



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
January 17, 2018

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-4)**
- B) Minutes of December 20, 2017 – Review and Approval (5-12)**
- C) Introductions, Announcements and Recognition**
- D) Conflicts of Interest**
- E) Administrative Matters (13-19)**
 - 1) Department and Staff Updates
 - 2) Election of Officers
 - 3) Appointment of Liaisons and Alternates
 - 4) Delegation of Authorities
 - 5) Board Members – Term Expiration Dates
 - a) Alaa Abd-Elseyed – 07/01/2020
 - b) David Bryce – 07/01/2021
 - c) Mary Jo Capodice – 07/01/2018
 - d) Michael Carton – 07/01/2020
 - e) Padmaja Doniparthi – 07/01/2021
 - f) Rodney Erickson – 07/01/2019
 - g) Bradley Kudick – 07/01/2020
 - h) Lee Ann Lau – 07/01/2020
 - i) David Roelke – 07/01/2021
 - j) Kenneth Simons – 07/01/2018
 - k) Timothy Westlake – 07/01/2020
 - l) Robert Zoeller – 07/01/2019
 - m) Robert Zondag – 07/01/2018
 - 6) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- F) Re-Entry to Practice (20)**

G) Federation of State Medical Boards (FSMB) Matters

- 1) Request for Comment on Draft Documents: **(21-23)**
 - a) Draft Report of the Workgroup on Prescription Drug Monitoring Programs (PDMPs)
 - b) Draft Report of the FSMB Workgroup on Physician Wellness and Burnout
 - c) Draft Position Statement on Physician Compounding
 - d) Draft Report of the FSMB Workgroup to Study Regenerative and Stem Cell Therapy Practices
- 2) Board Consideration of Attendance for the 2018 FSMB Annual Meeting – April 26-28, 2018 – Charlotte, North Carolina **(24-30)**

H) Report from Controlled Substances Board – Timothy Westlake

I) Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners

J) Legislation and Rule Matters – Discussion and Consideration

- 1) Possible Alignment of MD and DO License Renewal Dates **(31-34)**
- 2) Perfusionists Examining Council Recommendations for Med 22, Relating to Perfusionists **(35-38)**
- 3) Review of, and Possible Scope Statement for, Med 22, Relating to Perfusionists
- 4) Perfusionists Examining Council Position Statements **(39)**
- 5) Update on Legislation and Pending or Possible Rulemaking Projects

K) Speaking Engagement(s), Travel, or Public Relation Request(s), and Report(s)

L) Newsletter Matters

M) Screening Panel Report

N) Informational Items

O) Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 4) Council Appointment Matters
- 5) Education and Examination Matters
- 6) Credentialing Matters
- 7) Practice Matters
- 8) Future Agenda Items
- 9) Legislation/Administrative Rule Matters
- 10) Liaison Report(s)
- 11) Newsletter Matters
- 12) Annual Report Matters
- 13) Informational Item(s)
- 14) Disciplinary Matters
- 15) Presentations of Petition(s) for Summary Suspension
- 16) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 17) Presentation of Proposed Decisions
- 18) Presentation of Interim Order(s)
- 19) Petitions for Re-Hearing

- 20) Petitions for Assessments
- 21) Petitions to Vacate Order(s)
- 22) Petitions for Designation of Hearing Examiner
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions
- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports

P) Future Agenda Items

Q) Public Comments

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

R) Credentialing Matters

- 1) **9:15 AM APPEARANCE:** Kevin Lang, M.D. – Full Board Examination **(40-310)**
- 2) Nazih Farah, M.D. – Full Board Review **(311-330)**
- 3) Brett Goettsch, M.D. – Voluntary Surrender Request **(331-336)**

S) Deliberation on Division of Legal Services and Compliance (DLSC) Matters

1) Complaints

- a) 14 MED 288 **(337-339)**
- b) 15 MED 479 **(340-342)**

2) Administrative Warnings

- a) 15 MED 442 **(343-344)**
- b) 17 MED 112 **(345-346)**

3) Stipulations, Final Decisions and Orders

- a) 15 MED 382 – Joseph M Feder, M.D. **(347-353)**
- b) 16 MED 376 – Colleen D. Browne, D.O. **(354-359)**
- c) 17 MED 239 – Vijil K. Rahulan, M.D. **(360-365)**
- d) 17 MED 261 – Timothy Burke, M.D. **(366-371)**

4) Case Closings

- a) 15 MED 023 **(372-374)**
- b) 15 MED 389 **(375-378)**
- c) 16 MED 017 **(379-386)**
- d) 16 MED 121 **(387-391)**
- e) 16 MED 266 **(392-399)**
- f) 16 MED 277 **(400-406)**
- g) 17 MED 251 **(407-412)**
- h) 17 MED 313 **(413-414)**

T) Deliberation on Proposed Final Decision(s) and Order(s)

- 1) Larry F. Carlyon, M.D., DHA Case Number SPS-17-0023, DLSC Case Number 16 MED 157 **(415-424)**

- U) Open Cases
- V) Consulting with Legal Counsel
- W) Deliberation of Items Added After Preparation of the Agenda
 - 1) Education and Examination Matters
 - 2) Credentialing Matters
 - 3) Disciplinary Matters
 - 4) Monitoring Matters
 - 5) Professional Assistance Procedure (PAP) Matters
 - 6) Petition(s) for Summary Suspensions
 - 7) Proposed Stipulations, Final Decisions and Orders
 - 8) Administrative Warnings
 - 9) Proposed Decisions
 - 10) Matters Relating to Costs
 - 11) Complaints
 - 12) Case Closings
 - 13) Case Status Report
 - 14) Petition(s) for Extension of Time
 - 15) Proposed Interim Orders
 - 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

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- X) Open Session Items Noticed Above not Completed in the Initial Open Session
- Y) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- Z) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 124D/E

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

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of Zero (0) at time of agenda publication) Candidates for Licensure – Dr. Timothy Westlake & Dr. David Roelke.

NEXT MEETING DATE: FEBRUARY 21, 2018

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

**MEDICAL EXAMINING BOARD
MEETING MINUTES
DECEMBER 20, 2017**

PRESENT: Alaa Abd-Elsayed, M.D.; David Bryce, M.D. (*joined the meeting at 8:02 a.m.*); Mary Jo Capodice, D.O.; Michael Carton (*via GoToMeeting*); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D.; Bradley Kudick; Lee Ann Lau, M.D.; David Roelke, M.D.; Kenneth Simons, M.D.; Timothy Westlake, M.D.; Robert Zoeller, M.D.; Robert Zondag

STAFF: Tom Ryan, Executive Director; Kimberly Wood, Program Assistant Supervisor-Adv.; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of twelve (12) members was confirmed.

ADOPTION OF AGENDA

Amendment to the Agenda

- Open Session: After Item “K. Medical Examining Board – Division of Legal Services and Compliance 2016 Annual Report”

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to adopt the agenda as amended. Motion carried unanimously.

MINUTES OF NOVEMBER 15, 2017

MOTION: Timothy Westlake moved, seconded by Alaa Abd-Elsayed, to approve the minutes of November 15, 2017 as published. Motion carried unanimously.

(David Bryce joined the meeting at 8:02 a.m.)

2018 MEETING DATES

July Meeting Date – Move to July 11th or July 25th to Accommodate DSPS Move to Hill Farms Campus

MOTION: Lee Ann Lau moved, seconded by Robert Zondag, to move the July 18, 2018 meeting to July 11, 2018. Motion carried unanimously.

Decide Which Meeting in 2018 To Be Held at Medical College of Wisconsin

MOTION: Lee Ann Lau moved, seconded by Robert Zondag, to hold the September 2018 Medical Examining Board meeting at Medical College of Wisconsin. Motion carried unanimously.

2018 Screening Panel and Examination Schedule

MOTION: Lee Ann Lau moved, seconded by David Roelke, to affirm the Chair’s appointment of liaisons as amended in the 2018 Screening Panel and Examination panel schedule document. Motion carried unanimously.

**SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATION REQUEST(S)
AND REPORT(S)**

**American Association of Osteopathic Examiners (AAOE) – Leadership, Education,
Advocacy, and Development Conference Annual Business Meeting – January 25-28th, 2018
– Austin, TX – Board Consideration of Dr. Mary Jo Capodice Attendance**

MOTION: Timothy Westlake moved, seconded by David Bryce, to designate Mary Jo Capodice to attend the AAOE – Leadership, Education, Advocacy, and Development Conference Annual Business Meeting on January 25-28, 2018 in Austin, TX, and to authorize travel. Motion carried unanimously.

**MEDICAL EXAMINING BOARD
DIVISION OF LEGAL SERVICES AND COMPLIANCE 2016 ANNUAL REPORT
BOARD REVIEW AND APPROVAL**

MOTION: Robert Zoeller moved, seconded by Padmaja Doniparthi, to approve the 2016 Medical Examining Board, DLSC Annual Report as drafted, and to publish on the Medical Examining Board webpage. Motion carried unanimously.

CLOSED SESSION

MOTION: Robert Zondag moved, seconded by Rodney Erickson, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). Kenneth Simons, Chair, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Alaa Abd-Elsayed-yes; David Bryce-yes; Mary Jo Capodice-yes; Michael Carton-yes; Padmaja Doniparthi-yes; Rodney Erickson-yes; Bradley Kudick-yes; Lee Ann Lau-yes; David Roelke-yes; Kenneth Simons-yes; Timothy Westlake-yes; Robert Zoeller-yes; Robert Zondag-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:33 a.m.

RECONVENE TO OPEN SESSION

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:52 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Alaa Abd-Elsayed moved, seconded by David Bryce, 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.)

CREDENTIALING MATTERS

Sohail Mohammad, M.D.

MOTION: Timothy Westlake moved, seconded by David Roelke, to approve the application of Sohail Mohammad, M.D., for a license to practice medicine and surgery in the state of Wisconsin, once all requirements are met. Motion carried unanimously.

CONSIDERATION OF WAIVER OF 24 MONTHS OF ACGME/AOA APPROVED POST-GRADUATE TRAINING

Sebahattin Cureoglu, M.D.

MOTION: Robert Zondag moved, seconded by Lee Ann Lau, to table the request for a waiver of the 24 months of ACGME/AOA approved post-graduate training to Sebahattin Cureoglu, M.D., per Wis. Stat. §448.05(2)(c) and Wis. Admin. Code § Med 1.02(3)(c), and to request the applicant to provide additional information. Motion carried unanimously.

Tasha Turzo, D.O.

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to table the request for a waiver of the 24 months of ACGME/AOA approved post-graduate training to Tasha Turzo, D.O., per Wis. Stat. §448.05(2)(c) and Wis. Admin. Code § Med 1.02(3)(c), and to require the applicant to appear in person for a full Board oral examination, per Wis. Stat. §448.05(6). Motion carried unanimously.

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

Administrative Warning

15 MED 440 – A.Z.K.

MOTION: Timothy Westlake moved, seconded by Lee Ann Lau, to issue an Administrative Warning in the matter of DLSC Case Number 15 MED 440 against A.Z.K.. Motion carried unanimously.

16 MED 406 – J.E.G.

MOTION: Mary Jo Capodice moved, seconded by Padmaja Doniparthi, to issue an Administrative Warning in the matter of DLSC Case Number 16 MED 406 against J.E.G.. Motion carried unanimously.

16 MED 462 – B.M.M.

MOTION: Padmaja Doniparthi moved, seconded by Alaa Abd-Elseyed, to issue an Administrative Warning in the matter of DLSC Case Number 16 MED 462 against B.M.M.. Motion carried unanimously.

17 MED 265 – A.E.H.

MOTION: Lee Ann Lau moved, seconded by David Bryce, to issue an Administrative Warning in the matter of DLSC Case Number 17 MED 265 against A.E.H.. Motion carried unanimously.

17 MED 276 – M.E.S.

MOTION: David Bryce moved, seconded by Robert Zoeller, to issue an Administrative Warning in the matter of DLSC Case Number 17 MED 276 against M.E.S.. Motion carried unanimously.

17 MED 415 – B.D.M.

MOTION: Timothy Westlake moved, seconded by Bradley Kudick, to issue an Administrative Warning in the matter of DLSC Case Number 17 MED 415 against B.D.M.. Motion carried unanimously.

Stipulations, Final Decisions and Orders

14 MED 209 & 17 MED 054 – Justin J. Woods, M.D.

MOTION: Robert Zoeller moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Justin J. Woods, M.D., DLSC Case Numbers 14 MED 209 and 17 MED 054. Motion carried unanimously.

14 MED 210 – David L. Ross, M.D.

MOTION: Robert Zondag moved, seconded by Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, David L. Ross, M.D., DLSC Case Number 14 MED 210. Motion carried unanimously.

15 MED 024 – Leonard L. Go, M.D.

MOTION: Timothy Westlake moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Leonard L. Go, M.D., DLSC Case Number 15 MED 024. Motion carried unanimously.

16 MED 252 – Gope C. Hotchandani, M.D.

MOTION: David Roelke moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Gope C. Hotchandani, M.D., DLSC Case Number 16 MED 252. Motion carried unanimously.

16 MED 282 – Joel S. Stoeckeler, M.D.

MOTION: Lee Ann Lau moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Joel S. Stoeckeler, M.D., DLSC Case Number 16 MED 282. Motion carried unanimously.

16 MED 469 – Casey M. Totten, M.D.

MOTION: Robert Zoeller moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Casey M. Totten, M.D., DLSC Case Number 16 MED 469. Motion carried unanimously.

17 MED 096 – Farouk Y. Kahn, M.D.

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Farouk Y. Kahn, M.D., DLSC Case Number 17 MED 096. Motion carried unanimously.

17 MED 164 – Peter W. Shearer, A.A.

MOTION: Timothy Westlake moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Peter W. Shearer, A.A., DLSC Case Number 17 MED 164. Motion carried.

(Alaa Abd-Elsayed recused himself and left the room for deliberation and voting in the matter concerning Peter Schearer, A.A., DLSC Case Number 17 MED 164.)

17 MED 192 – Jennifer L. St. Croix, M.D.

MOTION: Lee Ann Lau moved, seconded by Padmaja Doniparthi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jennifer L. St. Croix, M.D., DLSC Case Number 17 MED 192. Motion carried unanimously.

Case Closings

16 MED 055

MOTION: Mary Jo Capodice moved, seconded by Rodney Erickson, to close DLSC Case Number 16 MED 055 for Prosecutorial Discretion (P3). Motion carried unanimously.

16 MED 074 & 16 MED 203

MOTION: Robert Zoeller moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 16 MED 074 and 16 MED 203 for Prosecutorial Discretion (P7). Motion carried unanimously.

16 MED 255

MOTION: Robert Zondag moved, seconded by Lee Ann Lau, to close DLSC Case Number 16 MED 255 for Insufficient Evidence. Motion carried unanimously.

16 MED 287

MOTION: Lee Ann Lau moved, seconded by David Bryce, to close DLSC Case Number 16 MED 287 for Insufficient Evidence. Motion carried unanimously.

16 MED 434

MOTION: David Roelke moved, seconded by Bradley Kudick, to close DLSC Case Number 16 MED 434 for No Violation. Motion carried unanimously.

17 MED 008

MOTION: Alaa Abd-Elsayed moved, seconded by Bradley Kudick, to close DLSC Case Number 17 MED 008 for Insufficient Evidence. Motion carried unanimously.

17 MED 083

MOTION: Alaa Abd-Elsayed moved, seconded by David Roelke, to close DLSC Case Number 17 MED 083 for Prosecutorial Discretion (P2). Motion carried.

17 MED 115

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 17 MED 115 for Prosecutorial Discretion (P5). Motion carried unanimously.

17 MED 118

MOTION: Timothy Westlake moved, seconded by Lee Ann Lau, to close DLSC Case Number 17 MED 118 for Prosecutorial Discretion (P5). Motion carried unanimously.

17 MED 179

MOTION: Robert Zoeller moved, seconded by Robert Zondag, to close DLSC Case Number 17 MED 179 for Prosecutorial Discretion (P5). Motion carried unanimously.

17 MED 221

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to close DLSC Case Number 17 MED 221 for No Violation. Motion carried unanimously.

17 MED 226

MOTION: Bradley Kudick moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 17 MED 226 for No Violation. Motion carried unanimously.

17 MED 250

MOTION: David Bryce moved, seconded by David Roelke, to close DLSC Case Number 17 MED 250 for Prosecutorial Discretion (P5). Motion carried unanimously.

17 MED 269

MOTION: Rodney Erickson moved, seconded by Mary Jo Capodice, to close DLSC Case Number 17 MED 269 for No Violation. Motion carried.

17 MED 329

MOTION: Robert Zoeller moved, seconded by Lee Ann Lau, to close DLSC Case Number 17 MED 329 for Prosecutorial Discretion (P5). Motion carried unanimously.

17 MED 330

MOTION: David Roelke moved, seconded by Lee Ann Lau, to close DLSC Case Number 17 MED 330 for Prosecutorial Discretion (P5). Motion carried unanimously.

DELIBERATION ON PROPOSED FINAL DECISION(S) AND ORDER(S)

Natasha R. Shallow, M.D., DHA Case Number SPS-17-0018, DLSC Case Number 17 MED 159

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Natasha R. Shallow, M.D., Respondent – DHA case number SPS-17-0018/DLSC Case Number 17 MED 159. Motion carried.

(Mary Jo Capodice recused herself and left the room for deliberation, and voting in the matter concerning Natasha R. Shallow, M.D., Respondent – DHA Case Number SPS-17-0018/DLSC Case Number 17 MED 159.)

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

MOTION: Robert Zoeller moved, seconded by Lee Ann Lau, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:56 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Laura Smith, Bureau Assistant, on behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 11/22/17 <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: Medical Examining Board			
4) Meeting Date: 1/17/2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters/Updates 1) Election of Officers 2) Appointment of Liaisons and Alternates 3) Delegation of Authorities	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <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: 1) The Board should conduct Election of its Officers for 2018 2) The new Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 3) The Board should review and then consider continuation or modification of previously delegated authorities			
11) Authorization			
<i>Laura Smith</i>		11/22/2017	
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.			

Medical Examining Board

2017 ELECTION RESULTS	
Board Chair	Kenneth Simons
Vice Chair	Timothy Westlake
Secretary	Mary Jo Capodice
2017 LIAISON APPOINTMENTS	
Professional Assistance Procedure (PAP) Liaison	Mary Jo Capodice Alternate – Padmaja Doniparthi
Office of Education and Examinations Liaison	Timothy Westlake Alternate – David Roelke
Website Liaison	Robert Zondag Alternate – Michael Carton
Credentialing Liaison(s)	David Roelke, Rodney Erickson Alternate – Robert Zoeller, Padmaja Doniparthi (10/18/17) Carolyn Ogland Vukich
Legislative Liaison	Timothy Westlake
Maintenance of Licensure Liaisons	Rodney Erickson, Carolyn Ogland Vukich Alternate – Mary Jo Capodice
Newsletter Liaison	Robert Zondag Alternate – Bradley Kudick
Monitoring Liaison	Mary Jo Capodice Alternate – Padmaja Doniparthi
Continuing Education Liaison	Lee Ann Lau Alternate – David Roelke
Administrative Rules Liaison	David Roelke Alternate – Robert Zoeller
Prescription Drug Monitoring Program Liaison	Timothy Westlake Alternate – Mary Jo Capodice
Travel Liaison	Kenneth Simons Alternate – Timothy Westlake
Appointed to Controlled Substances Board as per Wis. Stats. §15.405(5g) (MED)	Timothy Westlake

2017 COMMITTEE APPOINTMENTS	
Licensure Committee	Timothy Westlake, Kenneth Simons
Telemedicine Rule	David Roelke, Carolyn Ogland Vukich, Kenneth Simons, Robert Zondag
Disciplinary Guidelines	Kenneth Simons, Lee Ann Lau

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to affirm the Chair’s appointment of liaisons for 2017. Motion carried unanimously.

DELEGATION MOTIONS

Delegated Authority for Urgent Matters

MOTION: Robert Zoeller moved, seconded by David Roelke, that, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, highest ranking officer, or longest serving member of the Board, to appoint liaisons to the Department to act in urgent matters, make appointments to vacant liaison, panel and committee positions, and to act when knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

Council Delegation Motion

MOTION: Padmaja Doniparthi moved, seconded by Lee Ann Lau, to delegate to the Board’s Councils and/or its liaisons the authority to review applications and conduct examinations of candidates for licensure and to make recommendations regarding the licensure of applicants based upon the application reviews and examinations. Recommended credential denials should be considered by the Medical Examining Board. This delegation motion is not intended to be exhaustive of the Councils’ advisory authority. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: David Roelke moved, seconded by Bradley Kudick, that the Board counsel or another department attorney is formally authorized to serve as the Board’s designee for purposes of Wis. Admin Code § SPS 1.08(1). Motion carried unanimously.

Document Signature Delegation

MOTION: Lee Ann Lau moved, seconded by David Roelke, to delegate authority to the Chair or chief presiding officer, or longest serving member of the

Board, by order of succession, to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair, chief presiding officer, or longest serving member of the Board, has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair, chief presiding officer, or longest serving member of the Board delegates the authority to Executive Director or designee to sign the name of any Board member on documents as necessary and appropriate. Motion carried unanimously.

Credentialing Authority Delegations

MOTION: Robert Zoeller moved, seconded by Lee Ann Lau, to delegate authority to the Credentialing Liaisons to address all issues related to credentialing matters except potential denial decisions should be referred to the full Board for final determination. Motion carried unanimously.

MOTION: Padmaja Doniparthi moved, seconded by Bradley Kudick, to delegate credentialing authority to DSPS for those submitted applications that meet the criteria of Rule and Statute and thereby would not need further Board or Board liaison review. Motion carried unanimously.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to delegate authority to the DSPS attorneys to review and approve ordinance violations which are not substantially related to the practice of medicine, limited to:

1. Littering
2. Loitering
3. Up to two (2) Underage Drinking
4. One (1) OWI two or more years prior to application
5. Trespassing
6. Disturbing the Peace

Motion carried unanimously.

MOTION: David Roelke moved, seconded by Robert Zoeller, to delegate authority to the DSPS attorneys to review and approve conviction review for Medicine & Surgery (Physicians) applications which have previously been approved for a full Resident Educational License (REL) license after a criminal background check and there have been no new violations or convictions since the previous license approval. Motion carried unanimously.

Monitoring Delegations

MOTION: David Roelke moved, seconded by Timothy Westlake, to affirm the Chair's appointment of Mary Jo Capodice as the Monitoring Liaison, and Padmaja Doniparthi as the alternate, to adopt the 'Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor' document. Motion carried unanimously.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Ayres Monitoring and Intake Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: December 18, 2017	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: January 17, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Monitoring Liaison and Delegated Authority Motion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Adopt or reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet.			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;"> December 18, 2017 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"> Signature of person making this request </div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"> Supervisor (if required) </div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: right;"> Date </div> </div>			
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.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

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

Current Authorities Delegated to the Monitoring Liaison

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

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.
8. Grant or deny a request to appear before the Board/Section in closed session.
9. (*Except Pharmacy*) Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.
10. (*Except Pharmacy*) Grant Respondent’s petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison.
 - a. Year 1: 49 screens (including 1 hair test, if required by original order)
 - b. Year 2: 36 screens (plus 1 hair test, if required by original order)
 - c. Year 3: 28 screens plus 1 hair test
 - d. Year 4: 28 screens plus 1 hair test
 - e. Year 5: 14 screens plus 1 hair test
11. (*Dentistry only*) – Ability to approve or deny all requests from a respondent.

Current Authorities Delegated to the Department Monitor

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

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
 2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
 3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
-

Proposed (New) Delegations to the Monitoring Liaison

The Monitoring Unit is proposing the following additions to the Monitoring Liaison's authority:

1. Board Monitoring Liaison may determine whether Respondent's petition is eligible for consideration by the full Board/Section.
2. Board Monitoring Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Board Request		2) Date When Request Submitted: 12/20/2017 <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: Medical Examining Board			
4) Meeting Date: January 17, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Re-Entry to Practice	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <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: The Board will discuss re-entry to practice. Here is a link to North Carolina's Re-Entry to Practice Rule and Resources: https://www.ncmedboard.org/licensure/reentry			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau 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.			

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv. On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 1/4/2018 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: Medical Examining Board			
4) Meeting Date: January 17, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Matters 1) Request for Comment on Draft Documents a) Draft Report of the Workgroup on Prescription Drug Monitoring Programs (PDMPs) b) Draft Report on the FSMB Workgroup on Physician Wellness and Burnout c) Draft Position Statement on Physician Compounding d) Draft Report on the FSMB Workgroup to Study Regenerative and Stem Cell Therapy Practices	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <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: The Board should review the request of the FSMB for comment on the draft documents outlined in the attachment, consider whether or not to comment, and if so, decide what comments should be made.			
11) Authorization			
_____ 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.			

From: Shiri A. Hickman [mailto:shickman@fsmb.org]

Sent: Tuesday, December 19, 2017 9:35 AM

To: Shiri A. Hickman <shickman@fsmb.org>

Subject: FSMB Requests Comment

Dear Board Chairs/Presidents and Executive Directors,

A number of the FSMB's Workgroups and Committees have authored draft documents for which they are seeking comment and feedback.

Please e-mail comments to Shiri Hickman, Director of State Policy and Legal Services, at shickman@fsmb.org by Friday, **January 26, 2018**. Your comments are critical to ensuring that the final documents accurately represent the views of the FSMB's member boards. Once the comment period is closed, the Workgroups will consider the feedback they have received. The final policy documents will then be presented to the FSMB Board of Directors and thereafter to the House of Delegates for consideration this April at its Annual Meeting.

Thank you in advance for taking time to respond to this call for comments. We look forward to receiving your responses.

Draft Report of the Workgroup on Prescription Drug Monitoring Programs (PDMPs)

The FSMB Workgroup on Prescription Drug Monitoring Programs (PDMP) was appointed in April 2017 by FSMB Chair Gregory B. Snyder, M.D., DABR, and charged with evaluating the impact of mandatory PDMP query on patient outcomes and the prescribing of controlled substances; evaluating challenges to increasing PDMP utilization, including, but not limited to: a) authority to access; b) currency of data; c) Electronic Medical Record (EMR) integration; and d) interoperability; and developing recommendations to state medical and osteopathic boards regarding physician utilization of PDMPs, including a recommendation regarding mandatory query. Members of the Workgroup are Anna Hayden, DO (Chair); Robert Giacalone, JD, RPh; Robin Hunter Buskey, DHSc, PA-C; William Hoser, MS, PA-C; Louis Prues, DMin, MDiv, MBA; Jean Rexford; Thomas Ryan, JD, MPA; Joseph Willett, DO; J. Mark Bailey, DO, PhD; Daniel Blaney-Koen, JD; Shawn Brooks; Danna Droz, JD, RPh; Patrice Harris, MD, MA; Christina Mikosz, MD, MPH; Rebecca Poston, MHL; and, Judy Staffa, PhD, RPh.

Link: https://www.fsmb.org/Media/Default/PDF/Draft-Report_for_Comment_FSMB_PDMP_Workgroup.pdf

Draft Report of the FSMB Workgroup on Physician Wellness and Burnout

The FSMB Workgroup on Physician Wellness and Burnout was convened in April of 2016 by FSMB Chair Arthur S. Hengerer, M.D. to identify resources and strategies to address physician burnout. Over the course of two years, the Workgroup examined the issue of physician burnout from a broad perspective, reviewing existing research, resources, and strategies for addressing it. The Workgroup has drafted a report that includes recommendations, most of which pertain to the licensing and license renewal processes of state medical boards, as well as suggestions for external organizations that aim to address physician burnout. Workgroup members include Mohammed A. Arsiwala, MD; Amy Feitelson, MD; Doris C. Gundersen, MD; Kathleen Haley, JD; Brian J. Miller, MD; Roger M. Oskvig, MD; Michael R. Privitera Jr., MD; Jean L. Rexford; Dana C. Shaffer, DO; Scott A. Steingard, DO; and Barbara E. Walker, DO.

Link:

https://www.fsmb.org/Media/Default/PDF/Draft_Report_for_Comment_FSMB_Workgroup_on_Physician_Wellness_and_Burnout.pdf

Draft Position Statement on Physician Compounding

The FSMB Ethics and Professionalism Committee is a standing committee of the FSMB charged with addressing ethical and professional issues pertinent to medical regulation. It has been tasked with studying physician compounding of medications and reporting back to the FSMB Board of Directors on FSMB Resolution 16-1: *Task Force to Study the Need for State Board Regulation of Physician Compounding* and FSMB Board Report 16-1(d) *Position Statement on Compounding of Medications by Physicians*. After two years of careful study and several meetings with external stakeholders, the Ethics and Professionalism Committee has drafted a revised Position Statement on Compounding of Medications by Physicians. The Ethics and Professionalism Committee is chaired by Claudette E. Dalton, MD, and its members are Jeffrey D. Carter, MD; Rebecca J. Hafner-Fogarty, MD, MBA; Katie Templeton, JD; Sarvam P. TerKonda, MD, and subject matter expert Bruce D. White, DO, JD.

Link: https://www.fsmb.org/Media/Default/PDF/For_Comment_Draft_Position_Statement_on_Physician_Compounding.pdf

Draft Report of the FSMB Workgroup to Study Regenerative and Stem Cell Therapy Practices

The FSMB Workgroup to Study Regenerative and Stem Cell Therapy Practices was convened in May of 2017 by FSMB Chair Gregory B. Snyder, M.D., DABR, in response to a letter from U.S. Senator Lamar Alexander (R-TN), Chairman of the U.S. Senate Health, Education, Labor, and Pensions (HELP) Committee, urging the FSMB to develop best practices for state medical and osteopathic boards in regulating the promotion, communication, and practices of treatments received at stem cell clinics in the United States. The Workgroup, chaired by Scott A. Steingard, DO, has drafted a report and several recommendations in response to Sen. Alexander's request. Workgroup members are Debbie J. Boe; Sandra L. Coletta; Sarah L. Evenson, JD, MBA; H. Joseph Falgout, MD; Joseph E. Fojtik, MD, FACP; Gary R. Hill, DO; Howard R. Krauss, MD; and subject matter experts Ronald E. Domen, MD, FACP, FCAP; Zubin Master, PhD; Douglas Oliver, MSW; and Bruce D. White, DO, JD.

Link: https://www.fsmb.org/Media/Default/PDF/Draft_Report_for_Comment_FSMB_Stem_Cell_Workgroup.pdf

Please take note that we will be requesting feedback on another policy document, the revision of the *Elements of a State Medical and Osteopathic Board* and *Essentials of a State Medical and Osteopathic Practice Act*, in the coming weeks as well.

Should you have any questions or need further information, please do not hesitate to contact me.

Shiri Ahronovich Hickman, JD

Director, State Policy and Legal Services

Federation of State Medical Boards

1300 Connecticut Avenue, NW | Suite 500 | Washington, DC 20036
202-463-4002 direct | shickman@fsmb.org | www.fsmb.org



AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv.		2) Date When Request Submitted: 12/28/17 <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: Medical Examining Board			
4) Meeting Date: 1/17/2017	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Consideration of Attendance for the 2018 FSMB Annual Meeting – April 26-28, 2018 – Charlotte, North Carolina	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <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: Consider designating member to serve as the Board's delegate to attend the FSMB Annual Meeting and authorize travel. Annual Meeting Information: https://www.fsmb.org/annual-meeting/ In considering this topic the board should also note that the FSMB is offering 12 Public Member Scholarships for 2018 Annual Meeting Attendance. See attached for additional information.			
11) Authorization			
<i>Kimberly Wood</i>		<i>12/28/2017</i>	
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.			



**Federation of State Medical Boards
2018 Annual Meeting Agenda**

**Sheraton-Le Meridien Charlotte Complex
Charlotte, North Carolina**

Draft Agenda

**Times and session titles are tentative and subject to change

Wednesday, April 25, 2018

- 8:30 a.m. – 5:00 p.m. **Administrators in Medicine Annual Meeting**
Members of Administrators in Medicine (AIM), the National Organization for State Medical & Osteopathic Board Executives, will convene for the organization's annual meeting.
- 12:00 – 6:00 p.m. **Annual Meeting and CME Registration**
- 5:30 – 6:30 p.m. **North Carolina Welcome Reception**
The North Carolina Medical Board invites all FSMB meeting attendees to its Welcome Reception. The Board encourages meeting attendees to take this opportunity to network with each other, and it looks forward to sharing some North Carolina hospitality.

Thursday, April 26, 2018

- 7:00 a.m. – 5:00 p.m. **Annual Meeting and CME Registration**
- 7:00 – 7:50 a.m. **New Attendee Orientation** (*continental breakfast provided*)
All first-time meeting attendees, including new state medical board members and staff, are encouraged to sit in on this informative session. This session will walk newcomers through the major highlights and structure of FSMB's Annual Meeting and provide a history of the organization, as well as tips for maneuvering through the next three days.
- 8:00 – 8:30 a.m. **Opening Ceremonies**
- 8:30 – 9:15 a.m. **General Session: Your Federation at Work**
This session will cover the new and ongoing initiatives and services undertaken by the FSMB as it works with and for its members to improve the quality, safety and integrity of health care.

Speaker: Humayun J. Chaudhry, DO, MACP, President and Chief Executive Officer, Federation of State Medical Boards

Moderator:

Gregory B. Snyder, MD, DABR, Chair, Federation of State Medical Boards

9:15 – 9:45 a.m.

FSMB Awards Presentation

Presenters:

Gregory B. Snyder, MD, DABR, Chair, Federation of State Medical Boards

Humayun J. Chaudhry, DO, MACP, President and Chief Executive Officer, Federation of State Medical Boards

Honorees will be recognized and receive the FSMB's highest awards, including the Distinguished Service Award, the John H. Clark, M.D. Leadership Award, and the Award of Merit.

9:45 – 10:00 a.m.

Break – Exhibits, Posters and Networking

10:00 – 11:30 a.m.

General Session

How Technical Innovation Will Impact the Future of Healthcare

In a dynamic Ted Talk format, three speakers will discuss latest innovations in health care, including technology supported care, artificial intelligence in medicine, and barriers to broader adoption of these technologies. Speakers will discuss how these developments will impact patient safety, decision-making and regulation. After the individual Ted Talks, the speakers will join a moderator for an engaging group discussion and audience Q&A.

11:30 a.m. – 12:00 p.m.

Break – Exhibits, Posters and Networking

12:00 – 1:30 p.m.

Dr. Herbert Platter Lecture Luncheon

The Death of Expertise: What the Campaign Against Established Knowledge Means for You

Speaker: Thomas M. Nichols, PhD, Professor, U.S. Naval War College

People are now exposed to more information than ever before, provided both by technology and by increasing access to every level of education. As a result, with only a quick trip through WebMD or Wikipedia, average citizens believe themselves to be on an equal intellectual footing with everyone from doctors to diplomats -- and increasingly, these traditional markers of expertise are being challenged. Author and national security affairs expert Thomas M. Nichols, PhD, will explore this trend, noting that when ordinary citizens believe that no one knows more than anyone else, democratic institutions themselves are become endangered.

1:30 – 2:00 p.m.

Break – Exhibits, Posters and Networking

2:00 – 3:15 p.m.

Board Forums (three groups)

During these issue-based group breakout forums, attendees will have the opportunity to engage with their colleagues on pre-identified emerging topics

and discuss those topics in greater depth. Topics will be offered concurrently and participants simply attend the forum of greatest interest to them.

- 3:15 – 3:30 p.m. Break – Exhibits, Posters and Networking
- 3:30 – 4:30 p.m. **Public Members Forum**
During this year’s Public Members Forum, attendees will focus on the needs of public members. This session will be useful for both veteran public members and those just beginning their term of service on a state medical board.
- 3:30 – 4:30 p.m. **Physician Assistants Forum**
This session will focus on the licensing and regulation of Physician Assistants. The session will include licensing data specifically on PA’s as well as common disciplinary issues state medical boards share.
- 3:30 – 4:30 p.m. **Board Attorney Roundtable**
The dialogue at this session will focus on board attorneys as they share and exchange valuable information on case experiences, best practices and current challenges. Attendees will focus their attention on discussing issues pertinent to a medical board attorney.
- 4:30 – 5:00 p.m. Break – Exhibits, Posters and Networking
- 5:00 – 6:00 p.m. **Candidates’ Forum**
This year’s candidates for FSMB leadership positions will present their views on the future of the FSMB. Attendees are invited to attend this event to personally meet the candidates.
- 6:15 – 7:00 p.m. ***Meet the Candidates* Reception**

Friday, April 27, 2018

- 6:00 – 8:00 a.m. **American Association of Osteopathic Examiners (AAOE) Annual Business Meeting**
The AAOE will convene for its annual business meeting. Comprised of all osteopathic physicians who sit on state licensing boards -- whether it is an osteopathic board or a composite board -- the AAOE supports the distinctiveness and integrity of osteopathic medical licensure.
- 7:00 a.m. – 5:00 p.m. **Annual Meeting and CME Registration**
- 7:00 – 7:50 a.m. **Sunrise Concurrent Session** (*continental breakfast provided*)
- 8:00 – 9:00 a.m. **Reference Committee**

9:15 – 10:30 a.m.	<p>Morning Concurrent Sessions Sessions will be offered concurrently with each other repeated two times, allowing registrants to attend two of the three sessions.</p> <p>Session 1: Boundary Violations and the Duty to Report</p> <p>Session 2: Disaster Preparedness: Regulatory Responses</p> <p>Session 3: New FSMB Products and Services for Regulators and the Public</p>
10:30 – 10:45 a.m.	Break – Exhibits, Posters and Networking
10:45 a.m. to Noon	Morning Concurrent Sessions Repeated
Noon – 2:00 p.m.	<p>FSMB Foundation Luncheon Attendees will join the FSMB Foundation for its annual luncheon. Space is limited and tickets will be required at the door. Opportunities to sponsor a table (tables of eight) are available.</p>
2:00 – 3:15 p.m.	<p>Afternoon Concurrent Sessions Sessions will be offered concurrently with each other repeated two times, allowing registrants to attend two of the three sessions.</p> <p>Session 1: Patient/Public Engagement and Transparency in State Medical Board Practice</p> <p>Session 2: Regenerative and Adult Stem Cell Therapy: What Regulators Need to Know</p> <p>Session 3: From PDMPs to Suboxone: New Strategies in the Effort to Address Opioid Abuse</p>
3:15 – 3:45 p.m.	Break – Exhibits, Posters and Networking
3:45 – 5:00 p.m.	Afternoon Concurrent Sessions Repeated
5:30 – 7:00 p.m.	Reception hosted by the Alabama State Board of Medical Examiners

Saturday, April 28, 2018

7:00 a.m. – Noon	Annual Meeting and CME Registration
7:00 – 7:50 a.m.	Sunrise Concurrent Session <i>(continental breakfast provided)</i>

8:00 – 8:30 a.m.	<p>General Session</p> <p>Update from the U.S. Surgeon General</p> <p>During this session, panelists will hear about U.S. public health care strategies from Surgeon General Jerome Adams, MD. A short Q&A session will be included.</p>
8:30 – 9:30 a.m.	<p>General Session</p> <p>Occupational Licensing and Professional Regulation: Where are We Headed?</p> <p>During this session, panelists will examine recent efforts to reduce or eliminate forms of occupational licensing, along with an overview of the current political climate regarding professional regulation in the United States.</p>
9:30 – 9:45 a.m.	Break – Exhibits, Posters and Networking
9:45 – 11:00 a.m.	<p>Joint Session: Federation of State Physician Health Programs (FSPHP) and Federation of State Medical Boards (FSMB)</p>
11:00 – 11:15 a.m.	Break – Exhibits, Posters and Networking
11:15 – 12:15 a.m.	<p>Dr. Bryant L. Galusha Lecture</p> <p>This session honors Dr. Bryant L. Galusha, the FSMB’s chief executive officer from 1984-89, who was instrumental in enhancing the visibility of the FSMB and leading the organization toward a single examination pathway.</p>
12:15 – 2:00 p.m.	Lunch on your own
2:00 – 4:00 p.m.	<p>House of Delegates</p> <p>The annual business meeting of the House of Delegates is open to all attendees.</p>
5:00 – 5:30 p.m.	Chair’s Reception
5:30 – 6:30 p.m.	<p>Investiture of the Chair</p> <p>Patricia A. King, MD, PhD, will be installed as chair and elected officers and directors will be recognized during the occasion.</p>
7:00 – 9:00 p.m.	<p>Dr. Walter L. Bierring Dinner and Social</p> <p>This event celebrates the installation of the FSMB’s new leadership team and honors Dr. Bierring, a pivotal leader during the FSMB’s formative years. Dr. Bierring edited the <i>Federation Bulletin</i> (now the <i>Journal of Medical Regulation</i>) for 45 years while simultaneously serving as the organization’s secretary and treasurer.</p>

From: Patricia McCarty (FSMB) [<mailto:pmccarty@fsmb.org>]

Sent: Wednesday, January 03, 2018 12:39 PM

To: Patricia McCarty (FSMB) <pmccarty@fsmb.org<<mailto:pmccarty@fsmb.org>>>

Cc: Kay Taylor (FSMB) <KTaylor@fsmb.org<<mailto:KTaylor@fsmb.org>>>; Deanne Dooley <DDooley@fsmb.org<<mailto:DDooley@fsmb.org>>>; Pamela Huffman (FSMB) <phuffman@fsmb.org<<mailto:phuffman@fsmb.org>>>

Subject: FSMB 2018 Annual Meeting Public Member Scholarships

Dear Member Board Presidents/Chairs and Executive Directors,

The Federation of State Medical Boards is very pleased to offer Public Member Scholarships to encourage public member participation at our upcoming Annual Meeting.

FSMB will award twelve (12) scholarships for Member Medical Board public members to attend the 2018 Annual Meeting. The scholarships will be in the amount of \$1,800 each for travel, lodging and meals.

To be eligible for a scholarship, the recipient must:

- * Be a public/consumer member of a state medical or osteopathic board who has never attended an FSMB Annual Meeting.
- * Not be eligible for a scholarship in any other capacity, i.e., voting delegate, Nominating Committee member, etc.

Public member scholarship recipients are expected to attend the entire Annual Meeting (Thursday-Saturday, April 26-28). We also encourage them to attend the House of Delegates business meeting on Saturday afternoon, which will adjourn at approximately 4:00 pm. Only one public/consumer member per state board may receive the award. The deadline for Public Member Scholarship applications is February 2, 2018 and are on a first-come first-serve basis. Applications received after all scholarships have been awarded will be placed on a waiting list should a recipient's circumstances change and a scholarship becomes available.

To apply for this scholarship, the president/chair OR executive director of the FSMB Member Medical Board is asked to complete the application form on behalf of one public member, which can be accessed by clicking on the following link: <https://www.surveymonkey.com/r/7NS5MRF>

An acknowledgement of receipt will be sent to you within one business day. Upon verification of the individual's eligibility and availability of a scholarship, additional information and the travel reimbursement guidelines will be forwarded to you and the scholarship recipient.

Please feel free to let me know if you have any questions.

With kind regards,

Pat
Patricia McCarty<<mailto:pmccarty@fsmb.org>>, M.M. Director
Leadership Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Board request		2) Date When Request Submitted: 12/20/2017 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: Medical Examining Board			
4) Meeting Date: January 17, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Possible Alignment of MD and DO License Renewal Dates	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <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: The Board will discuss possible alignment of license renewal dates for MDs and DOs. Currently MDs renew their licenses on November 1 of odd numbered years. DOs renew their licenses on March 1 of even numbered years. The biennial renewal fee for both MDs and DOs is \$141. A chart comparing Initial and renewal license fees is included. Continuing Medical Education state comparison information is included at this link: http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/GRPOL_CME_Overview_by_State.pdf Related Statutes and Rules: https://docs.legis.wisconsin.gov/statutes/statutes/440/I/08 448.07 Registration. (1) REGISTRATION. (a) Every person licensed or certified under this subchapter shall register on or before November 1 of each odd-numbered year following issuance of the license or certificate with the board. Registration shall be completed in such manner as the board shall designate and upon forms the board shall provide, except that registration with respect to a compact license shall be governed by the renewal provisions in s. 448.980 (7) . The secretary of the board, on or before October 1 of each odd-numbered year, shall mail or cause to be mailed to every person required to register a registration form. The board shall furnish to each person registered under this section a certificate of registration, and the person shall display the registration certificate conspicuously in the office at all times. No person may exercise the rights or privileges conferred by any license or certificate granted by the board unless currently registered as required under this subsection. NOTE: Par. (a) is amended eff. 12-16-19 by 2015 Wis. Act 116 to read: (a) Every person licensed or certified under this subchapter shall register on or before November 1 of each odd-numbered year following issuance of the license or certificate with the board. Registration shall be completed in such manner as the board shall designate and upon forms the board shall provide. The secretary of the board, on or before October 1 of each odd-numbered			

year, shall mail or cause to be mailed to every person required to register a registration form. The board shall furnish to each person registered under this section a certificate of registration, and the person shall display the registration certificate conspicuously in the office at all times. No person may exercise the rights or privileges conferred by any license or certificate granted by the board unless currently registered as required under this subsection.

(b) The board shall maintain the register required by s. [440.035 \(1m\) \(d\)](#), which shall be divided according to the activity for which the registrant is licensed or certified. The board shall make copies available for purchase at cost.

(c) Every registration made as provided in this section shall be presumptive evidence in all courts and other places that the person named therein is legally registered for the period covered by such registration, and shall be deemed to fulfill any statutory requirement for renewal of license or certificate.

(d) No registration may be permitted by the secretary of the board in the case of any physician or perfusionist who has failed to meet the requirements of s. [448.13](#) or any person whose license or certificate has been suspended or revoked and the registration of any such person shall be deemed automatically annulled upon receipt by the secretary of the board of a verified report of such suspension or revocation, subject to the person's right of appeal. A person whose license or certificate has been suspended or revoked and subsequently restored shall be registered by the board upon tendering a verified report of such restoration of the license or certificate, together with an application for registration and the registration fee.

(2) FEES. Except as otherwise provided in s. [448.980](#), the fees for examination and licenses granted under this subchapter are specified in s. [440.05](#), and the renewal fee for such licenses is determined by the department under s. [440.03 \(9\) \(a\)](#). Compact licenses shall be subject to additional fees and assessments, as established by the department, the board, or the interstate medical licensure compact commission, to cover any costs incurred by the department or the board for this state's participation in the interstate medical licensure compact under s. [448.980](#) and costs incurred by the interstate medical licensure compact commission for its administration of the renewal process for the interstate medical licensure compact under s. [448.980](#).

448.13 Biennial training requirement.

(1)

(a) Except as provided in par. (b), each physician shall, in each 2nd year at the time of application for a certificate of registration under s. [448.07](#), submit proof of attendance at and completion of all of the following:

1. Continuing education programs or courses of study approved for at least 30 hours of credit by the board within the 2 calendar years preceding the calendar year for which the registration is effective.

2. Professional development and maintenance of certification or performance improvement or continuing medical education programs or courses of study required by the board by rule under s. [448.40 \(1\)](#) and completed within the 2 calendar years preceding the calendar year for which the registration is effective.

(b) The board may waive any of the requirements under par. (a) if it finds that exceptional circumstances such as prolonged illness, disability or other similar circumstances have prevented a physician from meeting the requirements.

(1m) The board shall, on a random basis, verify the accuracy of proof submitted by physicians under sub. (1)(a) and may, at any time during the 2 calendar years specified in sub. (1)(a), require a physician to submit proof of any continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs or courses of study that he or she has attended and completed at that time during the 2 calendar years.

Wis. Admin. Code Chapter MED 13, Continuing Medical Education for Physicians

https://docs.legis.wisconsin.gov/code/admin_code/med/13.pdf

11) Authorization

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.

Initial Licensure Fees and Requirements*

X = yes | -- = no | N/A = Not applicable
Blank = Not available at publication date

	Initial licensure application fee (base fee. Not including additional fees that may be charged, including but not limited to: late fees, paper application fees)	Licensure renewal fee	Licensure renewal interval
AL	\$175	\$300	1 yr
AK	\$500	\$300	2 yrs
AZ-M	\$500	\$500	2 yrs
AZ-O	\$400	\$636	2 yrs
AR	\$500	\$220	1 yr
CA-M	\$442 application fee; \$783 licensure fee; \$12 PDMP fee; and \$25 loan repayment fund fee	\$783 licensure fee; \$12 PDMP fee; and \$25 loan repayment fund fee	2 yrs
CA-O	\$400	\$400	2 yrs
CO	\$468	\$422	2 yrs
CT	\$565	\$570	1 yr
DE	\$378	\$378	2 yrs
DC	\$805	\$500	2 yrs
FL-M	\$429	\$391	2 yrs
FL-O	\$305	\$429	2 yrs
GA	\$500	\$230	2 yrs
GU	\$400	\$250	2 yrs
HI	MD \$344 (issued 2/1 even numbered yr - 1/31 odd numbered yr); \$196 (issued 2/1 odd numbered yr - 1/31 even numbered yr); DO \$479 (issued 7/1 even numbered - 6/30 odd numbered yr); \$362 (issued 7/1 odd numbered - 6/30 even numbered yr)	MD on-time \$354; MD late \$404; DO on-time \$292; DO late \$372	2 yrs
ID	\$500	\$250	1 yrs
IL	\$700	\$700	3 yrs
IN	\$250	\$200	2 yrs
IA	\$450	\$550	2 yrs
KS	\$300	\$300	1 yr
KY	\$300	\$150	1 yr
LA	\$382	\$330	1 yr
ME-M	\$600	\$500	2 yrs
ME-O	\$350	\$525	2 yrs
MD	\$790	\$522	2 yrs
MA	\$600	\$600	2 yrs
MI-M	\$152	\$151.50 for endorsement; \$171.50 if lapsed and relicensure needed	3 yrs
MI-O	\$152	\$151.50 for endorsement; \$171.50 if lapsed and relicensure needed	3 yrs
MN	\$392 (application & registration)	\$192 annual registration; \$40 endorsement fee; \$60 late fee	1 yrs
MS	\$550	\$200	1 yr
MO	\$75	\$100	1 yr
MP	\$300	\$300	2 yrs
MT	\$500	\$500 active renewal; \$400 inactive renewal	2 yrs
NE	\$300	\$121	2 yrs
NV-M	\$1050	\$750	2 yrs
NV-O	\$670	\$500	1 yr
NH	\$300	\$350	2 yrs
NJ	\$805	\$580	2 yrs
NM-M	\$436	\$600	3 yrs
NM-O	\$400	\$200	1 yr
NY	\$735	\$600	2 yrs
NC	\$400	\$250	1 yr
ND	\$205	\$205	1 yr
OH	\$335	\$305	2 yrs
OK-M	\$500	\$200	1 yr
OK-O	\$575	\$225	1 yr
OR	\$375	\$486 with a 2 yr renewal interval	1 yr
PA-M	\$35	\$360	2 yrs
PA-O	\$45	\$220	2 yrs
PR	0	\$250	3 yrs
RI	\$1,090	\$1090	2 yrs
SC	\$580	\$155	2 yrs
SD	\$200	\$200	1 yr
TN-M	\$410	\$235	2 yrs
TN-O	\$410	\$235	2 yrs
TX	\$817	\$464	2 yrs
UT-M	\$200	\$183	2 yrs
UT-O	\$200	\$183	2 yrs
VT-M	\$650	\$525	2 yrs
VT-O	\$500	\$500	2 yrs
VI	\$250	\$1000	2 yrs
VA	\$302	\$270	2 yrs
WA-M	\$491	\$657	2 yrs
WA-O	\$441	\$466	1 yr
WV-M	\$400	\$400	2 yrs
WV-O	\$400	\$400	2 yrs
WI	\$150	\$141	2 yrs
WY	\$600	\$250	1 yr

*Not including USMLE or NBOME examination fees

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 1/4/18 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 1/17/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative/Administrative Rule Matters: 1. Perfusionists Examining Council Recommendations for Med 22 Relating to Perfusionists 2. Review of and Possible Statement of Scope for Med 22 Relating to Perfusionists 3. Perfusionists Examining Council Position Statements 4. Update on Other Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 2. The Board will consider requesting a statement of scope for ch. Med 22 relating to perfusionists based on its review of the chapter, the provision of 2017 Wisconsin Act 59 described below, and, if applicable, recommendations from the Perfusionists Examining Council. 2017 Wisconsin Act 59 specifies that, except as otherwise permitted in chs. 440 to 480, Stats., an examining board or affiliated credentialing board attached to an examining board may require a credential holder to submit proof of completion of continuing education programs or courses only if a complaint is made against the credential holder. A revision to s. Med 22.10 (5) is needed to reflect the Board may no longer conduct a random audit of perfusionist licensees.			
11) <i>Dale Kleven</i>		Authorization <i>January 4, 2018</i>	
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.			

Chapter Med 22

PERFUSIONISTS

Med 22.01	Authority and purpose.
Med 22.02	Definitions.
Med 22.03	Applications and credentials.
Med 22.04	Examinations; panel review of applications.
Med 22.05	Temporary licenses.

Med 22.06	Locum tenens license.
Med 22.07	Examination review by applicant.
Med 22.08	Board review of examination error claim.
Med 22.09	Scope of practice.
Med 22.10	Continuing education.

Med 22.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5) (b) and 227.11 (2), Stats., and ss. 448.02, 448.04, 448.05, 448.13 and 448.40, Stats.

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04.

Med 22.02 Definitions. As used in this chapter:

- (1) “Board” means the medical examining board.
- (2) “Council” means the perfusionists examining council.
- (3) “Perfusion” has the meaning set forth in s. 448.015 (1m), Stats.
- (4) “Perfusionist” has the meaning set forth in s. 448.015 (1s), Stats.

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04.

Med 22.03 Applications and credentials. Every applicant for initial licensure as a perfusionist shall submit:

- (1) A completed application form.
- (2) The fee specified in s. 440.05, Stats.
- (3) One of the following:
 - (a) For applications submitted before January 1, 2004, satisfactory evidence that the applicant has, for the entire 10 year period prior to May 3, 2002, been practicing perfusion.
 - (b) 1. Satisfactory evidence that the applicant has successfully completed an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education of the Commission on Accreditation of Allied Health Educational Programs.
 2. Written verification that the applicant has passed both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion.
 3. Evidence of successful completion of the state board statutes and rules examination and an oral examination, if required.

Note: Application forms are available on request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04.

Med 22.04 Examinations; panel review of applications. (1) An applicant under s. Med 22.03 (3) (b) 3., shall certify on forms provided by the board that he or she has read and understands the statutes and rules relating to the provision of perfusion.

(2) An applicant who meets the criterion under s. Med 22.03 (3) (a), may be required to submit to an oral interview by the board if the applicant meets any of the following:

- (a) Has a medical condition which impairs or limits the applicant’s ability to practice perfusion with reasonable skill and safety.
- (b) Uses chemical substances so as to impair the applicant’s ability to practice perfusion with reasonable skill and safety.
- (c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
- (d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(f) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(g) Has within the past 2 years engaged in the illegal use of controlled substances.

(h) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(3) An applicant for licensure as a perfusionist under s. Med 22.03 (3) (b), shall pass both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion.

(4) An applicant for licensure as a perfusionist under s. Med 22.03 (3) (b), shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department’s office of examinations.

(5) An applicant who meets the criteria under s. Med 22.03 (3) (b), may be required to complete an oral examination if the applicant:

(a) Has a medical condition which impairs or limits the applicant’s ability to practice perfusion with reasonable skill and safety.

(b) Uses chemical substances so as to impair the applicant’s ability to practice perfusion with reasonable skill and safety.

(c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has not practiced perfusion for more than 1,200 hours during the 3–year period preceding the date of application.

(f) Has practiced over 1,200 hours in the last 3 years but practice was limited.

(g) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(h) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(i) Has within the past 2 years engaged in the illegal use of controlled substances.

(j) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(6) The council shall conduct oral examinations and interviews. At the request of the council, the board shall provide a medical consultant to the council to provide assistance in evaluating applicants examined under s. Med 22.03 (3) (a) and (b).

(7) All examinations shall be conducted in English.

(8) Where both written and oral examinations are required, they shall be graded separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(9) An applicant who fails to receive a passing grade on an examination may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails an examination 3 times, the applicant may not retake that examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe. An applicant for an oral examination may reapply twice at not less than 4 month intervals.

(10) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the examination shall be limited to a determination whether at the time of application the applicant's disability appears to pose an actual risk to the health, safety or welfare of patient or public arising from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

History: CR 03-023; cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.05 Temporary licenses. (1) An applicant for licensure who meets the criteria under s. Med 22.03 (3) (b) may apply to the board for a temporary license to practice perfusion prior to licensure if the applicant does all of the following:

- (a) Submits a completed application form.
- (b) Remits the fee specified in s. 440.05, Stats.
- (c) Has successfully completed an educational program as defined in s. Med 22.03 (3) (b) 1.
- (d) Has not previously failed either of the examinations required in s. Med 22.03 (3) (b) 2., unless the applicant has subsequently passed the examination failed.
- (e) Has passed the state board statutes and rules examination.
- (f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a licensed perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) (a) A temporary license expires one year from the date of its issuance. Upon application, and upon submission of evidence of having passed the perfusion basic scientific examination, the temporary license may be renewed for an additional period of one year. The board may extend the term of the temporary license for an additional 6 months if the applicant was unable to complete the perfusion basic scientific examination within the one year period due to hardship, including but not limited to illness of the applicant, the illness or death of a family member of the applicant, an accident or natural disaster. A written affidavit of the hardship must be provided.

(b) If the applicant fails the perfusion basic science examination prior to the expiration of the temporary license, the applicant shall work under the direct supervision of a licensed perfusionist who is available on the hospital premises to assist.

(c) If the applicant fails the clinical application in perfusion examination prior to the expiration of the temporary license, the temporary license expires.

(4) The application and required documents for licensure and the application for temporary licensure prior to regular licensure will be reviewed by 2 members of the council to determine eligibility. The council may issue a temporary license prior to licensure as a perfusionist to an applicant who meets the requirements of sub. (1).

History: CR 03-023; cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.06 Locum tenens license. (1) An applicant who holds certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion may apply to the board for temporary locum tenens license.

(2) An applicant for a locum tenens license shall submit to the board all of the following:

- (a) A completed and verified application form supplied by the board.
- (b) A letter from a physician licensed to practice medicine and surgery in this state or a perfusionist licensed to practice perfusion in this state requesting the applicant's services.
- (c) Verified evidence of certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion.
- (d) A verified statement by the applicant that the applicant is familiar with the state health laws and the rules of the department of health services as related to communicable diseases.

(e) The fees required under s. 440.05, Stats., made payable to the Wisconsin department of safety and professional services.

(3) All applicants shall complete an open book examination on statutes and rules governing the practice of perfusion in Wisconsin.

(4) The holder of a locum tenens license may engage in the practice of perfusion only in the geographical area for which the license is issued.

(5) A locum tenens license expires 90 days from the date of its issuance. For cause shown to the satisfaction of the board, the board may renew the locum tenens license for additional periods of 90 days each, but no license may be renewed more than 3 consecutive times.

History: CR 03-023; cr. Register March 2004 No. 579, eff. 4-1-04; correction in (2) (d), (e) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671.

Med 22.07 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may make a request to review that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

- (2) Examination reviews are by appointment only.
- (3) An applicant may review the statutes and rules examination for not more than one hour.
- (4) An applicant may review the oral examination for not more than 2 hours.
- (5) The applicant may not be accompanied during the review by any person other than the proctor.
- (6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral examination audiotape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any item in the examination. The applicant may consult bound reference books during the review. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if requested. The proctor shall not defend the examination or attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: CR 03-023; cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.08 Board review of examination error claim. (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was received. The request shall include all of the following:

- (a) The applicant's name and address.
- (b) The type of license for which the applicant applied.
- (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the board confirms the failing status following its review, the application shall be deemed incomplete, and the applicant may be reexamined.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.09 Scope of practice. The scope of practice of perfusion includes the following functions:

(1) The use of extracorporeal circulation, long-term cardiopulmonary membrane oxygenation, and associated therapeutic and diagnostic techniques.

(2) Counterpulsation, ventricular assistance, autotransfusion, blood conservation, management and processing techniques, myocardial and organ preservation, isolated limb perfusion, and surgical assistance.

(3) The administration of pharmacological and therapeutic agents, and blood products or anesthetic agents, through the extracorporeal circuit or through an intravenous line in conjunction with extracorporeal support.

(4) The performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, induction and hypothermia and hyperthermia with reversal, hemoconcentration and hemodilution, and hmodialysis.

(5) The observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics, and the implementation of appropriate reporting, perfusion protocols or changes in or the initiation of emergency procedures.

(6) Evaluation and selection of equipment to perform the functions set forth in subs. (1) to (5).

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.10 Continuing education. (1) In this section:

(a) "ABCP" means the American Board of Cardiovascular Perfusion.

(b) "Contact hour" means not less than 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

(c) "Continuing education" means planned, organized learning activities designed to maintain, improve, or expand a licensee's knowledge and skills relevant to the practice of perfusion.

(d) "Continuing education unit" means one contact hour of continuing education.

(e) "Licensee" means a person licensed to practice perfusion in this state.

(2) Each licensee shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal due date, completed at least 30 continuing education units of acceptable continuing education. At least 10 continuing education units must be completed in Category I activities.

(3) No additional continuing education units are given for subsequent presentations of the same content.

(4) Continuing education units shall be accumulated through professional activities related to perfusion in all of the following categories:

(a) Category I. ABCP-approved perfusion meetings and related activity, including all of the following:

1. Attendance at perfusion meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, regional or state perfusion meetings: 1 continuing education unit for each contact hour.

2. Publication of a perfusion related book chapter or paper in a professional journal: 5 continuing education units to a maximum of 10.

3. Presentation of a talk at an international, national, regional, or state perfusion meeting: 5 continuing education units to a maximum of 10.

4. Presentation of a poster or other exhibit at an international, national, regional or state perfusion meeting: 2 continuing education units to a maximum of 4.

5. Participation in an AC-PE site visitor workshop or as an AC-PE site visitor: 5 continuing education units to a maximum of 10.

6. Participation in ABCP knowledge base survey: 2 continuing education units.

7. Self-directed continuing education meeting ABCP requirements: 1 continuing education unit for each contact hour.

(b) Category II. Non-accredited perfusion meetings and other medical meetings, including the following:

1. Perfusion or medical meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, state or regional perfusion meetings: One-half continuing education unit for each contact hour to a maximum of 10.

2. Manufacturer-specific and company-sponsored educational activities: 1 continuing education unit for each contact hour.

(c) Category III. Individual education and other self-study activities:

1. Serving as a clinical instructor in an accredited perfusion training program: 2 continuing education units per year.

2. Serving as a didactic instructor in an accredited perfusion training program: 1 continuing education unit per contact hour to a maximum of 4.

3. ABCP examination development workshop or survey: 2 continuing education units per contact hour to a maximum of 4.

4. Self-learning activities, including use of audiovisual devices or electronic forums, reading scientific journals, participation in degree-oriented, professionally related course work; and self-study modules: 1 continuing education unit per contact hour to a maximum of 10.

5. Presentation at a non-approved international, national, regional, or state perfusion or medical meeting: 1 continuing education unit for each hour of presentation.

6. Grand round: 1 continuing education unit per contact hour, to a maximum of 2.

7. Advanced cardiac life support training: 2 continuing education units.

(5) An applicant for renewal shall certify his or her attendance at required continuing education. The board may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements, and shall audit any licensee who is under investigation by the board for alleged misconduct.

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Mail to:

PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov

Web: <http://dsps.wi.gov>

Phone: 608-266-2112

Governor Scott Walker Secretary Dave Ross

Positions Statements Related to Perfusionists Issued by the Perfusionists Examining Council

WHAT IS THE PRACTICE OF PERFUSION?

Perfusion is defined in Wis Stats. 448.015(1m) as the branch or system of treating the sick that is limited to the operation and management of extracorporeal circulation to support, temporarily replace, measure, treat, or supplement the cardiopulmonary and circulatory system of a patient, including, when necessary to and part of the management and operation of extracorporeal circulation, the use of blood testing and advanced life support techniques and technologies, autotransfusion, and the administration of blood, blood products, and anesthetic and pharmacological agents.

WHAT IS WITHIN THE SCOPE OF PRACTICE OF A PERFUSIONIST?

The scope of practice of perfusion is outlined in Ch Med 22.09, Wis. Admin Code. As per Wis. Stats. 448.04(1)(d), no perfusionist may practice without the orders and supervision of a licensed physician.

IS SUPERVISION REQUIRED FOR PATIENT CARE SERVICES PROVIDED BY A PERFUSIONIST?

According to Wis. Stats 448.03(2)(e), patient services provided by a perfusionist must be directed, supervised, and inspected by a physician who has the power to direct, decide, and oversee the implementation of the patient services rendered.