Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way
PO Box 8366
Madison WI 53705-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

**Tony Evers, Governor**
**Dan Hereth, Secretary**

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

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

## AGENDA

## 9:00 A.M.

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

**A) Adoption of Agenda (1-4)**

**B) Approval of Minutes of August 24, 2023 (5)**

C) Reminders: Conflicts of Interest, Scheduling Concerns

D) Introductions, Announcements and Recognition

**E) Administrative Matters – Discussion and Consideration**
1) Department, Staff and Board Updates
2) 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

**F) Administrative Rule Matters – Discussion and Consideration (6)**
1) Update on Med 26, relating to Military Medical Personnel **(7-20)**
2) Pending & Possible Rulemaking Projects

**G) Legislative and Policy Matters – Discussion and Consideration**
1) Senate Bill 145, Relating to Advanced Practice Nurses
2) Graduate Interns

**H) Physician Assistants Delegating to Nurses – Discussion and Consideration (21)**
1) Wis. Admin Code N 6

2) October 12, 2023 Wisconsin Board of Nursing Meeting Update

**I) Medical Examining Board Opioid Prescribing Guideline – Consideration by PAACB as Standard of Care for Physician Assistants (22-25)**

**J) Controlled Substances Board Update and Meeting Attendance – Discussion and Consideration**

**K) Physician Assistant Interstate Compact Update – Discussion and Consideration**
1) PA Compact Legislative Summit **(26)**

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 (27-48)**

**1) Proposed Stipulation and Final Decision and Order**

a) 22 PAB 028 – Michele J. Wilson, P.A.-C. **(27-32)**

**2) Case Closings**

a) 22 PAB 026 – G.J.S. **(33-38)**

b) 23 PAB 002 – M.C.B. **(39-48)**

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**
**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**
**4822 Madison Yards Way, Madison**
**Contact: Tom Ryan (608) 266-2112**
**October 19, 2023**

**PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD**

**2023 WISCONSIN ETHICS AND PUBLIC RECORDS LAW FACILITATED TRAINING**

**9:30 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING**

A quorum of the Physician Assistant Affiliated Credentialing Board may be present; however, no Board business will be conducted.

**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: NOVEMBER 16, 2023**

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

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

**VIRTUAL/TELECONFERENCE**
**PHYSICIAN ASSISTANT**
**AFFILIATED CREDENTIALING BOARD**
**AUGUST 24, 2023**

**PRESENT:** Clark Collins, Eric Elliot, Jean Fischer, Emelle Holmes-Drammeh *(arrived at 9:16 a.m.)*, Jennifer Jarrett, Cynthia Martin, Robert Sanders, Tara Streit

**EXCUSED:** Jacqueline Edwards

**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 seven (7) members present.

## ADOPTION OF AGENDA

**MOTION:** Clark Collins moved, seconded by Eric Elliot, to adopt the Agenda as published. Motion carried unanimously.

## APPROVAL OF MINUTES OF JULY 20, 2023

**MOTION:** Cynthia Martin moved, seconded by Robert Sanders, to approve the Minutes of July 20, 2023 as published. Motion carried unanimously.

## COMBATTING THE OPIOID CRISIS – BOARD GOAL SETTING

**MOTION:** Clark Collins moved, seconded by Eric Elliot, to adopt the goals to address the issue of opioid abuse as presented at today's meeting. Motion carried unanimously.

*(Emelle Holmes-Drammeh arrived at 9:16 a.m.)*

## 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 Jennifer Jarrett, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:31 a.m.

# State of Wisconsin
# Department of Safety & Professional Services

## AGENDA REQUEST FORM

| 1) Name and title of person submitting the request: | 2) Date when request submitted: |
|---|---|
| **Nilajah Hardin**<br>**Administrative Rules Coordinator** | **10/04/23**<br>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting |

**3) Name of Board, Committee, Council, Sections:**

Physician Assistant Affiliated Credentialing Board

| 4) Meeting Date: | 5) Attachments: | 6) How should the item be titled on the agenda page? |
|---|---|---|
| **10/19/23** | ☒ Yes<br>☐ No | **Administrative Rule Matters Discussion and Consideration**<br>1. **Update on Med 26, Relating to Military Medical Personnel**<br>2. **Pending or Possible Rulemaking Projects** |

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

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

**Attachments:**

**Legislative Report, Final Rule Draft, EIA – Med 26**

**11) Authorization**

Nilajah D. Hardin — 10/04/2023

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

**STATE OF WISCONSIN**
**MEDICAL EXAMINING BOARD**

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| | | |
|---|---|---|
| **IN THE MATTER OF RULEMAKING** | **:** | |
| **PROCEEDINGS BEFORE THE** | **:** | **REPORT TO THE LEGISLATURE** |
| **MEDICAL EXAMINING BOARD** | **:** | **CR 22-037** |

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**I. THE PROPOSED RULE:**

The proposed rule, including the analysis and text, is attached.

**II. REFERENCE TO APPLICABLE FORMS:** N/A

**III. FISCAL ESTIMATE AND EIA:**

The Fiscal Estimate and EIA is attached.

**IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:**

The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 158. The Board achieved this objective by creating a new chapter in the Wisconsin Administrative Code, chapter Med 26, to cover the minimum practice standards required for participation in the military medical personal program that is administered by the Department of Safety and Professional Services.

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

The Medical Examining Board held a public hearing on August 16, 2023. No public comments were received.

**VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:**

**Comment 1:** As used throughout proposed ch. Med 26, can the agency elaborate on its use of terms "delegate", "clinical act", "basic patient situation", and "complex patient situation"? In particular, 2021 Wisconsin Act 158 uses the terms "supervise" and "skilled health services" and it is unclear why the agency has adopted a delegation model versus a supervisory once, and why it uses the terms "patient situation" and "clinical act" rather than "skilled health services". If retained, note that the substantive definitions of "basic" and "complex" patient situations are very subjective and could be revised for clarity. Additionally, is the performance of acts in complex patient situations, as considered in proposed s. Med 26.03 (5), inconsistent with proposed s. Med 26.03 (4) (intro.), which limits practice to performance of acts in basic patient situations.

**Response**: The Board is rejecting this comment in part and accepting it in part. There is no inherent authority for Military Medical Personnel to perform tasks. Military Medical Personnel gain authority to perform tasks that would otherwise require a license when that authority is delegated to them by their licensed supervisor. Language and concepts relating to "delegation," "clinical care," "basic patient situation," and "complex patient situation" are commonly and consistently used in medical and nursing practice, to define boundaries of practice delegated to unlicensed individuals. The Board used those terms in the proposed rule for clarity and consistency with existing terminology when describing what is appropriate for Military Medical Personnel. The Board therefore rejects the part of this comment regarding delegation and terms utilized. The board accepts that there is an inconsistency between s. Med 26.03 (5) and s, Med 26.03 (4) (intro.) and has decided to remove s. Med 26.03 (5) (a) to eliminate the conflict.

**Comment 5c:** In proposed s. Med 26.03 (1) (b), what is intended by the phrase, "such reasonable evidence may include…", beyond the referenced memorandum or understanding? Additionally, how does the text of s. Med 26.03 (2) differ from that of sub. (1) (b)?

**Response**: The board accepts this comment and would like to note here that that memorandum of understanding should be the main evidence considered when evaluating the competency of a military medical personal program participant. However, the licensed supervising practitioner has the discretion to determine if other evidence is relevant and whether it should be considered. The board agrees that there is no difference between ss. Med 26.03 (1) (b) and (2), so has therefore removed s. Med 26.03 (2).

**Comment 5f:** Under proposed s. Med 26.06, does the agency have any authority over a supervisor who violates the requirements of the chapter?

**Response**: The board, by rule, establishes the standards for supervision of military medical personnel who participate in the program. Supervising practitioner's obligations are determined by the board that issues the supervising practitioner's license. If a complaint against a supervising practitioner related to their supervision of military medical personnel is received, the board that issued the supervising practitioner's license would apply the standards in ch. Med 26 and their own rules to determine if discipline is warranted under that board's statutes and rules.

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

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

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

| | | |
|---|---|---|
| IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE MEDICAL EXAMINING BOARD | : | PROPOSED ORDER OF THE MEDICAL EXAMINING BOARD ADOPTING RULES (CLEARINGHOUSE RULE 22-037) |

## PROPOSED ORDER

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

Analysis prepared by the Department of Safety and Professional Services.

## ANALYSIS

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

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

Section 448.40 (1m), Stats., provides that "the board may promulgate rules to establish minimum standards for military medical personnel, as defined in s. 440.077 (1) (d), who preform skilled health services, as defined in s. 440.077 (1) (h), that are supervised under s. 440.077.

**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. The Board achieved this objective by creating a new chapter in the Wisconsin Administrative Code, chapter Med 26, to cover the minimum practice standards required for participation in the military medical personal program that is administered by the Department of Safety and Professional Services.

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

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

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

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

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

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

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

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

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

The rule was posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens. No comments were received.

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis is attached.

**Effect on small business**:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator 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 53708-8366; 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, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on August 16, 2023, to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. Chapter Med 26 is created to read:

## Chapter Med 26
## MILITARY MEDICAL PERSONNEL

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

**Med 26.02 Definitions.** In this chapter:
**(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 s. 441.16 (2), 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.

**(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.

**(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)** “Direct supervision” means immediate availability to continually coordinate, direct, and inspect in real time the practice of another.

**(8)** “General supervision” means to continually coordinate, direct, and inspect the practice of another.

**(9)** “Licensed supervising practitioner” means a physician licensed under s. 448.03 (1), Stats., a physician assistant licensed under s. 448.972 (1), Stats., a podiatrist licensed under s. 448.63 (1), Stats., a registered nurse licensed under s. 441.06 (1), Stats., and a certified advanced practice nurse prescriber defined in sub. (3).

**(10)** “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.

**(11)** “Military medical personnel program participant” means a military medical personnel who qualifies to participate in the program created under s, 440.077 (2) (a), Stats.

**Med 26.03 Program participation.** A military medical program participant shall meet all of the requirements in s. SPS 11.03.

**Med 26.04 Delegated authority. (1)** Except as otherwise prohibited by any other rule or statute, a licensed supervising practitioner may delegate their licensed or certified professional practice authority to perform a 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 their 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 26.05. Reasonable evidence may also include any other relevant information as determined by the licensed supervising practitioner.

**(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 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.

**(3)** 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.

**(f)** Any other task authorized by the memorandum of understanding and delegated to the program participant by their supervising professional.

**(4)** In the performance of acts in complex patient situations the military medical personnel program participant shall perform delegated clinical acts beyond basic patient care only 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 26.05 Documentation of training and experience. (1)** A military medical personnel who practices pursuant to this chapter 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 to this chapter.

**(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 within the 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 26.06, 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. A reasonable timeline shall be subject to approval by the Board or it's designee. Such approval may include consideration of any of the following factors:

1. The amount of time left in a military medical personnel's education program related to the license or certification they are applying for.
2. The dates and locations of examinations required for licensure or certification.
3. A military medical personnel's own serious medical condition diagnosed by a physician or that of an immediate family member.
4. Any other information that the Board deems necessary to approve a reasonable timeline.

**(f)** An attestation by the military medical personnel that they will not accept a delegation of practice authority under this chapter to perform a clinical act if his or her training and experience as a military medical personnel did not include that clinical act.

**(g)** An attestation by the administering facility that it has a written policy governing clinical practice by registered military medical personnel, and that policy is shared with the military medical personnel subject to the memorandum of understanding and those licensed supervising practitioners authorized to delegate clinical acts to the individual.

**(h)** An attestation by the administering facility that the administering facility to the best of the administering facility's knowledge and with a reasonable degree of certainty, all of the information in the memorandum of understanding is true.

**(i)** The memorandum of understanding is signed and dated by the military medical personnel and an authorized representative of the administering facility.

**Note:** The memorandum of understanding form can be located on the Department's website at http://dsps.wi.gov.

**(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 26.06 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 26.05 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 26.07 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. 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.

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

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(END OF TEXT OF RULE)

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This Proposed Order of the Medical Examining is approved for submission to the Governor and Legislature.

Dated 9/22/2023 Agency Stephen A. Wasserman, MD

Chairperson
Medical Examining Board

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

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

# ADMINISTRATIVE RULES
## Fiscal Estimate & Economic Impact Analysis

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

2. Date
July 12, 2023

3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)
Med 26 - Permanent Rule

4. Subject
Military Medical Personnel

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

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

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

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

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

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

11. Policy Problem Addressed by the Rule
These rules implement the statute changes from 2021 Wisconsin Act 158.

12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.
The rule will be poseted on the Department's website for 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

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

14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
DSPS estimates a total of $12,600 in one-time costs and $10,900 in annual costs for staffing and an indeterminate one-time IT impact to implement the rule. The estimated one-time staffing need for .2 limited term employee (LTE) is for staff to undertake such tasks as sites and forms updates and training on new requirements. The estimated annual staffing need for .1 full time employee (FTE) is to accommodate additional applications and legal processing due to the implementation of the rule. The one-time and annual estimated costs cannot be absorbed in the currently appropriated agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefits of implementing this rule are that the Medical Examining Board's section of the Administrative Code will be aligned with Wisconsin State Statutes.

16. Long Range Implications of Implementing the Rule
The long range implications of implementing this rule are clear minimum standards for practice as military medical personnel program particiapants in Wisconsin.

17. Compare With Approaches Being Used by Federal Government

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# ADMINISTRATIVE RULES
## Fiscal Estimate & Economic Impact Analysis

The federal regulations that govern the U.S. armed forces are included under Title 32 of Us. Code of Federal Regulations.

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

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

| 19. Contact Name | 20. Contact Phone Number |
|---|---|

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

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# ADMINISTRATIVE RULES
## Fiscal Estimate & Economic Impact Analysis

Nilajah Hardin, Administrative Rules Coordinator | (608) 267-7139

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

STATE OF WISCONSIN
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# ADMINISTRATIVE RULES
# Fiscal Estimate & Economic Impact Analysis

## ATTACHMENT A

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

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

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

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

5. Describe the Rule's Enforcement Provisions

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

# State of Wisconsin
# Department of Safety & Professional Services

## AGENDA REQUEST FORM

| | | | |
|---|---|---|---|
| **1) Name and title of person submitting the request:**<br>Jennifer Jarrett, Board Chair | | **2) Date when request submitted:**<br>9/20/2023<br>**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:**<br>Physician Assistant Affiliated Credentialing Board | | | |
| **4) Meeting Date:**<br>10/19/2023 | **5) Attachments:**<br>☐ Yes<br>☒ No | **6) How should the item be titled on the agenda page?**<br>Physician Assistants Delegating to Nurses – Board Discussion | |
| **7) Place Item in:**<br>☒ Open Session<br>☐ Closed Session | **8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)*<br>☐ Yes<br>☒ No | **9) Name of Case Advisor(s), if applicable:**<br>N/A | |
| **10) Describe the issue and action that should be addressed:**<br>Chair Jarrett requested that the Board discuss physician assistants delegating to nurses. | | | |
| **11) Authorization** | | | |
| **Signature of person making this request** | | **Date** | |
| **Supervisor (Only required for post agenda deadline items)** | | **Date** | |
| **Executive Director signature (Indicates approval for post agenda deadline items)** | | **Date** | |

**Directions for including supporting documents:**

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

**Medical Examining Board**

Department of Safety and Professional Services

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

## Wisconsin Medical Examining Board Opioid Prescribing Guideline Amended 12/2022

### Guideline Scope and Purpose

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

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

### Guideline Core Principles Identify and treat the cause of the pain, use non-opioid therapies

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

**Start low and go slow**

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

**Close follow-up**

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

### Guideline Focus Areas

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

**Determining when to initiate or continue opioids**

- Selection of non-pharmacologic therapy, non-opioid pharmacologic therapy, opioid therapy
- Establishment of treatment goals
- Discussion of risks and benefits of therapy with patients

**Opioid selection, dosage, duration, follow up and discontinuation**

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

**Assessing risk and addressing harms of opioid use**

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

## Opioid Prescribing Guideline

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

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

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

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

5. Physicians are encouraged to review the patient's history of controlled substance prescriptions using the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations

that put him or her at high risk for overdose. As of April 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three-day supply.

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

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

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

8. Components of ongoing assessment of risk include:

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

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

    a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.
    b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.

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

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

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

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

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

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

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

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

    *This Guideline is effective on 12/27/2022, the date of publication to the Department's website.*

# State of Wisconsin
# Department of Safety & Professional Services

## AGENDA REQUEST FORM

| 1) Name and title of person submitting the request: | 2) Date when request submitted:<br>9/1/2023<br>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:<br>Physician Assistant Affiliated Credentialing Board | | |
|---|---|---|
| 4) Meeting Date:<br>10/19/2023 | 5) Attachments:<br>☐ Yes<br>☒ No | 6) How should the item be titled on the agenda page?<br>PA Compact Legislative Summit – Discussion |

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

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

Eric Elliot will attend the October 24 PA Compact Legislative Summit. The Summit will provide important information for interested state leaders about the specific benefits of interstate compacts, features of the PA Compact and examples of successful state participation in compacts. The invitation to the Summit is from the Council of State Governments, one of the organizations collaborating on the Compact.

**11) Authorization**

| | |
|---|---|
| Signature of person making this request | Date |
| Supervisor (Only required for post agenda deadline items) | Date |
| Executive Director signature (Indicates approval for post agenda deadline items) | Date |

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