



VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
July 20, 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 (1-4)**
- B) Approval of Minutes of May 18, 2023 (5-6)**
- C) Reminders: Conflicts of Interest, Scheduling Concerns
- D) Introductions, Announcements and Recognition
- E) Administrative Matters – Discussion and Consideration**
 - 1) Department, Staff and Board Updates
 - a. DSDS Quarterly Board Chair meeting
 - 2) Board Members – Term Expiration Dates
 - a. Collins, Clark A. – 7/1/2027
 - b. Edwards, Jacqueline K. – 7/1/2025
 - c. Elliot, Eric M. – 7/1/2024
 - d. Fischer, Jean M. – 7/1/2027
 - e. Holmes-Drammeh, Emelle S. – 7/1/2024
 - f. Jarrett, Jennifer L. – 7/1/2024
 - g. Martin, Cynthia S. – 7/1/2027
 - h. Sanders, Robert W. – 7/1/2024
 - i. Streit, Tara E. – 7/1/2027
 - 3) Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board
- F) Legislation and Policy Matters – Discussion and Consideration**
 - 1) Graduate Physician Practice Bill Draft LRB-3328/P2 (7-88)
- G) Advanced Practice Nursing and Independent Practice – Discussion and Consideration**
- H) Administrative Rule Matters – Discussion and Consideration (89)**
 - 1) Update on PA 1 to 4, Relating to Physician Assistants (90-105)
 - 2) Update on Med 26, relating to Military Medical Personnel (106-113)
 - 3) Pending & Possible Rulemaking Projects

- I) **Prescription Drug Management Program (PDMP) Overview Presentation (114-116)**
- J) **Controlled Substances Board Update and Meeting Attendance – Discussion and Consideration**
- K) **Physician Assistant Interstate Compact Update – Discussion and Consideration**
- L) Federation of State Medical Board (FSMB) Matters – Discussion and Consideration
- M) Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders Update – Discussion and Consideration
- N) 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

O) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

P) Deliberation on DLSC Matters

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 22 PAB 018 – Nicole B. Laabs, P.A. (117-123)

- 2) **Case Closings**
 - a. 22 PAB 014 – M.H.H. (124-134)
 - b. 22 PAB 015 – N.B.L. (135-142)
 - c. 22 PAB 016 – E.E.P. (143-152)

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

- R) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- S) Open Session Items Noticed Above Not Completed in the Initial Open Session
- T) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- U) **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: AUGUST 24, 2023

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
MAY 18, 2023**

PRESENT: Clark Collins, Jacqueline Edwards, Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh, Jennifer Jarrett, Cynthia Martin, Tara Streit

EXCUSED: Robert Sanders

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

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with eight (8) members present.

ADOPTION OF AGENDA

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

APPROVAL OF MINUTES OF APRIL 20, 2023

MOTION: Jacqueline Edwards moved, seconded by Emelle Holmes-Drammeh, to approve the Minutes of April 20, 2023 as published. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Adoption Order: PA 1 to 4, Relating to Physician Assistants

MOTION: Eric Elliot moved, seconded by Jacqueline Edwards, to designate the Chairperson or Eric Elliot as an alternate to approve the Adoption Order for Clearinghouse Rule 22-064 (PA 1 to 4), relating to Physician Assistants, after the Legislature has completed their review. Motion carried unanimously.

CLOSED SESSION

MOTION: Eric Elliot moved, seconded by Jacqueline Edwards, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Jennifer Jarrett, Chairperson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Clark Collins-yes; Jacqueline Edwards-yes; Eric Elliot-yes; Jean Fischer-yes; Emelle Holmes-Drammeh-yes; Jennifer Jarrett-yes; Cynthia Martin-yes; and Tara Streit-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:12 a.m.

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

Case Closings

21 PAB 012 – S.L.S.

MOTION: Tara Streit moved, seconded by Eric Elliot, to close DLSC Case Number 21 PAB 012, against S.L.S., for No Violation. Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

21 PAB 005 – Samuel D. Brauer PA-C

MOTION: Cynthia Martin moved, seconded by Jennifer Jarrett, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Samuel D. Brauer PA-C, DLSC Case Number 21 PAB 005. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Eric Elliot moved, seconded by Jacqueline Edwards, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:34 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Jean Fischer moved, seconded by Eric Elliot, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

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

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

ADJOURNMENT

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

The meeting adjourned at 10:36 a.m.



State of Wisconsin
2023 - 2024 LEGISLATURE

LRB-3328/P2
JPC:cjs&wlj

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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

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

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

Analysis by the Legislative Reference Bureau

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (b) One public member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 154.03 (2) (form)

20 DECLARATION TO HEALTH CARE PROFESSIONALS

21 (WISCONSIN LIVING WILL)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 Signed Date

12 Address Date of birth

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

17 Witness signature Date signed

18 Print name

19 Witness signature Date signed

20 Print name

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

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

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

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

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

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

16 * * * * *

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

20
 21
 22

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

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

2 CREATION OF POWER OF ATTORNEY

3 FOR HEALTH CARE

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

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

14 DESIGNATION OF HEALTH CARE AGENT

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

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

6 GENERAL STATEMENT OF AUTHORITY GRANTED

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

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

23 LIMITATIONS ON MENTAL HEALTH TREATMENT

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

1 Subject to any limitations in this document, my health care agent has the
2 authority to do all of the following:

3 (a) Request, review and receive any information, oral or written, regarding my
4 physical or mental health, including medical and hospital records.

5 (b) Execute on my behalf any documents that may be required in order to obtain
6 this information.

7 (c) Consent to the disclosure of this information.

8 (The principal and the witnesses all must sign the document at the same time.)

9 **SIGNATURE OF PRINCIPAL**

10 (person creating the power of attorney for health care)

11 Signature.... Date....

12 (The signing of this document by the principal revokes all previous powers of
13 attorney for health care documents.)

14 **STATEMENT OF WITNESSES**

15 I know the principal personally and I believe him or her to be of sound mind and
16 at least 18 years of age. I believe that his or her execution of this power of attorney
17 for health care is voluntary. I am at least 18 years of age, am not related to the
18 principal by blood, marriage, or adoption, am not the domestic partner under ch. 770
19 of the principal, and am not directly financially responsible for the principal's health
20 care. I am not a health care provider who is serving the principal at this time, an
21 employee of the health care provider, other than a chaplain or a social worker, or an
22 employee, other than a chaplain or a social worker, of an inpatient health care facility
23 in which the declarant is a patient. I am not the principal's health care agent. To
24 the best of my knowledge, I am not entitled to and do not have a claim on the
25 principal's estate.

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

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

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

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

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

10 Signature.... Date....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (a).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 **SECTION 162. Nonstatutory provisions.**

7 (1) INITIAL MEMBERS OF THE BOARD.

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

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

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

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

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

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

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

19 (END)

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

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

Sections 3-115: Regarding the Miscellaneous Statutes to Amend

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

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

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


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

Sections 162-163: Nonstatutory provisions

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

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 07/07/23 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 07/20/2323	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion and Consideration 1. Update on PA 1 to 4, Relating to Physician Assistants 2. Update on Med 26, Relating to Military Medical Personnel 3. Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed Attachments: <ul style="list-style-type: none"> - Permanent Rule Adoption Order (PA 1 to 4) - Emergency Rule (Med 26) 			
11) Authorization			
 Signature of person making this request		07/07/23 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD

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

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].

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 report:

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 is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at 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.

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 classified as Category 1 as defined by the NCCPA or as approved by the Board.

(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)

Dated 6/27/2023

Agenc



Chairperson
 Physician Assistant Affiliated
 Credentialing Board

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

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

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

ORDER

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

Analysis prepared by the Department of Safety and Professional Services.

EXEMPTION FROM FINDING OF EMERGENCY

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

ANALYSIS

Statutes interpreted: s. 440.077, Stats.

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

Explanation of agency authority:

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

Section 448.40 (1), Stats., provides that “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Related statute or rule: None.

Plain language analysis:

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

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

Comparison with rules in adjacent states:

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

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

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

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

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

Summary of factual data and analytical methodologies:

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

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

Effect on small business:

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

Agency contact person:

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

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

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

TEXT OF RULE

SECTION 1 Chapter Med 26 is created to read:

Chapter Med 26 MILITARY MEDICAL PERSONNEL

Med 26.01 Authority and Purpose. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5) (b) and 448.40 (1m), Stats.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(END OF TEXT OF RULE)

Dated 2/23/2023

Agency *Stephen A. Wasserman, MD*

Chairperson
Medical Examining Board

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Marjorie Liu Program Lead, PDMP		2) Date when request submitted: <p style="text-align: center;">07/10/2023</p> <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>													
3) Name of Board, Committee, Council, Sections: Physician Assistant Affiliated Credentialing Board															
4) Meeting Date: 7/20/2023	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Prescription Drug Monitoring Program (PDMP) Overviews and Updates													
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPP Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:													
10) Describe the issue and action that should be addressed: <ol style="list-style-type: none"> 1. WI PDMP Overview <ol style="list-style-type: none"> a. Recent and Upcoming Enhancement b. Gabapentin and Upcoming NPI Requirement 2. PDMP Data Updates: Physician Assistants 															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">11)</td> <td style="width: 60%; text-align: center; vertical-align: top;"> Authorization <div style="border-bottom: 1px solid black; padding: 5px 0;"><i>Marjorie Liu</i></div> </td> <td style="width: 30%; text-align: right; vertical-align: top;"> July 10, 2023 </td> </tr> <tr> <td></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"> Signature of person making this request </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"> Supervisor (if required) </td> <td style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> <td style="border-bottom: 1px solid black; text-align: right;"> Date </td> </tr> </table>				11)	Authorization <div style="border-bottom: 1px solid black; padding: 5px 0;"><i>Marjorie Liu</i></div>	July 10, 2023		Signature of person making this request	Date		Supervisor (if required)	Date		Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date
11)	Authorization <div style="border-bottom: 1px solid black; padding: 5px 0;"><i>Marjorie Liu</i></div>	July 10, 2023													
	Signature of person making this request	Date													
	Supervisor (if required)	Date													
	Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date													
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 															



WISCONSIN | ePDMP

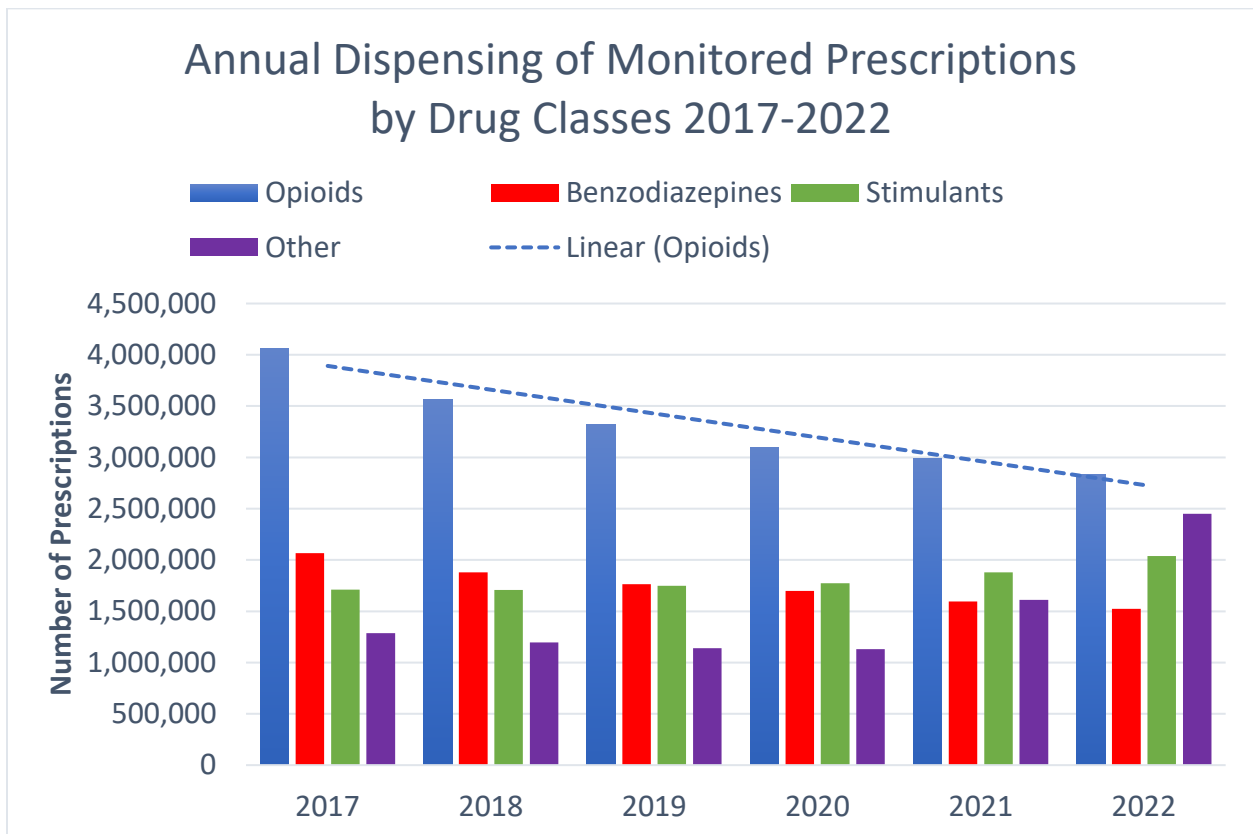
Wisconsin Prescription Drug Monitoring Program (PDMP) Overview

738,000 Dispensing Records Submitted per Month

80,800 Data-Driven Patient History Alerts per Month

30,000 Active Healthcare Professional Users

786,000 Patient Queries per Month





WISCONSIN | ePDMP

Wisconsin Prescription Drug Monitoring Program (PDMP) Updates- Physician Assistants

ePDMP Registration (As of 3/31/2023)

Total Number of Licensed PA	4,699
Total Number of Licensed PA Registered with the WI ePDMP	3,582
Number of Licensed PA who have logged in to the ePDMP in the past 12 months	1,011

ePDMP Usage (Q1 2023)

Number of PA with Rx Required of PDMP review	2,293	
Total Queries by PA (including delegates)	166,434	
ePDMP Usage/Prescribing Compliance Rate	ePDMP Usage	Number of Prescribers
	100%	1,112
	99-50%	467
	49-1%	380
	0%	334

Prescribing of Monitored Drugs Q1 2023 (PA)

	Total Unique Prescribers	Total Prescriptions
PA with Monitored Drug Prescriptions	2,530	202,282
PA with Opioid Prescriptions	2,188	87,815
PA with Benzo Prescriptions	1,520	25,590

Opioid Prescribing Trend 2022-2023 (PA)

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
Opioid Prescriptions/ Number of Prescribers	90,951/2,149	95,197/2,191	90,616/2,190	90,476/2,191	87,815/2,188
Change from Prev. Q	-1.7%	4.7%	-4.8%	-0.2%	-2.9%