



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
April 18, 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)**
- B) Minutes of March 21, 2018 – Review and Approval (6-13)**
- C) Introductions, Announcements and Recognition**
- D) Conflicts of Interest**
- E) Administrative Matters**
 - 1) Department and Staff Updates
 - 2) 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
 - 3) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- F) Council Member Appointment Matters (14-19)**
 - 1) Respiratory Care Practitioners Examining Council – Consider Reappointment of Ann Bonner
- G) Federation of State Medical Boards (FSMB) Matters (20)**

- 1) Washington Medical Commission Withdrawal of Proposed Resolution 18-3, Regarding Supporting the Practice of Physician Assistants – Dr. Mary Jo Capodice
- H)** Update on Re-Entry to Practice – Lee Ann Lau and Tom Ryan
- I) **Legislation and Rule Matters – Discussion and Consideration****
- 1) Proposed Update to the Medical Examining Board (MEB) Opioid Prescribing Guideline **(21-28)**
 - 2) Review of Proposed Changes to MTBT 2 and 3, Relating to Application for a License and Approved Training Programs **(29-40)**
 - 3) Update on Legislation and Pending or Possible Rulemaking Projects
- J)** Controlled Substances Board Report – Timothy Westlake
- K)** Wisconsin State Coalition for Prescription Drug Abuse Reduction – Report – Timothy Westlake
- L)** Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners
- M)** Speaking Engagement(s), Travel, or Public Relation Request(s), and Report(s)
- N)** Newsletter Matters
- O)** Screening Panel Report
- P)** Informational Items
- Q) 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

R) Future Agenda Items

S) **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.).

T) **Credentialing Matters**

1) **Application Review**

a) Evan Watts, M.D. **(41-80)**

2) **Consideration of Waiver of 24 Months of ACGME/AOA Approved Post-Graduate Training**

a) Melissa Rendlen, D.O. **(81-106)**

b) Samar Medani, M.D. **(107-151)**

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

1) **Administrative Warnings**

a) 16 MED 103 **(152-153)**

b) 16 MED 276 **(154-155)**

c) 17 MED 204 **(156-157)**

2) **Case Closings**

a) 15 MED 037 **(158-166)**

b) 16 MED 401 **(167-179)**

c) 17 MED 211 **(180-190)**

d) 17 MED 222 **(191-199)**

e) 17 MED 231 **(200-210)**

f) 17 MED 267 **(211-214)**

g) 17 MED 293 **(215-218)**

h) 17 MED 341 **(219-228)**

i) 17 MED 470 **(229-232)**

3) **Stipulations, Final Decisions and Orders**

a) 15 MED 135 – Channing C. Wiersema, M.D. **(233-240)**

b) 15 MED 479 – Julie A. Farrell, M.D. **(241-247)**

c) 16 MED 264 – Angus Marshall, M.D. **(248-253)**

d) 16 MED 413 – Magid M. Fahim, M.D. **(254-258)**

e) 16 MED 436 – Ahmed Malik, M.D. **(259-264)**

f) 17 MED 145 – Dennys E. Maldonado, M.D. **(263-270)**

- g) 17 MED 240 – Scott A. Schlidt, M.D. **(271-276)**
- h) 17 MED 240 – Thomas H. Mahn, M.D. **(277-282)**
- i) 17 MED 328 – Jeffrey J. Kamysz, M.D. **(283-289)**
- j) 18 MED 018 – David G. Benzer, D.O. **(290-294)**

V) Open Cases

W) Consulting with Legal Counsel

X) 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

Y) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

Z) Open Session Items Noticed Above Not Completed in the Initial Open Session

AA) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 124D/E

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

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of Two (at time of agenda publication) Candidates for Licensure – Dr. Timothy Westlake and Dr. Robert Zoeller

NEXT MEETING DATE: MAY 16, 2018

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the council's agenda, please call the listed contact person.

The council may consider materials or items filed after the transmission of this notice. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112

**MEDICAL EXAMINING BOARD
MEETING MINUTES
MARCH 21, 2018**

PRESENT: Alaa Abd-Elsayed, M.D.; David Bryce, M.D.; Mary Jo Capodice, D.O.; Michael Carton (via GoToMeeting, excused at 9:58 a.m.); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D. (via GoToMeeting, arrived at 8:04 a.m.); 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-Advanced; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of eleven (11) members was confirmed.

ADOPTION OF AGENDA

Amendment to the Agenda

- Open Session – After item “I. Report from Controlled Substances Board – Timothy Westlake”
ADD: “Proposed Amendments to the Wisconsin Opioid Prescribing Guideline”

MOTION: Robert Zoeller moved, seconded by Bradley Kudick, to adopt the agenda as amended. Motion carried unanimously.

MINUTES OF FEBRUARY 21, 2018

MOTION: Robert Zondag moved, seconded by Padmaja Doniparthi, to approve the minutes of February 21, 2018 as published. Motion carried unanimously.

(Rodney Erickson joined the meeting at 8:04 a.m.)

FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS

2018 Annual FSMB Meeting – Resolutions, Reports and Candidate Nominations – Board Discussion

Acute Opioid Prescribing Workgroup and Guidelines

MOTION: Lee Ann Lau moved, seconded by Timothy Westlake, to support resolution 18-1. Motion carried unanimously.

Testing Under Time Constraints of the Necessary and Explicit Component of the United States Medical Licensure Examination (USMLE)

MOTION: Robert Zoeller moved, seconded by Alaa Abd-Elsayed, to oppose resolution 18-2. Motion carried unanimously.

Supporting the Practice of Physician Assistants

MOTION: Alaa Abd-Elsayed moved, seconded by Robert Zoeller, to oppose resolution 18-3. Motion carried unanimously.

Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

MOTION: Timothy Westlake moved, seconded by David Roelke, to refer for study resolution 18-4. Motion carried unanimously.

Interprofessional Continuing Education (IPCE)

MOTION: Lee Ann Lau moved, seconded by David Roelke, to take no position on resolution 18-5. Motion carried unanimously.

Workgroup on Artificial Intelligence (AI) and its Potential Impact on Patient Safety and Quality of Care in Medical Practice

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to support resolution 18-6. Motion carried unanimously.

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

MOTION: Mary Jo Capodice moved, seconded by Padmaja Doniparthi, to support the Workgroup Report “FSMB Workgroup to Study Regenerative and Stem Cell Therapy Practices”. Motion carried unanimously.

Prescription Drug Monitoring Programs (PDMPs), Report and Recommendations of the Workgroup on PDMPs

MOTION: Lee Ann Lau moved, seconded by Timothy Westlake, to support the Workgroup Report and recommendations titled “Prescription Drug Monitoring Programs (PDMPs)”. Motion carried unanimously.

Report of the FSMB Workgroup on Physician Wellness and Burnout

MOTION: David Roelke moved, seconded by Bradley Kudick, to support the Workgroup Report “FSMB Workgroup on Physician Wellness and Burnout”. Motion carried unanimously.

Guidelines for the Structure and Function of a State Medical and Osteopathic Board

MOTION: David Roelke moved, seconded by Robert Zoeller, to support the Workgroup Report “Guidelines for the Structure and Function of a State Medical and Osteopathic Board”. Motion carried unanimously.

***Report of the Bylaws Committee
Proposed Amendments to the Federation Bylaws***

MOTION: Lee Ann Lau moved, seconded by Robert Zondag, to support the proposed amendments to the Federation bylaws, and to table proposed amendment #26. Motion carried unanimously.

Report of the Nominating Committee

MOTION: Lee Ann Lau moved, seconded by David Roelke, to note that the Board provided advice to Dr. Capodice regarding the report of the nominating committee. Motion carried unanimously.

RE-ENTRY TO PRACTICE

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to create a workgroup on Re-Entry to Practice consisting of the following members: Lee Ann Lau, David Roelke, David Bryce, Mary Jo Capodice, and Rodney Erickson. Motion carried unanimously.

LEGISLATION AND RULE MATTERS

Scope Statement for Med 13, Relating to Continuing Education

MOTION: Lee Ann Lau moved, seconded by Robert Zoeller, to approve the Scope Statement revising Med 13, relating to continuing education, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board moves to authorize the Chair to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

Scope Statement for Med 20, Relating to Respiratory Care Practitioners

MOTION: Rodney Erickson moved, seconded by Michael Carton, to approve the Scope Statement revising Med 20, relating to Respiratory Care Practitioners, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board moves to authorize the Chair to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

(Michael Carton was excused at 9:58 a.m.)

PROPOSED AMENDMENTS TO THE WISCONSIN OPIOID PRESCRIBING GUIDELINE

MOTION: Robert Zoeller moved, seconded by Alaa Abd-Elseyed, to amend the Opioid Prescribing Guideline as follows:
"23) Sharing protected health information with a patient's family members and loved ones.
[Interpretive guidance](#) from the US Department of Health and Human Services Office of Civil Rights, indicates that HIPAA regulations allow health professionals to share health information with a patient's loved ones in emergency or dangerous situations such as opioid overdose. HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including in cases where the patient is incapacitated or unconscious, or where a serious and imminent threat to a patient's health or safety exists. For example, a doctor whose patient has overdosed on opioids is presumed to have complied with HIPAA if the doctor informs family, friends, or caregivers of the opioid abuse after determining, based on the facts and circumstances, that the patient poses a serious and imminent threat to his or her

health through continued opioid abuse upon discharge.” Motion carried unanimously.

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

MOTION: David Roelke moved, seconded by Lee Ann Lau, to authorize Mary Jo Capodice to speak at the 2018 Wisconsin Association of Osteopathic Physicians and Surgeons Summer Continuing Medical Education Meeting in Wausau, WI on June 9, 2018. Motion carried unanimously.

CLOSED SESSION

MOTION: Timothy Westlake moved, seconded by Bradley Kudick, 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; 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; and Robert Zondag-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:52 a.m.

RECONVENE TO OPEN SESSION

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 12:03 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: David Roelke moved, seconded by Mary Jo Capodice, 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.)

CREENTIALING MATTERS

Application Review

Ectis Velazquez, M.D.

MOTION: Lee Ann Lau moved, seconded by Robert Zoeller, to grant the application of Ectis Velazquez, M.D. for a restricted license to practice medicine and surgery as a visiting physician. Motion carried. Opposed – One

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning DLSC Case Number 17 MED 105. Timothy Westlake, Vice Chair, Chaired the meeting for deliberation and voting.)

Voluntary Surrender Request

David Benzer, D.O.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to refuse the voluntary surrender request of David Benzer, D.O. **Reason for Refusal:** Wis. Stat. § 448.02(5). Motion carried unanimously.

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

Tatjana Stevanovic, M.D.

MOTION: Robert Zoeller moved, seconded by David Bryce, to deny a waiver of the 24 months of ACGME/AOA approved post-graduate training for Tatjana Stevanovic, M.D. **Reason for Denial:** Based on the information submitted, the Board did not find grounds of hardship. Wis. Stat. § 448.05(2)(c) and Wis. Admin. Code § Med 1.02(3)(cm). Motion carried unanimously.

MOTION: Lee Ann Lau moved, seconded by Robert Zondag, to refer the matter of Tatjana Stevanovic, M.D., to the Division of Legal Services and Compliance. Motion carried unanimously.

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

Administrative Warnings

17 MED 105

MOTION: Lee Ann Lau moved, seconded by David Roelke, to not issue an Administrative Warning in the matter of DLSC Case Number 17 MED 105 and to refer to DLSC for further proceedings. Motion carried unanimously.

17 MED 196

MOTION: Mary Jo Capodice moved, seconded by Lee Ann Lau, to issue an Administrative Warning in the matter of DLSC Case Number 17 MED 196. Motion carried unanimously.

Case Closings

16 MED 199

MOTION: Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 16 MED 199, against D.R.P., for No Violation. Motion carried unanimously.

16 MED 349

MOTION: Timothy Westlake moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 16 MED 349 against S.H.R., for No Violation. Motion carried unanimously.

16 MED 419

MOTION: Robert Zoeller moved, seconded by Rodney Erickson, to close DLSC Case Number 16 MED 419 against C.A.H., for Insufficient Evidence. Motion carried unanimously.

16 MED 420

MOTION: Timothy Westlake moved, seconded by Lee Ann Lau, to close DLSC Case Number 16 MED 420 against G.B., for No Violation. Motion carried unanimously.

16 MED 449

MOTION: Timothy Westlake moved, seconded by David Roelke, to close DLSC Case Number 16 MED 449 against L.G., for No Violation. Motion carried unanimously.

17 MED 177

MOTION: Lee Ann Lau moved, seconded by David Roelke, to close DLSC Case Number 17 MED 177 against C.F.R., for Prosecutorial Discretion (P2). Motion carried unanimously.

17 MED 311

MOTION: Alaa Abd-Elsayed moved, seconded by David Bryce, to close DLSC Case Number 17 MED 311 against M.W.A., for Insufficient Evidence. Motion carried unanimously.

17 MED 314

MOTION: Timothy Westlake moved, seconded by David Bryce, to close DLSC Case Number 17 MED 314 against S.S., for Insufficient Evidence. Motion carried unanimously.

17 MED 420

MOTION: David Roelke moved, seconded by Lee Ann Lau, to close DLSC Case Number 17 MED 420 against J.G., for No Violation. Motion carried unanimously.

Stipulations, Final Decisions and Orders

14 MED 288 – Anthony G. Conrardy, M.D.

MOTION: Robert Zondag moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Anthony G. Conrardy, M.D., DLSC Case Number 14 MED 288. Motion carried unanimously.

16 MED 254 – Lori L. Brooks, M.D.

MOTION: Timothy Westlake moved, seconded by Padmaja Doniparthi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Lori L. Brooks, M.D., DLSC Case Number 16 MED 254. Motion carried unanimously.

16 MED 378 – Jose L. Fernandez, M.D.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Jose L. Fernandez, M.D., DLSC Case Number 16 MED 378. Motion carried unanimously.

17 MED 188 – Vinson M. DiSanto, D.O.

MOTION: Robert Zondag moved, seconded by Timothy Weslake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Vinson M. DiSanto, D.O., DLSC Case Number 17 MED 188. Motion carried unanimously.

17 MED 342 – John E. Pappenheim, M.D.

MOTION: David Roelke moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, John E. Pappenheim, M.D., DLSC Case Number 17 MED 342. Motion carried unanimously.

17 MED 475– Nancy A. Kressin, M.D.

MOTION: Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Nancy A. Kressin, M.D., DLSC Case Number 17 MED 475. Motion carried unanimously.

Monitoring

Bradley Bourkland, M.D. – Requesting Reinstatement of Full Licensure

MOTION: David Roelke moved, seconded by Lee Ann Lau, to grant the request of Bradley Bourkland, M.D. for reinstatement of full licensure. Motion carried unanimously.

DELIBERATION ON ORDER FIXING COSTS

Larry F. Carlyon, M.D., Respondent (DHA Case Number SPS-17-0023/DLSC Case Number 16 MED 157)

MOTION: Mary Jo Capodice moved, seconded by Lee Ann Lau, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Larry F. Carlyon, M.D., Respondent – DHA Case Number SPS-17-0023/DLSC Case Number 16 MED 157. Motion carried unanimously.

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

MOTION: David Bryce moved, seconded by Alaa Abd-Elsayed, 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 David Roelke, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:15 p.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Advanced		2) Date When Request Submitted: 4/6/2018 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: 4/18/2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Medical Examining Board – Council Member Appointment Matters 1) Respiratory Care Practitioners Examining Council a. Consider Reappointment i. Ann Bonner	
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: The Board should determine how best to proceed with the reappointment of Ann Bonner to the Respiratory Care Practitioners Examining Council. a. Consider Appointment ii. Ann Bonner – Reappointment until 7/1/2020 1. Motion Language: to reappoint Ann Bonner to the Respiratory Care Practitioners Examining Council as a Respiratory Care Practitioner Member for a term to expire on July 1, 2020.			
11) <i>Kimberly Wood</i>		Authorization 4/6/2018	
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.			

Ann Bonner

██████████
Platteville, Wi ██████████
██████████
████████████████████

February 15, 2018

Kenneth Simons
Chairperson
Wisconsin Medical Examining Board
1400 E Washington Ave
P.O. Box 8366
Madison, Wi 3708-8366

Dear Kenneth Simons:

I am contacting you regarding re-appointment to the Respiratory Care Practitioners Examining Council. My educational background in field of Respiratory Care, along with my extensive professional experience, makes me an excellent candidate for this position.

As you will see from the enclosed resume, I have more than 34 years of experience in the field of Respiratory Care.. My resume shows that I have experience in many areas of Respiratory Care from large hospitals, to small critical assess facilities. I have been a bed side Practioner and have also been in higher level management positions responsible for hiring, supervising and training respiratory therapist in several states. I am committed to the profession of Respiratory Care and feel it is a responsibility to assure that therapist working in patient care have the knowledge, training and certifications to provide safe, effective care to patients.

If you have questions, or if you want to speak with me, please contact me at ██████████. I am hopeful that I may be re- appointed to the Respiratory Examining Council. I have found my first two years to be very enlightening and feel that I have much to offer in my role on the council.

Sincerely,

Ann Bonner

Enclosure

Kenneth Simons
Chairperson

Timothy Westlake
Vice Chairperson

Mary Jo Capodice
Secretary

WISCONSIN MEDICAL EXAMINING BOARD



1400 E Washington Ave
PO Box 8366
Madison WI 53708-8366

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

APPLICATION FOR APPOINTMENT

INSTRUCTIONS

Thank you for expressing an interest in serving Wisconsin. Councils attached to the Medical Examining Board serve an integral role in protecting the public and in creating licensing standards for professionals in related fields. To be considered for appointment to a Council, please complete the application below.

PART I – Personal Information

Name (First, Middle Initial, Last):		Ann A Bonner	
Home Address 1:		[REDACTED]	
Address Line 2:		[REDACTED]	
City:	[REDACTED]	ZIP Code:	[REDACTED]
Home Phone:	[REDACTED]	Cell Phone:	[REDACTED]
E-mail Address:	[REDACTED]	Date of Birth:	[REDACTED]
Job Title, Company:	Supervisor Cardiopulmonary Services [REDACTED]		
Work Address 1:	[REDACTED]		
Address Line 2:	[REDACTED]		
City:	Platteville	ZIP Code:	53818
Work Phone:	[REDACTED]	Fax Number:	[REDACTED]
Preferred Mailing Address (please check one):	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work		
What is your state of residence?	Wisconsin		
Are you a state employee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list your Department and Division.	[REDACTED]		
Are you an elected official?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what is your position?	[REDACTED]		
Are you a licensed/certified professional? If so, please specify.			
Respiratory Therapist by the National Board of Respiratory Care Registered Polysomnographic Technologist by the Board of Registered Polysomnographic Technologists. Respiratory Care Practitioner State of Wisconsin			
Do you belong to any professional groups? If so, please specify.			
[REDACTED]			

*Demographic Information – Optional			
Disability:	[REDACTED]	Veteran:	[REDACTED]
Gender:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity:	Caucasian

Part II – Social Media

Provide a link to the profile page of any social media accounts you maintain.

Social Media Type	Link(s)
Facebook:	Ann Bonner
Twitter:	
LinkedIn:	
Google+:	
YouTube:	
Instagram:	
Pinterest:	
Tumblr:	
Vine:	
Flickr:	
Miscellaneous	
:	
:	

Part III – Council(s) Sought

Please list in order of preference and specify member type, if known.

1.	Respiratory Care Practitioners Examining Council
2.	
3.	
4.	

Part IV – References

In the space provided below, please list the names of three people who are willing to serve as references. Please also include phone numbers and their relationship to you.

Name	Phone Number	Relationship to You
1. Rebecca Wylesky-Durst,	██████████	Immediate Supervisor Director of Nursing Southwesthealth
2. Robert Pastor	██████████	Administrator Chief Clinical Officer Southwest Health
3. Sheila Hanson	██████████	Friend/Respiratory Therapist

Did anyone refer you to this council? If so, who?

1.	
----	--

Part V – Supporting Documentation and Submission

Please attach a resume and cover letter to this application.

Resume:

Please include relevant work experience, education, community involvement, government or military service, honors, awards, and other talents.

Cover Letter:

Please describe why you are interested in working for a Medical Examining Board council. Your cover letter should include any information that is relevant for the Board to know as they consider your appointment.

- By submitting this application you are affirming that all the statements you have made in this document are true and that you understand that a background check may be conducted if you are considered for appointment.
- Under Wisconsin Statutes 19.36(7)(b), as an applicant for this position, you have the limited right to request that your identity be kept in confidence. If you wish to prefer this right, you must attach to our application a letter requesting confidentiality of your identify with respect to this application.
- This right prevents your identity from being released in response to a public records request unless; you are appointed to the position or you are a finalist for the position as defined by Wisconsin Statute 19.36(7)(a).

Applications should be faxed to:	Applications should be emailed to:	Applications should be mailed to:
608-251-3032	DSPSAppointments@wisconsin.gov	Department of Safety & Professional Services Division of Policy Development MEB Appointments P.O. Box 8366 Madison, WI 53708-8366

Ann Bonner

██████████ Platteville, WI ██████████

██████████

████████████████████

OBJECTIVE

A position in a managerial or supervisory capacity for respiratory, sleep and cardiology areas in a growing and nurturing health care facility.

SKILLS PROFILE

- Proficient and competent in all areas of respiratory care and cardiology diagnostics.
- Excellent patient care and customer service skills.
- Over 30 years in the field of respiratory care in a variety of patient care settings and roles.
- Knowledge of and experience with multiple electronic medical records.

EMPLOYMENT HISTORY

Supervisor Cardiopulmonary Services 2005-current
Southwest Health Center Platteville, WI

- Provide department oversight for all Respiratory and Sleep personnel
- Provide respiratory care services including but not limited to aerosol and oxygen therapy, ventilator care, ABG collection ,BIPAP setup and monitoring.
- Perform stress testing, holter monitoring, pulmonary function testing.
- Perform in lab sleep testing on Sandman sleep platform including scoring of records.
- Serve on multiple committees including disaster preparedness, patient safety, information steering, forms and scanning.

Respiratory Therapist 2008- 2013
Monroe Clinic Monroe, WI

- Provide respiratory care services including but not limited to aerosol and oxygen therapy, ventilator care, ABG collection and analysis, BIPAP setup and monitoring.
- Serve as a clinical/managerial resource for policy development and clinical advancement.

Director Respiratory and EKG Services 1999-2005
Lawnwood Regional Medical Center, Ft. Pierce FL

- Provided direction and leadership to respiratory and EKG departments at a 330 bed acute care health facility .

Director Cardiopulmonary Services 1991-1999
JFK Medical Center Atlantis, FL

- Provided direction and leadership to respiratory, EKG ,ECHO ,cardiac rehab, EEG and sleep lab departments at a 379 bed acute care health facility .

EDUCATION/ CERTIFICATIONS

Associate Degree in Respiratory Care 1984
Lansing Community College Lansing, Mi

Registered Respiratory Therapist 1984
NBRC

Registered Polysomnography Technologist 2010
Board of Polysomnograph Technologist

American Board of Sleep Medicine Sleep Certificate 2011
American Academy of Sleep Medicine

**Advanced Cardiopulmonary Life Support /Basic Life Support/
Neonatal Resuscitation** current
current

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dr. Mary Jo Capodice, Secretary, Medical Examining Board		2) Date When Request Submitted: 4/3/2018 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: 4/18//2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Matters: Washington Medical Commission Withdrawl of Proposed Resolution 18-3, Regarding Supporting the Practice of Physician Assistants – Dr. Mary Jo Capodice	
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? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Dr. Capodice would like to notify the Board of the following action regarding an FSMB Proposed Resolution: <ul style="list-style-type: none"> • RESOLUTION 18-3: Supporting the Practice of Physician Assistants, submitted by the Washington Medical Commission, <u>has been withdrawn</u>. Therefore, the remaining five resolutions have been re-numbered (see Tabs H and I). 			
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	

**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: 4/6/18 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: 4/18/18	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. Proposed Update to the MEB Opioid Prescribing Guideline 2. Review of Proposed Changes to MTBT 2 and 3 Relating to Application for a License and Approved Training Programs 3. 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: 1. Safety Recommendation I-14-1 issued by the National Transportation Safety Board requests all state guidelines regarding prescribing controlled substances for pain include a recommendation that health care providers discuss with patients the effect their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation. 2. Under s. 15.085 (5), Stats., the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board is required to submit a proposed rule to the Medical Examining Board for comment at least 60 days before the proposed rule is submitted to the Legislative Clearinghouse. Any comments on the proposed rule must be considered by the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board and included in the report on the proposed rule submitted to the Legislature.			
11) <i>Dale Kleven</i> <hr/> Signature of person making this request		Authorization <i>April 6, 2018</i> <hr/> Date	
<hr/> Supervisor (if required)		<hr/> Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) <hr/> 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.			

Kenneth Simons
Chairperson

WISCONSIN MEDICAL EXAMINING BOARD

1400 E Washington Ave
PO Box 8366
Madison WI 53708-8366

Timothy Westlake
Vice Chairperson



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

Mary Jo Capodice
Secretary

Wisconsin Medical Examining Board Opioid Prescribing Guideline – March 21, 2018

Scope and purpose of the guideline: To help providers make informed decisions about acute and chronic pain treatment -pain lasting longer than three months or past the time of normal tissue healing. The guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care. Although not specifically designed for pediatric pain, many of the principals upon which they are based could be applied there, as well.

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

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

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

Start low and go slow

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

Close follow-up

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

What's included in the guideline?

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

1. Determining when to initiate or continue opioids

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

2. Opioid selection, dosage, duration, follow-up and discontinuation

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

3. Assessing risk and addressing harms of opioid use

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

Prescription Opioid Guideline

1. Pain is a subjective experience and at present, physicians lack options to objectively quantify pain severity other than by patient reported measures including pain intensity. While accepting the patient's report of pain, the clinician must simultaneously decide if the magnitude of the pain complaint is commensurate with causative factors and if these have been adequately evaluated and addressed with non-opioid therapy.
2. In treating acute pain, if opioids are at all indicated, the lowest dose and fewest number of opioid pills needed should be prescribed. In most cases, less than 3 days' worth are necessary, and rarely more than 5 days' worth. Left-over pills in medicine cabinets are often the source for illicit opioid abuse in teens and young adults. When prescribing opioids, physicians should consider writing two separate prescriptions for smaller amounts of opioids with specific refill dates, rather than a single large prescription. Most patients do not fill the second prescription, thus limiting opioid excess in a patient's home and potential misuse.
3. A practitioner's first priority in treating a patient in pain is to identify the cause of the pain and, if possible, to treat it. While keeping the patient comfortable during this treatment is important, it is critical to address to the extent possible the underlying condition as the primary objective of care.
 - a. Patients unwilling to obtain definitive treatment for the condition causing their pain should be considered questionable candidates for opioids. If opioids are prescribed to such patients, documentation of clear clinical rationale should exist.
 - b. Opioids should not be prescribed unless there is a medical condition present which would reasonably be expected to cause pain severe enough to require an opioid. For conditions where this is questionable, use of other treatments instead of opioids should be strongly considered.
 - c. Consultation should be considered if diagnosis of and/or treatment for the condition causing the pain is outside of the scope of the prescribing practitioner.
4. Opioids should not necessarily be the first choice in treating acute or chronic pain.
 - a. Acute pain: Evidence for opioids is weak. Other treatments such as acetaminophen, anti-inflammatories, and non-pharmacologic treatments should be attempted prior to initiating opioid therapy. Although opioids could be simultaneously prescribed if it is apparent from

- 10.** The use of oxycodone is discouraged. There is no evidence to support that oxycodone is more effective than other oral opioids, while there are multiple studies indicating that oxycodone is more abused and has qualities that would promote addiction to a greater degree than other opioids. As a result, oxycodone should not be considered first-line and should be used only in patients who cannot tolerate other opioids and who have been evaluated for and found not to demonstrate increased risk of abuse.
- 11.** Patients presenting for chronic pain treatment should have a thorough evaluation, which may include the following:
 - a.** Medical history and physical examination targeted to the pain condition.
 - b.** Nature and intensity of the pain.
 - c.** Current and past treatments, with response to each treatment.
 - d.** Underlying or co-existing diseases or conditions, including those which could complicate treatment (i.e., renal disease, sleep apnea, chronic obstructive pulmonary disease (COPD), etc.).
 - e.** Effect of pain on physical and psychological functioning.
 - f.** Personal and family history of substance abuse.
 - g.** History of psychiatric disorders associated with opioid abuse (bipolar, attention deficit disorders (ADD/ADHD), sociopathic, borderline, untreated/severe depression).
 - h.** Medical indication(s) for use of opioids.
- 12.** Initiation of opioids for chronic pain should be considered on a trial basis. Prior to starting opioids, objective symptomatic and functional goals should be established with the patient. If after a reasonable trial these goals are not met, then opioids should be weaned or discontinued.
- 13.** Practitioners should always consider the risk-benefit ratio when deciding whether to start or continue opioids. Risks and benefits should be discussed with patients prior to initiating chronic opioid therapy, and continue to be reassessed during that therapy. If evidence of increased risk develops, weaning or discontinuation of opioids should be considered. If evidence emerges that indicates that the opioids put a patient at the risk of imminent danger (overdose, addiction, etc.), or that they are being diverted, opioids should be discontinued and the patient should be treated for withdrawal, if needed.
 - a.** Exceptions to this include patients with unstable angina and pregnant patients, especially in the 3rd trimester (withdrawal could precipitate pre-term labor).
 - b.** Components of ongoing assessment of risk include:
 - i.** Review of the Prescription Drug Monitoring Program (PDMP) information.
 - ii.** Periodic urine drug testing (including chromatography) – at least yearly in low risk cases, more frequently with evidence of increased risk.
 - iii.** Violations of the opioid agreement.
 - iv.** Periodic pill counts may also be considered for high risk patients.

14. All patients on chronic opioid therapy should have informed consent consisting of:
 - a. Specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death. It is also recommended practitioners discuss with patients the effect opioid use may have on the ability to safely operate machinery or a vehicle in any mode of transportation.
 - b. Treatment agreement, documenting the behaviors required of the patient by the prescribing practitioner to ensure that they are remaining safe from these adverse effects.
15. Initial dose titration for both acute and chronic pain should be with short-acting opioids. For chronic therapy, it would be appropriate once an effective dose is established to consider long-acting agents for a majority of the daily dose.
16. Opioids should be prescribed in the lowest effective dose. This includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely-injured patients. If daily doses for chronic pain reach 50 morphine milligram equivalents (MMEs), additional precautions should be implemented (see #13.b. above). Given that there is no evidence base to support efficacy of doses over 90 MMEs, with dramatically increased risks, dosing above this level is strongly discouraged, and appropriate documentation to support such dosing should be present on the chart.
17. The use of methadone is not encouraged unless the practitioner has extensive training or experience in its use. Individual responses to methadone vary widely; a given dose may have no effect on one patient while causing overdose in another. Metabolism also varies widely and is highly sensitive to multiple drug interactions, which can cause accumulation in the body and overdose. For a given analgesic effect, the respiratory depressant effect is much stronger compared to other opioids. Finally, methadone can have a potent effect on prolonging the QTc, predisposing susceptible patients to potentially fatal arrhythmias.
18. Prescribing of opioids is strongly discouraged for patients abusing illicit drugs. These patients are at extremely high risk for abuse, overdose, and death. If opioids are prescribed to such patients, a clear and compelling justification should be present.
19. During initial opioid titration, practitioners should re-evaluate patients every 1-4 weeks. During chronic therapy, patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.
20. Practitioners should consider prescribing naloxone for home use in case of overdose for patients at higher risk, including:
 - a. History of overdose (a relative contraindication to chronic opioid therapy).
 - b. Opioid doses over 50 MMEs/day.
 - c. Clinical depression.
 - d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.).

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

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

22. Discontinuing Opioid Therapy

- a.** If lack of efficacy of opioid therapy is determined, discontinuation of therapy should be performed.
 - i.** Opioid weaning can be performed by reducing the MED by 10% weekly until 5-10 mg MED remain at which time the opioid can be fully discontinued.
 - ii.** Prescription of clonidine 0.2 mg po BID or tizanidine 2 mg po TID can be provided to patients complaining of opioid withdrawal related symptoms.
- b.** If evidence of increased risk develops, weaning or discontinuation of opioid should be considered.
 - i.** Opioid weaning can be performed by reducing the MED by 25% weekly until 5-10 mg MED remain at which time the opioid can be fully discontinued.
 - ii.** Prescription of clonidine 0.2 mg po BID or tizanidine 2 mg po TID can be provided to patients complaining of opioid withdrawal related symptoms.
 - iii.** Physicians can consider weekly or bi-monthly follow-up during the weaning process.
- c.** If evidence emerges that indicates that the opioids put a patient at the risk of imminent danger (overdose, addiction, etc.), or that they are being diverted, opioids should be immediately discontinued and the patient should be treated for withdrawal, if needed.

Exceptions to abrupt opioid discontinuation include patients with unstable angina and pregnant patients. These patients should be weaned from the opioid medications in a gradual manner with close follow-up.

23. Sharing protected health information with a patient's family members and loved ones.

- a.** [Interpretive guidance](#) from the US Department of Health and Human Services Office of Civil Rights, indicates that HIPAA regulations allow health professionals to share health information with a patient's loved ones in emergency or dangerous situations such as opioid overdose. HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including: in cases where the patient is incapacitated or unconscious, or where a serious and imminent threat to a patient's health or safety exists. For example, a doctor whose patient has overdosed on opioids is presumed to have complied with HIPAA if the doctor informs family, friends, or caregivers of the opioid abuse after determining, based on the facts and circumstances, that the patient poses a serious and imminent threat to his or her health through continued opioid abuse upon discharge.

Resources

CDC Guideline for Prescribing Opioids for Chronic Pain--United States 2016. Dowell D1, Haegerich TM1, Chou R1., JAMA. 2016 Apr 19;315(15):1624-45. doi:10.1001/jama.2016.1464.

Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care. <https://dwd.wisconsin.gov/wc/medical/pdf/CHRONIC%20OPIOID%20CLINICAL%20MANAGEMENT%20GUIDELINES%20.pdf>

Within-subject comparison of the psychopharmacological profiles of oral oxycodone and oral morphine in non-drug-abusing volunteers. Zacny, James, & Lichtor, Stephanie. Psychopharmacology (2008) 196:105-116

Subjective, Psychomotor, and Physiological Effects Profile of Hydrocodone/Acetaminophen and Oxycodone/Acetaminophen Combination Products. Zachny, James, & Gutierrez, Sandra. Pain Medicine (2008) Vol 9, No 4: 433-443

Positive and Negative Subjective Effects of Extended-Release Oxymorphone versus Controlled-Release Oxycodone in Recreational Opioid Users. Schoedel, Kerri et. al. Journal of Opioid Management 7:3 May/June 2011. 179-192

Tapentadol Abuse Potential: A Postmarketing Evaluation Using a Sample of Individuals Evaluated for Substance Abuse Treatment. Stephen F. Butler, PhD et. al., Pain Medicine 2015; 16: 119–130

Methadone Safety: A Clinical Practice Guideline from the American Pain Society and College on Problems of Drug Dependence, in collaboration with the Heart Rhythm Society. Chou R1, et. al., J Pain. 2014 Apr;15(4):321-37

Emerging Issues in the Use of Methadone. SAMHSA Substance Abuse Treatment Advisory, Spring 2009, Volume 8, Issue 1, available at <http://store.samhsa.gov/shin/content//SMA09-4368/SMA09-4368.pdf>

Opioid Use, Misuse, and Abuse in Orthopedic Practice. American Academy of Orthopedic Surgeons, Information Statement 1045, October, 2015, available at <http://www.aaos.org/PositionStatements/Statement1045/?ssopc=1>

Wisconsin Medical Society Opioid Prescribing Principles. <https://www.wisconsinmedicalsociety.org/advocacy/boards-councils/society-initiatives/opioid-task-force/opioid-prescribing-principles/>

STATE OF WISCONSIN
MESSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING
BOARD

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MESSAGE THERAPY AND BODYWORK
MESSAGE THERAPY AND BODYWORK : THERAPY AFFILIATED CREDENTIALING
THERAPY AFFILIATED : BOARD ADOPTING RULES
CREDENTIALING BOARD : (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to renumber and amend MTBT 2.01 (3) (b) 3. and (g) and 3.01 (4) (b); to amend MTBT 2.01 (intro.), (1), (Note), (2), and (3) (intro.), (a), (Note), (b) (intro.), 1., and 2., (h), and (j), 2.015, 2.03 (1) (intro.), (a), (Note), (b), and (c) (intro.) and (2) (a) and (b), 2.04, and 3.01 (1) and (5) (a) to (f); and to create MTBT 2.01 (3) (b) 3. a., (Note), and b. and (g) 1. to 7. and 3.01 (4) (b) 1., (Note), and 2., relating to application for a license and approved training programs.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 460.04 (2) (b), Stats.

Statutory authority:

Sections 15.085 (5) (b), 460.04 (2) (b), (e), (f), and (g), Stats.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides that affiliated credentialing boards, such as the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board, “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains . . .”

Section 460.04 (2) (b), Stats., provides the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board shall promulgate rules that establish criteria for approving a training program for purposes of licensing massage therapists and bodywork therapists.

Section 460.04 (2) (e), Stats., provides the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board shall promulgate rules that establish “[a] requirement that an applicant for a license under this chapter submit evidence satisfactory to the affiliated credentialing board that the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38) to provide such instruction.”

Section 460.04 (2) (f), Stats., provides the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board shall promulgate rules that establish “[r]equirements to be satisfied by a person seeking a temporary license under s. 460.08 . . .”

Section 460.04 (2) (g), Stats., provides the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board shall promulgate rules that establish “[a] requirement that an applicant for a license under this chapter pass an examination on state laws and administrative rules governing massage therapy and bodywork therapy.”

Related statute or rule:

Section MTBT 1.02 (1) defines the term “accrediting agency” to mean either of the following:

- A regional or national accrediting agency recognized by the United States Department of Education.
- A state government agency or territorial government agency located in another state or territory of the United States or another country.

Section SPS 404.04 provides the criteria for approval of schools and programs of instruction by the Department of Safety and Professional Services.

Plain language analysis:

Current rules contain requirements that a school that is neither approved by the Educational Approval Board nor a technical college established pursuant to s. 38.02, Stats., be “approved by an accrediting agency” or “accredited by an accrediting agency.” The vagueness of these terms makes approval of applications for licensure and training programs difficult. In addition, recent legislation (2017 Wisconsin Act 59) transferred responsibility for school approvals from the Educational Approval Board to the Department of Safety and Professional Services. The proposed rules create a requirement that a school not approved by the Department of Safety and Professional Services nor a technical college established pursuant to s. 38.02, Stats., have approval or accreditation that is in good standing from one of the following:

- An accrediting agency with recognition by the United States Department of Education that is current.
- A state government agency or territorial government agency located in the state or territory in which the school is located and whose criteria for approval of schools is substantially equivalent, as determined by the board, to the criteria under s. SPS 404.04.

The proposed rules revise s. MTBT 2.01 (3) (g) to reflect that the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) currently offers only one examination for certification, the Board Certification Examination for Therapeutic Massage and Bodywork (BCETMB). Section MTBT 2.01 (3) (g) is also revised to specify that the Massage and Bodywork Licensing Examination (MBLEx) offered by the Federation of State Massage Therapy Boards is an approved examination.

The proposed rules also make changes throughout chs. MTBT 2 and 3 to provide clarity and conform to current drafting standards.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

The Illinois Department of Financial and Professional Regulation (IDFPR) provides rules and oversight for the practice of massage therapy in the state of Illinois. The Illinois Massage Licensing Board advises IDFPR on matters involving professional conduct, discipline, and qualifications of candidates and licensees.

An applicant for a license to practice massage therapy in Illinois must 1) be at least 18 years of age and of good moral character; 2) have completed at least 600 hours of supervised classroom and supervised hands-on instruction from an approved massage therapy program while maintaining a minimum grade of 70% for all massage therapy related course and clinical work; 3) have passed the National Certification Board for Therapeutic Massage and Bodywork's (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB); 4) have verification of fingerprint processing from the Illinois Department of State Police (ISP) or other certified or licensed vendor; and 5) pay the required fee. (68 Ill. Adm. Code 1284.30 (2014))

An in-state massage therapy program must include at least 600 hours of supervised classroom and supervised hands-on instruction and meet certain other minimum criteria to be considered an approved massage therapy program. This includes criteria relating to 1) classroom instruction subject matter and hands-on instruction activities; 2) number of faculty and faculty and faculty assistant qualifications; 3) maintenance of student records; 4) having written plans of organization and study; and 5) use of a living human being for hands-on practice. A massage therapy program from another jurisdiction must have substantially similar criteria for an applicant to have his or her credentials accepted for licensure by IDFPR. (68 Ill. Adm. Code 1284.20 (2014))

Iowa:

The Iowa Board of Massage Therapy provides rules and oversight for the practice of massage therapy in the state of Iowa.

An applicant for a license to practice massage therapy in Iowa must 1) complete an application packet approved by the Board; 2) have graduated from a school approved by the Board that has a minimum of 500 hours of massage therapy education; 3) have passed any National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx); 4) have completed a cardiopulmonary resuscitation (CPR) course and a first-aid course certified by the American Red Cross, American Heart Association, or National Safety Council; and 5) pay the required fee. (645 IAC 131)

An in-state massage therapy school's education curriculum must offer a course of study of at least 500 hours and meet certain other criteria to be approved by the Board. This includes criteria relating to entrance requirements, curriculum content areas, clinical practicum coursework, records retention, and awarding of a certificate or diploma. An out-of-state massage therapy school's curriculum is only reviewed by the Board on a case-by-case basis upon receipt of the curriculum as part of an individual's application for licensure. (645 IAC 132)

Michigan:

The Michigan Board of Massage Therapy provides rules and oversight for the practice of massage therapy in the state of Michigan.

An applicant for a license to practice massage therapy in Michigan must 1) complete an application provided by the Michigan Department of Licensing and Regulatory Affairs; 2) have a high school diploma or the equivalent as determined by the Board; 3) have successfully completed a supervised curriculum that meets the requirements approved by the Board; 4) have passed the National Certification Board for Therapeutic Massage and Bodywork's National Certification Examination for Therapeutic Massage (NCETM) or National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) or the Federation of State Massage Therapy Boards' Massage and Bodywork Licensing Examination (MBLEx); and 5) submit the required fee. (Mich Admin Code, R 338.709)

A supervised curriculum must include at least 500 hours of classroom instruction and meet certain other minimum requirements. This includes requirements relating to course or coursework content, performance of massage therapy services in a supervised student clinic, and the qualifications and responsibilities of a supervising massage therapist at a supervised student clinic. (Mich Admin Code, R 338.705)

Minnesota:

The Minnesota Department of Health's Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) investigates complaints and takes enforcement actions against massage therapists for violations of prohibited conduct. However, neither OCAP nor any other statewide agency or board oversees the licensing of massage therapists or approves massage therapy training programs or curriculum. Licensing requirements, if any, for massage therapists are established by the county or city in which the massage therapist practices.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing current rules in chs. MTBT 2 and 3 relating to application for a license and approved training programs, and obtaining input and feedback from the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board.

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

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

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Kirsten.Reader@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, P.O. Box 8366, Madison, WI 53708-8935, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held at 9:00 a.m. on September 4, 2018, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MTBT 2.01 (intro.), (1), (Note), (2), and (3) (intro.), (a), (Note), and (b) (intro.), 1., and 2. are amended to read:

MTBT 2.01 Application for a license. An ~~individual applying~~ applicant for a ~~certificate as a license to practice massage therapist therapy or bodyworker bodywork therapy~~ shall submit all of the following to the ~~department~~ board:

(1) An application on a form provided by the ~~department~~ board.

(Note) Application forms are available upon request to the Department of Safety and Professional Services at ~~1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708~~ (608) 266-2112, dsps@wisconsin.gov, or at the Department's website at <http://dsps.wi.gov>.

(2) The fee ~~specified~~ required under s. 440.05 (1), Stats.

(3) (intro.) Evidence satisfactory to the ~~department~~ board that ~~he or she~~ the applicant meets all of the following requirements:

(a) Has graduated from a school of massage therapy or bodywork approved by the ~~educational approval board~~ department of safety and professional services at the time of the applicant's graduation or completed an approved training program under s. MTBT 3.01.

(Note) A list of approved schools is available upon request to the ~~Educational Approval Board, 30 West Mifflin Street, 9th Floor, P.O. Box 8696, Madison, Wisconsin 53708~~ Department of Safety and Professional Services at (608) 266-2112 or dsps@wisconsin.gov.

(b) (intro.) Has successfully completed at least 6 classroom hours of study in the laws of this state and rules of the ~~department~~ board relating to the practice of massage therapy or bodywork in a course of instruction offered by any of the following:

1. A school of massage therapy or bodywork approved by the ~~educational approval board~~ department of safety and professional services, whether or not the course of instruction was completed to meet a requirement for graduation.

2. An approved training program under s. MTBT 3.01, whether or not the training program is completed by the ~~individual applicant~~ for purposes of satisfying par. (a).

SECTION 2. MTBT 2.01 (3) (b) 3. is renumbered MTBT 2.01 (3) (b) 3. (intro.) and amended to read:

MTBT 2.01 (3) (b) 3. (intro.) ~~A school approved by an accrediting agency. that, at the time the course of study is completed, has approval or accreditation that is in good standing from one of the following:~~

SECTION 3. MTBT 2.01 (3) (b) 3. a., (Note), and b. are created to read:

MTBT 2.01 (3) (b) 3. a. An accrediting agency under s. MTBT 1.02 (1) (a) whose recognition by the United States department of education is current.

Note: A list of recognized accrediting agencies is available from the United States Department of Education's website at www.ed.gov.

b. An accrediting agency under s. MTBT 1.02 (1) (b) that is located in the same state or territory in which the school is located and whose criteria for approval of schools is substantially equivalent, as determined by the board, to the criteria under s. SPS 404.04.

SECTION 4. MTBT 2.01 (3) (g) is renumbered MTBT 2.01 (3) (g) (intro.) and amended to read:

MTBT 2.01 (3) (g) (intro.) ~~Has passed either the national certification examination for therapeutic massage and bodywork or the national certification examination for therapeutic massage that are offered by the national certification board for therapeutic massage and bodywork, or another examination relating to the practice of massage therapy or bodywork that is administered by a national board that is accredited by the national commission for certifying agencies or a substantially equivalent examination approved by the department. one of the following examinations:~~

SECTION 5. MTBT 2.01 (3) (g) 1. to 7. are created to read:

MTBT 2.01 (3) (g) 1. The Massage and Bodywork Licensing Examination offered by the Federation of State Massage Therapy Boards.

2. The Board Certification Examination for Therapeutic Massage and Bodywork offered by the National Certification Board for Therapeutic Massage and Bodywork.

3. The National Certification Examination for Therapeutic Massage and Bodywork offered prior to February 1, 2015, by the National Certification Board for Therapeutic Massage and Bodywork.

4. The National Certification Examination for Therapeutic Massage offered prior to February 1, 2015, by the National Certification Board for Therapeutic Massage and Bodywork.

5. The Asian Bodywork Therapy Examination offered prior to December 31, 2012, by the National Certification Commission for Acupuncture and Oriental Medicine.

6. An examination relating to the practice of massage therapy or bodywork that is administered by a national board that is accredited by the National Commission for Certifying Agencies.

7. An examination that is substantially equivalent, as determined by the board, to an examination under subs. 1. to 5.

SECTION 6. MTBT 2.01 (3) (h) and (j) are amended to read:

MTBT 2.01 (3) (h) Has passed an examination on ~~state~~ laws and administrative rules governing massage therapy or bodywork in this state.

(j) Has successfully completed a course consisting of 5 classroom hours in adult cardiopulmonary resuscitation and standard first aid if the ~~individual has not graduated from a school of massage therapy or bodywork approved by the educational approval board and the 5 classroom hours are not completed by the individual as part of an~~ the course of study or approved training program as provided under s. MTBT 3.01 completed by the applicant for purposes of meeting the requirement under par. (a).

SECTION 7. MTBT 2.015 is amended to read:

MTBT 2.015 Waiver of education requirements. The requirements of s. MTBT 2.01 (3) (a) and (b) shall be waived if an ~~individual applicant~~ applicant submits evidence satisfactory to the ~~department board that he or she~~ the applicant has successfully completed a course consisting of 5 classroom hours in adult cardiopulmonary resuscitation and standard first aid and satisfied one of the following:

(1) Is currently either certified or recertified by the ~~national certification board~~ National Certification Board for ~~therapeutic massage~~ Therapeutic Massage and ~~bodywork~~ Bodywork.

(2) Is currently either certified or recertified as active and in good standing by any other organization accredited to certify massage therapy or bodywork by the ~~national commission~~ National Commission for ~~certifying agencies~~ Certifying Agencies.

SECTION 8. MTBT 2.03 (1) (intro.), (a), (Note), (b), and (c) (intro.) and (2) (a) and (b) are amended to read:

MTBT 2.03 (1) (intro.) An ~~individual applying~~ applicant for a license on the basis of a similar license, registration, or license in another state or territory of the United States or another country shall submit all of the following to the board:

(a) ~~Submit an~~ An application on a form provided by the board.

(Note) Application forms are available upon request to the ~~department~~ Department of Safety and Professional Services at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708 or at the Department's website at <http://dsps.wi.gov>.

(b) ~~Pay the~~ The fee required under s. 440.05 (2), Stats.

(c) ~~(intro.) Submit evidence~~ Evidence satisfactory to the board that the ~~individual~~ applicant meets all of the following requirements:

(2) (a) Certification by the ~~national certification board~~ National Certification Board for ~~therapeutic massage~~ Therapeutic Massage and ~~bodywork~~ Bodywork or any other organization accredited by the ~~national commission~~ National Commission for ~~certifying agencies~~ Certifying Agencies to certify massage therapy or bodywork.

(b) ~~Completion~~ Passing an examination under s. MTBT 2.01 (3) (g) and completion of at least 500 classroom hours of instruction in massage therapy or bodywork at a school ~~approved by an accrediting agency, and passing an examination relating to the practice of massage therapy or bodywork that is administered or approved by an accrediting agency~~ meeting the requirements under s. MTBT 2.01 (3) (b) 3. at the time of the applicant's graduation.

SECTION 9. MTBT 2.04 is amended to read:

MTBT 2.04 Accommodations relating to a disability. A qualified ~~individual~~ applicant with a disability shall be provided with reasonable accommodations requested in connection with the completion of an application for ~~certification~~ licensure as a massage therapist or bodyworker.

SECTION 10. MTBT 3.01 (1) is amended to read:

MTBT 3.01 (1) An ~~individual applying for a license as a massage therapist or bodywork~~ therapist applicant who has not graduated from a school of massage therapy or bodywork therapy approved by the ~~educational approval board~~ department of safety and professional services shall submit an official transcript or other official documentation showing dates and total classroom hours attended and a description of the curriculum completed establishing that ~~he or she~~ the applicant has completed an approved training program.

SECTION 11. MTBT 3.01 (4) (b) is renumbered MTBT 3.01 (4) (b) (intro.) and amended to read:

MTBT 3.01 (4) (b) (intro.) A course of instruction in massage therapy or bodywork offered by a school ~~accredited by an accrediting agency at the time the individual completes the course of instruction.~~ that, at the time of the applicant's graduation, has approval or accreditation that is in good standing from one of the following:

SECTION 12. MTBT 3.01 (4) (b) 1., (Note), and 2. are created to read:

MTBT 3.01 (4) (b) 1. An accrediting agency under s. MTBT 1.02 (1) (a) whose recognition by the United States department of education is current.

Note: A list of recognized accrediting agencies is available from the United States Department of Education's website at www.ed.gov.

2. An accrediting agency under s. MTBT 1.02 (1) (b) that is located in the same state or territory in which the school is located and whose criteria for approval of schools is substantially equivalent, as determined by the board, to the criteria under s. SPS 404.04.

SECTION 13. MTBT 3.01 (5) (a) to (f) are amended to read:

(5) (a) ~~Anatomy~~ One hundred twenty five classroom hours in anatomy, physiology, pathology, and kinesiology: ~~125 classroom hours.~~

(b) ~~Business~~ Fifty classroom hours in business, law and ethics: ~~50 classroom hours,~~ which shall include at least 6 classroom hours in the laws of this state and rules of the board relating to the practice of massage therapy or bodywork therapy required by s. MTBT 2.01 (3) (b).

(c) ~~Massage~~ Three hundred classroom hours in massage therapy or bodywork theory, technique, and practice: ~~300 classroom hours,~~ which shall include 100 classroom hours of supervised hands-on practice.

(d) ~~Student~~ Twenty classroom hours in student clinic: ~~20 classroom hours.~~

(e) ~~Adult~~ Five classroom hours in adult cardiopulmonary resuscitation (CPR) and standard first aid: ~~5 classroom hours.~~ The requirement of this paragraph may be alternatively satisfied as provided under s. MTBT 2.01 (3) (j).

(f) ~~Additional~~ One hundred classroom hours in additional massage therapy or bodywork course offerings meeting the objectives of the course of instruction: ~~100 classroom hours.~~

SECTION 14. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

MTBT 2 and 3

3. Subject

Application for a license and approved training programs

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165 (1) (g) and 20.165 (2) (j)

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

Current rules contain requirements that a school that is neither approved by the Educational Approval Board nor a technical college established pursuant to s. 38.02, Stats., be "approved by an accrediting agency" or "accredited by an accrediting agency." The vagueness of these terms makes approval of applications for licensure and training programs difficult. In addition, recent legislation (2017 Wisconsin Act 59) transferred responsibility for school approvals from the Educational Approval Board to the Department of Safety and Professional Services. The proposed rules create a requirement that a school not approved by the Department of Safety and Professional Services nor a technical college established pursuant to s. 38.02, Stats., have approval or accreditation that is in good standing from one of the following:

- An accrediting agency with recognition by the United States Department of Education that is current.
- A state government agency or territorial government agency located in the state or territory in which the school is located and whose criteria for approval of schools is substantially equivalent, as determined by the board, to the criteria under s. SPS 404.04.

The proposed rules revise s. MTBT 2.01 (3) (g) to reflect that the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) currently offers only one examination for certification, the Board Certification Examination for Therapeutic Massage and Bodywork (BCETMB). Section MTBT 2.01 (3) (g) is also revised to specify that the Massage and Bodywork Licensing Examination (MBLEx) offered by the Federation of State Massage Therapy Boards is an approved examination.

The proposed rules also make changes throughout chs. MTBT 2 and 3 to provide clarity and conform to current drafting standards.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

11. Identify the local governmental units that participated in the development of this EIA.

No local governmental units participated in the development of this EIA.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole.

The Department estimates one-time administrative costs of \$1,844. These costs may be absorbed in the agency budget.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit to implementing the rule is providing clarity to the requirements under chs. MTBT 2 and 3 relating to approved training programs. If the rule is not implemented, these requirements will remain unclear.

14. Long Range Implications of Implementing the Rule

The long-range implication of implementing the rule is clarity and less difficulty in complying with and administering the requirements under chs. MTBT 2 and 3 relating to approved training programs.

15. Compare With Approaches Being Used by Federal Government

None

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

Illinois:

The Illinois Department of Financial and Professional Regulation (IDFPR) provides rules and oversight for the practice of massage therapy in the state of Illinois. The Illinois Massage Licensing Board advises IDFPR on matters involving professional conduct, discipline, and qualifications of candidates and licensees.

An applicant for a license to practice massage therapy in Illinois must 1) be at least 18 years of age and of good moral character; 2) have completed at least 600 hours of supervised classroom and supervised hands-on instruction from an approved massage therapy program while maintaining a minimum grade of 70% for all massage therapy related course and clinical work; 3) have passed the National Certification Board for Therapeutic Massage and Bodywork's (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards (FSMTB); 4) have verification of fingerprint processing from the Illinois Department of State Police (ISP) or other certified or licensed vendor; and 5) pay the required fee. (68 Ill. Adm. Code 1284.30 (2014))

An in-state massage therapy program must include at least 600 hours of supervised classroom and supervised hands-on instruction and meet certain other minimum criteria to be considered an approved massage therapy program. This includes criteria relating to 1) classroom instruction subject matter and hands-on instruction activities; 2) number of faculty and faculty and faculty assistant qualifications; 3) maintenance of student records; 4) having written plans of organization and study; and 5) use of a living human being for hands-on practice. A massage therapy program from another jurisdiction must have substantially similar criteria for an applicant to have his or her credentials accepted for licensure by IDFPR. (68 Ill. Adm. Code 1284.20 (2014))

Iowa:

The Iowa Board of Massage Therapy provides rules and oversight for the practice of massage therapy in the state of Iowa.

An applicant for a license to practice massage therapy in Iowa must 1) complete an application packet approved by the Board; 2) have graduated from a school approved by the Board that has a minimum of 500 hours of massage therapy education; 3) have passed any National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination or the Massage and Bodywork Licensing Examination (MBLEx); 4) have completed a cardiopulmonary resuscitation (CPR) course and a first-aid course certified by the American Red Cross, American Heart Association, or National Safety Council; and 5) pay the required fee. (645 IAC 131)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

An in-state massage therapy school's education curriculum must offer a course of study of at least 500 hours and meet certain other criteria to be approved by the Board. This includes criteria relating to entrance requirements, curriculum content areas, clinical practicum coursework, records retention, and awarding of a certificate or diploma. An out-of-state massage therapy school's curriculum is only reviewed by the Board on a case-by-case basis upon receipt of the curriculum as part of an individual's application for licensure. (645 IAC 132)

Michigan:

The Michigan Board of Massage Therapy provides rules and oversight for the practice of massage therapy in the state of Michigan.

An applicant for a license to practice massage therapy in Michigan must 1) complete an application provided by the Michigan Department of Licensing and Regulatory Affairs; 2) have a high school diploma or the equivalent as determined by the Board; 3) have successfully completed a supervised curriculum that meets the requirements approved by the Board; 4) have passed the National Certification Board for Therapeutic Massage and Bodywork's National Certification Examination for Therapeutic Massage (NCETM) or National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) or the Federation of State Massage Therapy Boards' Massage and Bodywork Licensing Examination (MBLEx); and 5) submit the required fee. (Mich Admin Code, R 338.709)

A supervised curriculum must include at least 500 hours of classroom instruction and meet certain other minimum requirements. This includes requirements relating to course or coursework content, performance of massage therapy services in a supervised student clinic, and the qualifications and responsibilities of a supervising massage therapist at a supervised student clinic. (Mich Admin Code, R 338.705)

Minnesota:

The Minnesota Department of Health's Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) investigates complaints and takes enforcement actions against massage therapists for violations of prohibited conduct. However, neither OCAP nor any other statewide agency or board oversees the licensing of massage therapists or approves massage therapy training programs or curriculum. Licensing requirements, if any, for massage therapists are established by the county or city in which the massage therapist practices.

17. Contact Name Dale Kleven	18. Contact Phone Number (608) 261-4472
---------------------------------	--

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