a) to read "Consultations between physician assistants, or between physician assistants and other medical professionals, or the transmission and review of digital images, pathology specimens, test results, or other medical data related to the care of patients in this state."
- Remove PA 3.08 (8).
- Amend PA 4.01 (2) (k) to read "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."

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Comment: 4d. "Section PA 3.02 provides that "a physician assistant may practice with the supervision and direction of a podiatrist pursuant to s. 448.975 (1) (b) 2., stats. and the rule promulgated under s. 448.695 (4) (b), Stats." Should further reference to the actual rules promulgated under s. 448.695 (4) (b), Stats., be made in this rule? For example, it appears ch. Pod 9 addresses podiatrist supervision of a physician assistant, and that administrative code chapter contains further references to requirements found in other statutes and administrative code provisions."

Response: The Board is rejecting comment #4d, as it would prefer to reference the statute instead of areas of the administrative code that may change without the Board's knowledge or input.

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

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

STATE OF WISCONSIN
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD	:	PROPOSED ORDER OF THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD ADOPTING RULES (CLEARINGHOUSE RULE 22-064)

PROPOSED ORDER

An order of the Physician Assistant Affiliated Credentialing Board to create PA 1 to 4, relating to Physician Assistants.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 448.973 (1), Stats.

Statutory authority: ss. 15.085 (5) (b) and 448.973 (1), Stats.

Explanation of agency authority:
Section 15.085 (5) (b) states that "[each affiliated credentialing board] shall promulgate rules for its own guidance and for the guidance of the trader or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 448.973 (1) states that: "

(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)."

Related statute or rule: None.

Plain language analysis:
The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 23.

Summary of, and comparison with, existing or proposed federal regulation: None.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: None.

Comparison with rules in adjacent states:

Illinois: Physician Assistants in Illinois are licensed through the Illinois Department of Financial and Professional Regulation. The Physician Assistant Practice Act of 1987 governs the practice of physician assistants in Illinois and includes statutes on licensure, collaboration, prescribing, continuing education, and grounds for disciplinary action. Physician Assistants in Illinois are required to complete 50 hours of continuing education per 2-year license renewal cycle [225 Illinois Compiled Statutes 95].

Part 1350 of the Illinois Administrative Code further details rules for physician assistants in the areas of licensure, collaboration, and prescribing. These sections also detail scope and function, employment, approved programs, and unprofessional conduct [Illinois Administrative Code s. 1350].

Iowa: Physician Assistants in Iowa are licensed through the Iowa Department of Public Health and the Board of Physician Assistants. Chapter 148C of the Iowa Code governs the practice of physician assistants in Iowa and includes statutes on licensure and grants administrative rulemaking authority to their Board [Iowa Code ch. 148C].

Chapters 326 through 329 of the Professional Licensure Division Section 645 of the Iowa Administrative Code further details rules for physician assistants in the areas of licensure, practice, continuing education, and discipline. Each licensee is required to complete at least 100 hours of continuing education approved by the board per biennium. [645 Iowa Administrative Code chs. 326 to 329].

Michigan: Physician Assistants in Michigan are licensed through the Michigan Department of Licensing and Regulatory Affairs. Part 170 of The Public Health Code Act 368 governs the practice of physician assistants in Michigan. This section of the Michigan Compiled Laws includes requirements for physician assistants on licensure, practice, informed consent, continuing education, and delegation of care. The Michigan Board of Medicine is also responsible for the regulation of Physician Assistants in Michigan. The board may require each licensee to provide evidence of completion of at least 150 hours within the three years immediately preceding the application for renewal [Michigan Compiled Laws ss. 333.17001 to 333.17084].

Minnesota: Physician Assistants in Minnesota are licensed through the Minnesota Board of Medical Practice. Chapter 147A of the Minnesota Statutes includes requirements for licensure, scope of practice, grounds for disciplinary action, accountability, prescribing drugs, continuing education and responding to disaster situations. Physician Assistants in Minnesota must either meet the standards for continuing education through current certification by the National Commission on Certification of Physician Assistants or

provide evidence of completion of at least 50 hours of continuing education within the two years preceding renewal [Minnesota Statutes ch. 147A].

The Minnesota Board of Medical Practice has administrative rules which also include requirements for physician assistants including licensure and registration, continuing education, emeritus registrations, professional corporation rules, hearings before the board, and fee splitting [Minnesota Administrative Rules chs. 5600, 5605, 5606, 5610, 5615, and 5620].

Summary of factual data and analytical methodologies:
The Board reviewed the statutory changes from 2021 Wisconsin Act 23 and promulgated rules as needed for the profession. While promulgating these rules, the Board referenced Wisconsin Administrative Code ss. Med 8, 10, 13, and 24, among other sources.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

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

Agency contact person:

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

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

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on October 20, 2022, to be included in the record of rule-making proceedings.

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), 440.09 (5), 448.973 (1), and 448.975 (5) (a), 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) "Department" means the Department of Safety and Professional Services.

(4) "Educational Program" means a program for educating and preparing physician assistants which is approved by the board.

(5) "Physician" has the meaning given in s. 448.01 (5), Stats.

(6) "Physician Assistant" means a person licensed under s. 448.974, Stats.

(7) "Physician Associate" is analogous to and has the same meaning as "physician assistant".

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

(9) "Podiatry" or "Podiatric Medicine and Surgery" has the meaning given in s. 448.60 (4), 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) Evidence of graduation from an educational program approved under s. 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.

(f) An attestation that the applicant is at least 18 years old.

(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) 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.

(5) Notwithstanding sub. (1), 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 s. 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 apply for licensure 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 only approve an education program for a physician assistant or physician associate 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. 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) The board may require an applicant to complete an oral interview or personal appearance before the board, if any of the following circumstances apply:

(a) The applicant 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) The applicant uses chemical substances that impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.

(c) The applicant has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(d) The applicant has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

(e) The applicant 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) The applicant has been found to have been negligent in the practice as a physician assistant or is currently a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of medicine.

(g) The applicant has been diagnosed with any condition that may create a risk of harm to a patient or the public.

(h) The applicant has within the last 2 years engaged in the illegal use of controlled substances.

(i) The applicant 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). 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 an 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) A licensee shall renew their license as specified by ss. 440.03 (9) (a) and 440.08 (2) (a), Stats.

(2) **A** licensee shall complete a renewal application approved by the board and return it with the required fee prior to the date specified by ss. 440.03 (9) (a) and 440.08 (2) (a), Stats.

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

(3) Except as provided under subsection (4) and specified by s. 440.08 (2) (a), Stats., a licensee shall attest to the completion of the following:

(a) At least 30 hours of continuing medical education.

(b) Of the required 30 hours of continuing medical education, at least 2 hours are on the topic of responsible controlled substances prescribing.

(4) Section (3) does not apply to the first renewal following the date a license is issued.

(5) Licensees shall retain certificates of continuing medical education attendance for a minimum of four years to be provided to the Board upon request.

(6) Licensees may submit evidence of active certification from the NCCPA or a board approved successor organization and the Board shall accept such certification as meeting the requirements under subsection (3) (a).

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

(2) Failure to renew a license as specified in s. PA 2.04. 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 s. 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
PRACTICE

PA 3.01 Practice Standards. (1) Except as provided in sub. (2), PA 3.02, 3.03, and 3.04, a physician assistant shall maintain and practice in accordance with a written collaborative agreement with a physician as specified in s. 448.975 (2) (a), Stats.
(2) (a) A physician assistant may practice without a written collaborative agreement specified in s. 448.975 (2) (a), Stats., if the physician assistant's practice is pursuant to an employment arrangement specified in s. 448.975 (2) (a) 1. a., Stats.

(b) The requirement specified in s. 448.975 (2) (a) 1. a., Stats. is met if the physician assistant or his or her employer maintains and can provide to the board upon request a position description, policy document, organizational chart, or other document from the employer indicating that an administrator for the employing organization who is a physician has managerial responsibility for overseeing the overall direction, management, and clinical care delivered in the organization or clinical department in which the physician assistant is a clinical employee. Such document is not the exclusive means for a physician assistant to comply with s. 448.975 (2) (a) 1. a., Stats.

(3) As provided by s. 448.975 (2) (a) 2. Stats., ss. (1) and (2) do not require the physical presence of a physician at the time and place a physician assistant renders a service.

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

PA 3.03 Emergency, Disaster, and Volunteer Practice. (1) A physician assistant licensed under ch. 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 s. PA 3.01.

(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 s. PA 3.01.

(c) Provide volunteer medical care at camps or sporting events, notwithstanding an employment or collaborative agreement entered into under s. PA 3.01.

(2) Pursuant to ss. 448.975 (5) (a) b 1. and 257.03 (3), Stats., a physician assistant who voluntarily and gratuitously renders emergency, disaster, or volunteer care pursuant to sub. (1) is not 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 s. PA 3.01 (2) 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, then the following requirements apply:

(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 (2).

(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 s. 3.01 (2).

(3) If no physician is available to collaborate with the physician assistant, then either of the following apply:

(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 attest 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 120 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, attest 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 120 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 270 consecutive days.

(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.

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) Unless otherwise maintained by an organization, a physician assistant shall maintain complete and accurate records of each prescription drug received, dispensed, or disposed of in any other manner.

(b) Records for controlled substances shall be maintained as required by the federal controlled substances act and ch. 961, Stats.

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.

PA 3.08 Telemedicine and Telehealth Practice. (1) In this section:

(a) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment of bodily functions, or serious dysfunction of a body organ or part.

(b) "Telehealth" has the meaning given in s. 440.01 (1) (hm), Stats.

(c) "Telemedicine" is analogous to and has the same meaning as "telehealth." in par. (b).

(2) The rules in this section do not prohibit any of the following:

(a) Consultations between physician assistants, or between physician assistants and other medical professionals, or the transmission and review of digital images, pathology specimens, test results, or other medical data related to the care of patients in this state.

(b) Patient care in consultations with another healthcare provider who has an established provider-patient relationship with the patient.

(c) Patient care in on-call or cross-coverage situations in which the physician assistant has access to patient records.

(d) Treating a patient with an emergency medical condition.

(3) A physician assistant-patient relationship may be established via telehealth.

(4) A physician assistant who uses telemedicine in the diagnosis and treatment of a patient located in this state shall be licensed to practice as a physician assistant by the Physician Assistant Affiliated Credentialing Board.

(5) A licensed physician assistant shall be held to the same standards of practice and conduct including patient confidentiality and recordkeeping, regardless of whether health care services are provided in person or by telemedicine.

(6) A licensed physician assistant who provides health care services by telehealth is responsible for the quality and safe use of equipment and technology that is integral to patient diagnosis and treatment.

(7) The equipment and technology used by a physician assistant to provide health care services by telehealth shall provide, at a minimum, information that will enable the physician assistant to meet or exceed the standard of minimally competent physician assistant practice.

CHAPTER PA 4
UNPROFESSIONAL CONDUCT

PA 4.01 Unprofessional Conduct. "Unprofessional conduct" includes 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 s. 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.

(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 par. (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 s. 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 s. 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)

This Proposed Order of the Physician Assistant Affiliated Credentialing Board is approved for submission to the Governor and Legislature.

Dated _____ Agency _____

Vice Chairperson
Physician Assistant Affiliated
Credentialing Board

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

DIVISION OF EXECUTIVE BUDGET AND FINANCE
101 EAST WILSON STREET, 10TH FLOOR
P.O. BOX 7864
MADISON, WI 53707-7864
FAX: (608) 267-0372

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
☒ Original ☐ Updated ☐ Corrected

2. Date
September 23, 2022

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
PA 1 to 4 - Permanent Rule

4. Subject
Physician Assistants

5. Fund Sources Affected
☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S

6. Chapter 20, Stats. Appropriations Affected
s. 20.165 (1) (g)

7. Fiscal Effect of Implementing the Rule
☐ No Fiscal Effect ☐ Increase Existing Revenues ☒ Increase Costs ☐ Decrease Costs
☐ Indeterminate ☐ Decrease Existing Revenues ☒ Could Absorb Within Agency's Budget

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

9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).
$0

10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be $10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?
☐ Yes ☒ No

11. Policy Problem Addressed by the Rule
These rules implement the statute changes form 2021 Wisconsin Act 23.

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
The rule was posted for 14 days on the Department of Safety and Professional Services' website to solicit comments on the potential economic impact. No comments were received.

13. Identify the Local Governmental Units that Participated in the Development of this EIA.
None.

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
The rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole. The Department estimates a total of $2, 760.00 one-time administrative costs, which may be absorbed in the agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefits of implementing this rule are that there will be detailed rules for the practice of Physician Assistants in place. The alternative to implementing this rule is that the statute will contiue to govern the practice of Physician Assistants in Wisconsin.

16. Long Range Implications of Implementing the Rule
The long range implications of implementing this rule are improved practice for Physician Assistants in Wisconsin as a result of having rules for the profession in place

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

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

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

Illinois: Physician Assistants in Illinois are licensed through the Illinois Department of Financial and Professional Regulation. The Physician Assistant Practice Act of 1987 governs the practice of physician assistants in Illinois and includes statutes on licensure, collaboration, prescribing, continuing education, and grounds for disciplinary action [225 Illinois Compiled Statutes 95].

Part 1350 of the Illinois Administrative Code further details rules for physician assistants in the areas of licensure, collaboration, and prescribing. These sections also detail scope and function, employment, approved programs, and unprofessional conduct [Illinois Administrative Code s. 1350].

Iowa: Physician Assistants in Iowa are licensed through the Iowa Department of Public Health and the Board of Physician Assistants. Chapter 148C of the Iowa Code governs the practice of physician assistants in Iowa and includes statutes on licensure and grants administrative rulemaking authority to their Board [Iowa Code ch. 148C].

Chapters 326 through 329 of the Iowa Administrative Code further details rules for physician assistants in the areas of licensure, practice, and discipline [Iowa Administrative Code chs. 326 to 329].

Michigan: Physician Assistants in Michigan are licensed through the Michigan Department of Licensing and Regulatory Affairs. Part 170 of The Public Health Code governs the practice of physician assistants in Michigan. This section of the Michigan Compiled Laws includes requirements for physician assistants on licensure, practice, informed consent, and delegation of care [Michigan Compiled Laws ss. 333.17001 to 333.17084].

Minnesota: Physician Assistants in Minnesota are licensed through the Minnesota Board of Medical Practice. Chapter 147A of the Minnesota Statutes includes requirements for licensure, scope of practice, grounds for disciplinary action, accountability, prescribing drugs, continuing education and responding to disaster situations [Minnesota Statutes ch. 147A].

The Minnesota Board of Medical Practice has administrative rules which also include requirements for physician assistants including licensure and registration, continuing education, emeritus registrations, professional corporation rules, hearings before the board, and fee splitting [Minnesota Administrative Rules chs. 5600, 5605, 5606, 5610, 5615, and 5620].

19. Contact Name	20. Contact Phone Number
Nilajah Hardin, Administrative Rules Coordinator	608-267-7139

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

STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DOA-2049 (R09/2016)

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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?
☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)
☐ Yes ☐ No