



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
May 16, 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 (1-5)**
- B. Minutes of April 18, 2018 – Review and Approval (6-11)**
- C. Introductions, Announcements and Recognition**
- D. Conflicts of Interest**
- E. Administrative Matters**
 - 1. Department and Staff Updates
 - 2. September 19, 2018 Meeting Location
 - 3. Board Members – Term Expiration Dates
 - a. Alaa Abd-Elsayed – 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
 - 4. Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- F. 8:00 AM APPEARANCE: Optimal Team Practice Presentation - Eric Elliot, MPAS, PA-C, President, Wisconsin Academy of Physician Assistants (WAPA); Julie Doyle, PA-C, 2019 President Elect and Member, WAPA Legislative & Advocacy Committee; Anne Hletko, PA-C, Chair, WAPA Professional Practice Committee (12-13)**

- G. Federation of State Medical Boards (FSMB) Matters (14)**
 - 1. Report from 2018 Annual Meeting**
 - a. Actions by the House of Delegates – Board Discussion
 - b. Summary of Permanent License Revocation Bill (Michigan)
- H. Update on Re-Entry to Practice – Lee Ann Lau and Tom Ryan**
- I. Legislation and Rule Matters – Discussion and Consideration (15-21)**
 - 1. 2017 Wisconsin Act 341 – Sports Medicine Physicians Licensed Outside of Wisconsin
 - a. Scope Statement for Med 25, Relating to Sports Physician Licensure Exemption
 - 2. Reporting Requirement Under 2017 Wisconsin Act 262
 - 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**
 - 1. Letter from the Department of Justice – Current HIPAA Privacy Law Relating to Opioid Overdose Patient(s) **(22-25)**
- 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)**
 - 1. Travel Report – Attendance at the 2018 AAOE Annual Business Meeting on April 27, 2018, in Conjunction with the 2018 FSMB Annual Meeting (Capodice)
- N. Newsletter Matters – Board Review of Spring 2018 Newsletter for Approval (26-34)**
- 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. Education and Examination Matters

1. **Consideration of Waiver of 24 Months of ACGME/AOA Approved Post-Graduate Training**
 - a. Sebahattin Cureoglu, M.D. **(35-150)**

U. Credentialing Matters

1. Tasha Turzo, D.O. – Full Board Oral Exam **(151-184)**

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

1. Complaints

- a. 16 MED 389 – A.H.L., M.D. **(185-189)**
- b. 16 MED 339 – T.M.S, P.A.; T.M.D, M.D.; & D.E.H., Jr., M.D. **(190-193)**
- c. 17 MED 11 – S.J.J., M.D. **(194-196)**

2. Administrative Warnings

- a. Review of Administrative Warning (WARN00000727 / DLSC Case Number 17 MED 112) **(197-216)**
- b. 17 MED 202 – A.K. **(217-218)**

3. Stipulations, Final Decisions and Orders

- a. 16 MED 343 – Martin Cleary, M.D. **(219-224)**
- b. 17 MED 111 – Steven J. Johnson, M.D. **(225-231)**
- c. 17 MED 161 – Gretchen Zachel, P.A. **(232-238)**
- d. 17 MED 259 – Sean K. Conroy, P.A. **(239-244)**

4. Case Closings

- a. 17 MED 098 – K.P.P., M.D. **(245-254)**
- b. 17 MED 131 – R.D. & R.D. **(255-262)**
- c. 17 MED 180 – B.S. **(263-283)**

- d. 17 MED 204 – H.N. **(284-299)**
- e. 17 MED 310 – R.D. **(300-307)**
- f. 17 MED 318 – S.M.S. **(308-315)**
- g. 17 MED 335 – W.M. **(316-329)**
- h. 17 MED 393 – R.D. **(330-333)**
- i. 17 MED 462 – P.F.F. **(334-336)**
- j. 17 MED 504 – B.B. **(337-343)**

5. Monitoring

- a. Monitor Requesting Clarification of Order Requirements – Farid Ahmad, M.D. **(344-444)**

6. Petition for Extension of Time

- a. 17 MED 145 – Unknown Respondent(s) **(445-450)**

W. Open Cases

X. Consulting with Legal Counsel

Y. 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

Z. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

AA. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

BB. Open Session Items Noticed Above Not Completed in the Initial Open Session

CC. 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. Kenneth Simons and Dr. Padmaja Doniparthi

NEXT MEETING DATE: JUNE 20, 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
APRIL 18, 2018**

PRESENT: David Bryce, M.D.; Mary Jo Capodice, D.O. (*via GoToMeeting*); Michael Carton (*via GoToMeeting/excused at 9:54 a.m.*); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D. (*via GoToMeeting*); 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 (*via GoToMeeting*)

EXCUSED: Alaa Abd-Elsayed, M.D.

STAFF: Tom Ryan, Executive Director; Kate Stolarzyk, Bureau Assistant; Kimberly Wood, Program Assistant Supervisor; 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 – Correct the spelling of the word “withdrawal” in item “G. Federation of State Medical Boards (FSMB) Matters; 1) Washington Medical Commission Withdrawl of Proposed Resolution 18-3, Regarding Supporting the Practice of Physician Assistants – Dr. Mary Jo Capodice”

MOTION: David Roelke moved, seconded by Lee Ann Lau, to adopt the agenda as amended. Motion carried unanimously.

MINUTES OF MARCH 21, 2018

MOTION: David Bryce moved, seconded by Bradley Kudick, to approve the minutes of March 21, 2018 as published. Motion carried unanimously.

COUNCIL MEMBER APPOINTMENT MATTERS

Respiratory Care Practitioners Examining Council – Consider Reappointment of Ann Bonner

MOTION: Robert Zoeller moved, seconded by Padmaja Doniparthi, 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. Motion carried unanimously.

LEGISLATION AND RULE MATTERS

Proposed Update to the Medical Examining Board (MEB) Opioid Prescribing Guideline

MOTION: David Roelke moved, seconded by Robert Zoeller, to add the following language to 14.a. of the Wisconsin Medical Examining Board Opioid Prescribing Guideline: “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.” Motion carried unanimously.

MOTION: Lee Ann Lau moved, seconded by Padmaja Doniparthi, to revise the title of 23. of the Wisconsin Medical Examining Board Opioid Prescribing Guideline to read: “Current HIPAA Guidance for the Sharing of Protected Health Information with a Patient’s Family Members and Loved Ones Irrespective of Patient Wishes.” Motion carried unanimously.

Review of Proposed Changes to MTBT 2 and 3, Relating to Application for a License and Approved Training Programs

MOTION: David Roelke moved, seconded by Bradley Kudick, to affirm the Board has reviewed the proposed rule revising Wisconsin Administrative Code Chapters MTBT 2 and 3, relating to application for a license and approved training programs, and has no comments for the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to consider. Motion carried unanimously.

CLOSED SESSION

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

The Board convened into Closed Session at 8:39 a.m.

RECONVENE TO OPEN SESSION

MOTION: Bradley Kudick moved, seconded by David Bryce, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:01 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Timothy Westlake moved, seconded by Robert Zoeller, 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

Application Review

Evan Watts, M.D.

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to refer the application review of Evan Watts, M.D. back to the Division of Professional Credential Processing. Motion carried unanimously.

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

Melissa Rendlen, D.O.

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to grant Melissa Rendlen, D.O. a waiver of the 24 months of ACGME/AOA approved post-graduate training. Motion carried unanimously.

MOTION: David Roelke moved, seconded by Lee Ann Lau, to grant the license to practice medicine and surgery to Melissa Rendlen, D.O., once all requirements are met. Motion carried unanimously.

Samar Medani, M.D.

MOTION: Timothy Westlake moved, seconded by Robert Zoeller, to grant Samar Medani, M.D. a waiver of the 24 months of ACGME/AOA approved post-graduate training. Motion carried unanimously.

MOTION: David Bryce moved, seconded by Padmaja Doniparthi, to grant the license to practice medicine and surgery to Samar Medani, M.D., once all requirements are met. Motion carried unanimously.

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

Administrative Warnings

16 MED 103

MOTION: Timothy Westlake moved, seconded by Robert Zoeller, to issue an Administrative Warning in the matter of DLSC Case Number 16 MED 103. Motion carried.

(Rodney Erickson recused himself and disconnected from the meeting for deliberation and voting in the matter concerning DLSC Case Number 16 MED 103.)

16 MED 276

MOTION: Lee Ann Lau moved, seconded by David Bryce, to issue an Administrative Warning in the matter of DLSC Case Number 16 MED 276. Motion carried unanimously.

Case Closings

15 MED 037

MOTION: Lee Ann Lau moved, seconded by David Roelke, to close DLSC Case Number 15 MED 037, against C.F., C.A., and T.G., for No Violation. Motion carried unanimously.

16 MED 401

MOTION: Bradley Kudick moved, seconded by Timothy Westlake, to table DLSC Case Number 16 MED 401 against K.M. Motion carried unanimously.

17 MED 211

MOTION: David Roelke moved, seconded by Robert Zoeller, to close DLSC Case Number 17 MED 211 against P.B., for Insufficient Evidence. Motion carried unanimously.

17 MED 222

MOTION: Robert Zoeller moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 17 MED 222 against A.J., for Insufficient Evidence. Motion carried unanimously.

17 MED 231

MOTION: Lee Ann Lau moved, seconded by David Bryce, to close DLSC Case Number 17 MED 231 against D.F., for Insufficient Evidence. Motion carried unanimously.

17 MED 267

MOTION: David Roelke moved, seconded by Bradley Kudick, to close DLSC Case Number 17 MED 267 against D.P., for No Violation. Motion carried unanimously.

17 MED 293

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to close DLSC Case Number 17 MED 293 against A.J.A., for No Violation. Motion carried unanimously.

17 MED 341

MOTION: Mary Jo Capodice moved, seconded by Robert Zoeller, to close DLSC Case Number 17 MED 341 against K.H., for Insufficient Evidence. Motion carried unanimously.

17 MED 470

MOTION: Timothy Westlake moved, seconded by Michael Carton, to close DLSC Case Number 17 MED 470 against J.H., for Prosecutorial Discretion (P1). Motion carried unanimously.

Stipulations, Final Decisions and Orders

15 MED 135 – Channing C. Wiersema, M.D.

MOTION: Robert Zoeller moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Channing C. Wiersema, M.D., DLSC Case Number 15 MED 135. Motion carried unanimously.

15 MED 479 – Julie A. Farrell, M.D.

MOTION: Lee Ann Lau moved, seconded by Rodney Erickson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Julie A. Farrell, M.D., DLSC Case Number 15 MED 479. Motion carried unanimously.

16 MED 264 – Angus Marshall, M.D.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Angus Marshall, M.D., DLSC Case Number 16 MED 264. Motion carried.

(Rodney Erickson recused himself and disconnected from the meeting for deliberation and voting in the matter concerning Angus Marshall, M.D., DLSC Case Number 16 MED 264.)

16 MED 413 – Magid M. Fahim, M.D.

MOTION: Timothy Westlake moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Magid M. Fahim, M.D., DLSC Case Number 16 MED 413. Motion carried unanimously.

16 MED 436 – Ahmed Malik, M.D.

MOTION: Lee Ann Lau moved, seconded by Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Ahmed Malik, M.D., DLSC Case Number 16 MED 436. Motion carried unanimously.

17 MED 145 – Dennys E. Maldonado, M.D.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Dennys E. Maldonado, M.D., DLSC Case Number 17 MED 145. Motion carried unanimously.

MOTION: David Bryce moved, seconded by Padmaja Doniparthi, to refer the file to the DLSC for further review regarding other treaters in the matter of DLSC Case Number 17 MED 145. Motion carried unanimously.

(Michael Carton was excused at 9:54 a.m.)

17 MED 240 – Scott A. Schlidt, M.D.

MOTION: Rodney Erickson moved, seconded by Robert Zondag, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Scott A. Schlidt, M.D., DLSC Case Number 17 MED 240. Motion carried unanimously.

17 MED 240 – Thomas H. Mahn, M.D.

MOTION: Robert Zoeller moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against, Thomas H. Mahn, M.D., DLSC Case Number 17 MED 240. Motion carried unanimously.

17 MED 328 – Jeffrey J. Kamysz, M.D.

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, Jeffrey J. Kamysz, M.D., DLSC Case Number 17 MED 328. Motion carried unanimously.

18 MED 018 – David G. Benzer, D.O.

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, David G. Benzer, D.O., DLSC Case Number 18 MED 018. Motion carried unanimously.

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

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

ADJOURNMENT

MOTION: Padmaja Doniparthi moved, seconded by Lee Ann Lau, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:02 a.m.

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Eric Elliot, President, Wisconsin Academy of Physician Assistants (WAPA)		2) Date When Request Submitted: 4/13/2018 <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: 5/16/2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Optimal Team Practice – Presentation – APPEARANCE – Eric Elliot, President, Wisconsin Academy of Physician Assistants	
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 (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: See attached letter from WAPA.			
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.			



Eric M. Elliot, MPAS, PA-C
N83 W13410 Leon Road
Menomonee Falls, WI 53051
April 11, 2018

Medical Examining Board
State of Wisconsin Department of Safety and Professional Services
PO Box 8366
Madison, WI 54708-8366

Attention: Kenneth B. Simons, MD, Chairperson
Timothy W. Westlake, MD, Vice Chairperson

Dear Members of the Board:

I am writing on behalf of the Wisconsin Academy of Physician Assistants (WAPA) to emphasize our commitment to a collaborative, team-based practice model with the scope of a PA's practice defined between the PA and a Collaborating Physician. The recent Washington Medical Quality Assurance Commission's resolution to the Federation of State Medical Boards created concern for WAPA. The resolution seemed to focus on independent practice and did not represent our profession's objectives for the future. We were pleased to learn that Washington has since withdrawn the resolution.

WAPA has been working diligently, with input from the Wisconsin Medical Society and various other stakeholders, on drafting legislation for the purpose of modernizing PA practice laws. Our plan is based on our profession's adoption of "Optimal Team Practice", which emphasizes preserving team-based care, reducing administrative burdens on employers and physicians, and expanding patient access to safe, quality care. Our efforts are focused on preserving and improving our collaborative relationship, eliminating job-killing practice barriers, and restoring our presence in rural and underserved communities. We are not seeking independent practice. We will improve PA involvement in the management and oversight of our profession and retain more new graduates by making Wisconsin a preferred state for PAs to practice.

We would welcome the opportunity to present the tenets of Optimal Team Practice to the Board. It is also our hope that, in the coming months, the Board will provide a physician liaison to the WAPA for the purpose of providing input and guidance and to ensure transparency in our process.

Sincerely,

A handwritten signature in blue ink that reads "Eric M. Elliot".

Eric M. Elliot, MPAS, PA-C
President
Wisconsin Academy of PAs

**State of Wisconsin
Department of Safety & Professional Services
AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted: 3/20/2018	
		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: 430/2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Meeting Report Materials <ul style="list-style-type: none"> • Actions by 2018 House of Delegates: http://www.fsmb.org/globalassets/communications/actions-by-the-2018-house-of-delegates.pdf • Reports, including Physician Wellness and Burnout, Regenerative and Stem Cell Therapy Practices, Prescription Drug Monitoring Programs (PDMPs) and FSMB Guidelines for the Structure and Function of a State Medical and Osteopathic Board http://www.fsmb.org/globalassets/advocacy/news-releases/2016/nr_new_fsmb_position_statements_may2016.pdf • Summary of Permanent License Revocation Bill (Michigan) – see below 	
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: House Bill 5790 (MICHIGAN) House Bill 5790 would amend Section 16226 of the Public Health Code. Section 16226 requires that, after finding the existence of one or more of the grounds for action by a disciplinary subcommittee listed in Section 16221, a disciplinary subcommittee must impose on a licensee, registrant, or applicant one or more of the specified sanctions for each violation. As discussed above, sanctions can include denial, suspension, or revocation (including permanent revocation) of the license or registration; reprimand; fines; restitution; and community service. The bill would require that a license or registration issued under the Public Health Code be permanently revoked if the licensee or registrant had been convicted of sexual contact or sexual penetration under the pretext of medical treatment. Currently under the Public Health Code, except for cases involving female genital mutilation, a disciplinary subcommittee is restricted from imposing permanent revocation unless it finds that the licensee or registrant engaged in a pattern of intentional acts of fraud or deceit that resulted in personal financial gain to the licensee or registrant and resulted in harm to the health of patients under the licensee's or registrant's care. The bill would also exempt from this provision a conviction for sexual contact or sexual penetration under the pretext of medical treatment.			
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: 5/4/18 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: 5/16/18	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. 2017 Wisconsin Act 341 – Sports Medicine Physicians Licensed Outside Wisconsin 2. Scope Statement for Med 25 Relating to Sports Physician Licensure Exemption 3. Reporting Requirement Under 2017 Wisconsin Act 262 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: _____ _____ _____			
11) <i>Dale Kleven</i>		Authorization <i>May 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.			



**WISCONSIN LEGISLATIVE COUNCIL
ACT MEMO**

2017 Wisconsin Act 341 [2017 Assembly Bill 766]	Sports Medicine Physicians Licensed in Another State
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Wisconsin statutes generally prohibit the practice of medicine and surgery without a license granted by the Medical Examining Board (MEB). 2017 Wisconsin Act 341 creates an exception to the prohibition for practice at certain sporting events or facilities, as specified in the Act, by an individual who is licensed in good standing to practice medicine and surgery in another state. He or she either must have a written agreement with a sports team to provide care to team members and coaching staff traveling with the team for a specific event in Wisconsin, or must have been invited by a national sport governing body to provide services at a national sport training center in Wisconsin or an event or competition in Wisconsin that is sanctioned by the national sport governing body, subject to conditions and limitations specified in the Act.

The Act directs the MEB to promulgate rules to implement the new licensure exception. It authorizes MEB to promulgate the rules as emergency rules under s. 227.24, Stats., without certain prerequisites that would ordinarily apply, such as a finding of an emergency.

The Act authorizes MEB to enter into agreements with medical or osteopathic licensing boards of other states to implement the new licensure exception. The agreements may include procedures for reporting potential medical license violations.

Effective date: November 1, 2018

Prepared by: Brian Larson, Senior Staff Attorney

April 27, 2018

BL:mcm;jal

This memo provides a brief description of the Act. For more detailed information, consult the text of the law and related legislative documents at the Legislature's Web site at: <http://www.legis.wisconsin.gov>.

State of Wisconsin



2017 Assembly Bill 766

Date of enactment: April 16, 2018
Date of publication*: April 17, 2018

2017 WISCONSIN ACT 341

AN ACT *to create* 448.03 (2) (r), 448.03 (2m), 448.52 (1m) (am), 448.62 (1m) and 448.952 (1m) of the statutes; **relating to:** a licensure exemption for sports medicine physicians licensed outside this state; extending the time limit for emergency rule procedures; providing an exemption from emergency rule procedures; and granting rule-making authority.

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

SECTION 1. 448.03 (2) (r) of the statutes is created to read:

448.03 (2) (r) An individual who is exempt from licensure under sub. (2m).

SECTION 2. 448.03 (2m) of the statutes is created to read:

448.03 (2m) SPORTS PHYSICIAN LICENSURE EXEMPTION. (a) 1. An individual who is licensed in good standing to practice medicine and surgery in another state may, subject to pars. (b) and (c), practice medicine and surgery without a license granted by the board if the individual has a written agreement with a sports team to provide care to team members and coaching staff traveling with the team for a specific sporting event to take place in this state.

2. An individual who is licensed in good standing to practice medicine and surgery in another state may, subject to pars. (b) and (c), practice medicine and surgery without a license granted by the board if all of the following apply:

a. The individual has been invited by a national sport governing body to provide services to team members and coaching staff at a national sport training center in this

state or to provide services to athletes and coaching staff at an event or competition in this state that is sanctioned by the national sport governing body.

b. The individual's practice is limited to that required by the national sport governing body.

c. The services to be provided by the individual are within his or her training and expertise.

(b) An individual who is exempt from licensure under par. (a) 1. or 2. may not do any of the following while practicing under the exemption:

1. Provide care or consultation to any person residing in this state, other than a person specified in par. (a) 1. or 2.

2. Practice at a health care facility, as defined in s. 146.997 (1) (c), or at a clinic, as defined in s. 146.903 (1) (b).

3. Prescribe drugs.

(c) 1. a. Subject to subd. 1. b., an exemption under par. (a) 1. shall be valid only while the individual is traveling with the sports team, subject to a limit of 10 days per sporting event.

b. Upon prior request to the board, the board may grant an individual an extension of 20 additional days per sporting event beyond the limitation specified in subd. 1. a., except that no individual may be exempted by the

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

board under this subd. 1. b. for more than a total of 30 additional days in a given calendar year.

2. An exemption under par. (a) 2. shall be valid during the time certified by the national sport governing body, subject to a limit of 30 days per exemption.

(d) The board may enter into agreements with medical or osteopathic licensing boards of other states to implement this subsection. Agreements under this paragraph may include procedures for reporting potential medical license violations.

(e) The board shall promulgate rules to implement this subsection.

SECTION 3. 448.52 (1m) (am) of the statutes is created to read:

448.52 (1m) (am) An individual who is exempt from licensure as a physician under s. 448.02 (2m).

SECTION 4. 448.62 (1m) of the statutes is created to read:

448.62 (1m) An individual who is exempt from licensure as a physician under s. 448.02 (2m).

SECTION 5. 448.952 (1m) of the statutes is created to read:

448.952 (1m) An individual who is exempt from licensure as a physician under s. 448.02 (2m).

SECTION 5g. Nonstatutory provisions.

(1) The medical examining board may promulgate emergency rules under section 227.24 of the statutes necessary to implement this act. Notwithstanding section 227.24 (1) (c) and (2) of the statutes, emergency rules promulgated under this subsection remain in effect until May 1, 2019, or the date on which permanent rules take effect, whichever is sooner. Notwithstanding section 227.24 (1) (a) and (3) of the statutes, the examining board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

SECTION 5r. Effective dates. This act takes effect on the first day of the 7th month beginning after publication, except as follows:

(1) SECTION 5g (1) of this act takes effect on the day after publication.

STATEMENT OF SCOPE

Medical Examining Board

Rule No.: Med 25

Relating to: Sports Physician Licensure Exemption

Rule Type: Emergency and Permanent

1. Finding/nature of emergency (Emergency Rule only):

The Legislature by SECTION 5g of 2017 Wisconsin Act 341 provides an exemption from providing evidence that promulgating this rule as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and an exemption from a finding of emergency for the promulgation of this rule.

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to create ch. Med 25 to implement the sports physician licensure exemption under s. 448.03 (2m), Stats., as created by 2017 Wisconsin Act 341.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Chapters Med 1 to 24 currently contain all rules of the Medical Examining Board relating to the practice of medicine and surgery. As required by 2017 Wisconsin Act 341, new policy is proposed to implement a licensure exemption for sports physicians. The alternative of not updating the rules would be contrary to this statutory requirement.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides an examining board “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 448.03 (2m) (e), Stats., requires the Medical Examining Board promulgate rules to implement the sports physician licensure exemption under s. 448.03 (2m), Stats.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

60 hours

6. List with description of all entities that may be affected by the proposed rule:

Physicians not licensed to practice medicine and surgery under ch. 448, Stats., who will be providing care to a team participating in a sporting event or an athletic event or competition in Wisconsin

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Dale Kleven, Administrative Rule Coordinator, DSPSAdminRules@wisconsin.gov, (608) 261-4472

Approved for publication:

Approved for implementation:

Authorized Signature

Authorized Signature

Date Submitted

Date Submitted

credentialed by the examining board or affiliated credentialing board, or in the establishing of regulatory policy or the exercise of administrative discretion with regard to the qualifications or discipline of applicants or persons who are credentialed by the examining board, affiliated credentialing board or accreditation.

(c) Maintain, in conjunction with their operations, in central locations designated by the department, all records pertaining to the functions independently retained by them.

(d) Compile and keep current a register of the names and addresses of all persons who are credentialed to be retained by the department and which shall be available for public inspection during the times specified in s. 230.35 (4) (a). The department may also make the register available to the public by electronic transmission.

(2) Except as otherwise permitted in chs. 440 to 480, an examining board or affiliated credentialing board attached to the department or an examining board may require a credential holder to submit proof of the continuing education programs or courses that he or she has completed only if a complaint is made against the credential holder.

(2m) (a) In this subsection, “controlled substance” has the meaning given in s. 961.01 (4).

(b) The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

(c) 1. The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter, submit a report to the persons specified in subd. 2. that does all of the following:

a. Details proactive efforts taken by the board to address the issue of opioid abuse. The board shall specify whether the board has required, or otherwise encouraged, continuing education related to prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

b. Sets goals for addressing the issue of opioid abuse, as that issue pertains to or implicates the practices of the professions regulated by the board.

c. Describes the actions taken by the board so that the goals described in subd. 1. b. that were identified in the board’s previous reports under this paragraph can be achieved, whether those goals have been achieved, and, if the goals have not been achieved, the reasons therefor.

2. A report under subd. 1. shall be submitted to all of the following:

a. Any committee, task force, or other body or person designated by the governor.

b. To the appropriate standing committees of the legislature with jurisdiction over health issues under s. 13.172 (3).

History: 1977 c. 418 ss. 25, 793, 929 (41); 1979 c. 32 s. 92 (1); 1979 c. 34; 1989 a. 56 s. 259; 1991 a. 39; 1993 a. 107; 1997 a. 27, 191, 237; 2015 a. 269; 2017 a. 59, 262.

440.04 Duties of the secretary. The secretary shall:

(1) Centralize, at the capital and in such district offices as the operations of the department and the attached examining boards and affiliated credentialing boards require, the routine housekeeping functions required by the department, the examining boards and the affiliated credentialing boards.

(2) Provide the bookkeeping, payroll, accounting and personnel advisory services required by the department and the legal services, except for representation in court proceedings and the preparation of formal legal opinions, required by the attached examining boards and affiliated credentialing boards.

(3) Control the allocation, disbursement, and budgeting of the funds received by the examining boards and affiliated credentialing boards in connection with their credentialing and regulation, including the reimbursement of board members for actual and necessary expenses, including travel expenses, incurred in the performance of their duties.

(4) Employ, assign and reassign such staff as are required by the department and the attached examining boards and affiliated credentialing boards in the performance of their functions.

(5) With the advice of the examining boards or affiliated credentialing boards:

(a) Provide the department with such supplies, equipment, office space and meeting facilities as are required for the efficient operation of the department.

(b) Make all arrangements for meetings, hearings and examinations.

(c) Provide such other services as the examining boards or affiliated credentialing boards request.

(6) Appoint outside the classified service an administrator for any division established in the department and a director for any bureau established in the department as authorized in s. 230.08 (2). The secretary may assign any bureau director appointed in accordance with this subsection to serve concurrently as a bureau director and a division administrator.

(7) Unless otherwise specified in chs. 440 to 480, provide examination development, administration, research and evaluation services as required.

History: 1977 c. 418 s. 26; 1979 c. 34; 1981 c. 20; 1985 a. 29; 1987 a. 27; 1989 a. 316; 1991 a. 39; 1993 a. 102, 107; 1995 a. 333; 2003 a. 270; 2011 a. 32; 2017 a. 329.

440.042 Advisory committees. (1) The secretary may appoint persons or advisory committees to advise the department and the boards, examining boards, and affiliated credentialing boards in the department on matters relating to the regulation of credential holders. A person or an advisory committee member appointed under this subsection shall serve without compensation, but may be reimbursed for his or her actual and necessary expenses incurred in the performance of his or her duties.

(2) Any person who in good faith testifies before the department or any examining board, affiliated credentialing board or board in the department or otherwise provides the department or any examining board, affiliated credentialing board or board in the department with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability for his or her acts or omissions in testifying or otherwise providing such advice or information. The good faith of any person specified in this subsection shall be presumed in any civil action and an allegation that such a person has not acted in good faith must be proven by clear and convincing evidence.

History: 1993 a. 16 ss. 3269, 3299; 1993 a. 107; 1997 a. 156; 1999 a. 32; 2005 a. 292; 2015 a. 192.

440.043 Behavioral health review committee. (1) The secretary shall appoint an advisory committee under s. 440.042 to provide advice concerning behavioral health. The advisory committee shall semiannually conduct a review of the requirements for obtaining a credential under s. 440.88 or ch. 457 or for other credentials related to behavioral health.

(2) The advisory committee shall accept comments from the public related to its review under sub. (1). Before conducting a review under sub. (1), the department shall publish a class 1 notice under ch. 985 and shall publish notice on its Internet site announcing the opportunity for public comment.

(3) The advisory committee established under sub. (1) may propose changes in statutes and rules to the department; the marriage and family therapy, professional counseling, and social work examining board; or other appropriate credentialing board.

History: 2017 a. 262.



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

BRAD D. SCHIMEL
ATTORNEY GENERAL

Paul W. Connell
Deputy Attorney General

Delanie M. Breuer
Chief of Staff

114 East, State Capitol
P.O. Box 7857
Madison, WI 53707-7857
608/266-1221
TTY 1-800-947-3529

April 27, 2018

SENT VIA US MAIL

✓ Medical Examining Board
Department of Safety and Professional Services
P.O. Box 8366
Madison, WI 53708-8366

Secretary Linda Seemeyer
Department of Health Services
P.O. Box 7850
Madison, WI 53703

Re: Current Privacy Law (re: opioid overdose patients)

Dear Members of the Medical Examining Board and Secretary Seemeyer:

As we continue to fight the opioid crises, it is critical that we provide our medical community and first responders with the most accurate and up-to-date information. According to the U.S. Department of Health and Human Services (DHHS), some medical providers unfortunately misunderstand the current privacy law regarding the proper care and treatment of individuals experiencing an opioid overdose. I would like to make sure that we eliminate any such misunderstandings here in Wisconsin, so that there are no unnecessary obstacles to the proper treatment of those experiencing a crisis situation.

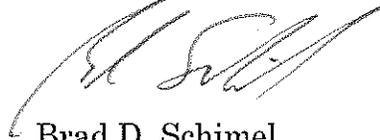
The attached DHHS bulletin explains important exceptions to the Health Insurance Portability and Accountability Act, also known as HIPAA. This law allows health care professionals to disclose some health information without a patient's permission, including when the patient is unconscious, incapacitated, or the information must be shared to lessen a serious and imminent threat to a patient's health or safety. The bulletin provides more specific information and examples of how these exceptions work in practice.

DSPS Medical Examining Board
DHS Secretary Seemeyer
April 27, 2018
Page 2

Wisconsin law similarly mirrors HIPAA's exceptions, providing that disclosures may be made in a good-faith effort to prevent or lessen a serious and imminent threat to health. *See Wis. Stat. §146.816(2)*. Wisconsin medical providers who have questions concerning these laws or their application to specific situations should seek legal counsel, and this letter is not meant to convey legal advice.

I would encourage you to promote and disseminate the DHHS bulletin to our medical community in the hopes of clearing up any confusion in this area. I look forward to our continued partnerships in fighting this dangerous epidemic.

Very truly yours,



Brad D. Schimel
Wisconsin Attorney General

BDS:DPL:alm

Enclosure



How HIPAA¹ Allows Doctors to Respond to the Opioid Crisis

HIPAA regulations allow health professionals to share health information with a patient's loved ones in emergency or dangerous situations – but misunderstandings to the contrary persist and create obstacles to family support that is crucial to the proper care and treatment of people experiencing a crisis situation, such as an opioid overdose. This document explains how health care providers have broad ability to share health information with patients' family members during certain crisis situations without violating HIPAA privacy regulations.²

HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including:

- Sharing health information with family and close friends who are involved in care of the patient if the provider determines that doing so is in the best interests of an incapacitated or unconscious patient and the information shared is directly related to the family or friend's involvement in the patient's health care or payment of care.³ For example, a provider may use professional judgment to talk to the parents of someone incapacitated by an opioid overdose about the overdose and related medical information, but generally could not share medical information unrelated to the overdose without permission.
- Informing persons in a position to prevent or lessen a serious and imminent threat to a patient's health or safety.⁴ 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.⁵

¹ "HIPAA" refers to the Health Insurance Portability and Accountability Act of 1996 and, for purposes of this guidance, the HIPAA privacy and security regulations.

² This guidance does not discuss the requirements of other federal or state laws that apply to individuals' health information, including the federal regulations that provide more stringent protections for the confidentiality of substance use disorder patient records maintained in connection with certain federally assisted substance use disorder treatment programs (42 CFR Part 2 implementing 42 U.S.C. §290dd-2). HIPAA does not interfere with other laws or medical ethics rules that are more protective of patient privacy.

³ See 45 CFR §§ 164.510(b)(1)(i) and 164.510(b)(3).

⁴ See 45 CFR § 164.512(j)(1)(i).

⁵ HIPAA still requires that a disclosure to prevent or lessen a serious and imminent threat must be consistent with other applicable laws and ethical standards. 164.512(j)(1). For example, if a state's law is more restrictive regarding the communication of health information (such as the information can only be shared with treatment personnel in connection with treatment), then HIPAA compliance hinges on the requirements of the more restrictive state law.

HIPAA respects individual autonomy by placing certain limitations on sharing health information with family members, friends, and others without the patient's agreement.

- For patients with decision-making capacity: A health care provider must give a patient the opportunity to agree or object to sharing health information with family, friends, and others involved in the individual's care or payment for care.⁶ The provider is not permitted to share health information about patients who currently have the capacity to make their own health care decisions, and object to sharing the information (generally or with respect to specific people), *unless* there is a serious and imminent threat of harm to health as described above.⁷

HIPAA anticipates that a patient's decision-making capacity may change during the course of treatment.

- Decision-making incapacity may be temporary and situational, and does not have to rise to the level where another decision maker has been or will be appointed by law. If a patient regains the capacity to make health care decisions, the provider must offer the patient the opportunity to agree or object before any additional sharing of health information.⁸

For example, a patient who arrives at an emergency room severely intoxicated or unconscious will be unable to meaningfully agree or object to information-sharing upon admission but may have sufficient capacity several hours later. Nurses and doctors may decide whether sharing information is in the patient's best interest, and how much and what type of health information is appropriate to share with the patient's family or close personal friends, while the patient is incapacitated so long as the information shared is related to the person's involvement with the patient's health care or payment for such care.⁹ If a patient's capacity returns and the patient objects to future information sharing, the provider may still share information to prevent or lessen a serious and imminent threat to health or safety as described above.¹⁰

HIPAA recognizes patient's personal representatives according to state law.

- Generally, HIPAA provides a patient's personal representative the right to request and obtain any information about the patient that the patient could obtain, including a complete medical record.¹¹ Personal representatives are persons who have health care decision making authority for the patient under state law.¹² This authority may be established through the parental relationship between the parent or guardian of an un-emancipated minor, or through a written directive, health care power of attorney, appointment of a guardian, a determination of incompetency, or other recognition consistent with state laws to act on behalf of the individual in making health care related decisions.

For more information visit: <https://www.hhs.gov/hipaa>

⁶ See 45 CFR § 164.510(b)(2).

⁷ See 45 CFR § 164.512(j)(1).

⁸ See 45 CFR § 164.510(b)(2).

⁹ See 45 CFR § 164.510(b)(1)(i).

¹⁰ See 45 CFR § 164.512(b)(2).

¹¹ See 45 CFR § 164.502(g).

¹² See generally HHS Office for Civil Rights *Guidance on Personal Representatives* (providing a chart which explains who must be recognized as a personal representative and the legal exceptions applicable to unemancipated individuals and abuse, neglect and endangerment situations).

**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-Adv.		2) Date When Request Submitted: 5/7/2018 <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: 5/16/2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters	
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: Please review the Spring 2018 MEB Newsletter draft and decide whether or not to approve the publication for distribution. MOTION: to approve the Spring 2018 MEB Newsletter draft as published/amended and to request distribution by no later than <Insert Distribution Deadline Date> .			
11) Authorization			
Kimberly Wood		5/7/2018	
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.			

Med Board

Newsletter

A Publication of the Wisconsin Medical Examining Board

Spring 2018

Inside This Issue...

Chair's Corner	1, 3
MEB Opioid Prescribing Guideline Updated	1
Physician Member Positions on MEB Councils	2
Update from the Federation of State Medical Boards	3, 5
2017 Wisconsin Act 329: Alignment of Physician License Renewal Dates	3
Updates from the Wisconsin Prescription Drug Monitoring Program	4, 5
2017 Wisconsin Act 262: Required Annual MEB Report Addressing Opioid Abuse	4
Duties to Report Convictions to the Board	5
2017 Wisconsin Act 341: Sports Physician Licensure Exemption	6
Enforcement Actions of the Board	6
Board Orders	6-8



Kenneth Simons

Chair's Corner

Medicine is a calling and more importantly, it is a call to the service of others. Those of us who chose a career in Medicine (or perhaps it chose us) did so because at our core, we have a deep and passionate desire to serve our fellow human beings when they are confronted with challenges to their physical or mental health. Yet, at the same time that we are serving others, we often choose to think that caring for ourselves is a sign of weakness, especially when it comes to our mental well-being.

Some of us who trained in an earlier time (when dinosaurs roamed the earth) may on occasion be deprecating of current trainees when it comes to the 80-hour work week or for requesting time off to attend to their physical or mental health needs. Some view it as a sign of weakness when nothing could be further from the truth. It is, in actuality, a sign of great strength and shows courage. Being physically and mentally well enough to handle the rigors of caring for patients is critically important and is respectful of our patients' needs. We see, hear and do things all the time in the performance of our duties that can take a toll on our humanity, our compassion and our health – both physical and mental. Our patients need us to be at our absolute best, physically and mentally, each and every time we care for them – whether it be in the clinic, the ER or the operating room.

The culture within Medicine needs to change on this, and, fortunately, we are doing exactly that – though perhaps not as quickly as some would want. Our medical schools are required to provide students with timely access to needed diagnostic, preventive and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences; and also are required to have

Continued on page 3...

MEB Opioid Prescribing Guideline Updated

The [Wisconsin Medical Examining Board \(MEB\) Opioid Prescribing Guideline](#) was recently updated to reference [interpretive guidance](#) from the US Department of Health and Human Services Office of Civil Rights for the sharing of protected health information with a patient's family members and loved ones irrespective of patient wishes.

In addition, a recommendation that 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 has been added to the Guideline. This change was made in response to a recommendation from the National Transportation Safety Board.

Medical Examining Board Membership and Staff Assignments

The Medical Examining Board consists of 13 members. The members are appointed by the Governor and confirmed by the Senate.

Board Members:

Kenneth Simons, M.D., Chairperson (Milwaukee)
Timothy Westlake, M.D., Vice Chairperson (Hartland)
Mary Jo Capodice, D.O., Secretary (Sheboygan)
Alaa Abd-Elseyed, M.D., Physician Member (Madison)
David Bryce, M.D., Physician Member (Middleton)
Michael Carton, Public Member (Oconomowoc)
Padmaja Doniparthi, M.D., Physician Member (Oconomowoc)
Rodney Erickson, M.D., Physician Member (Tomah)
Bradley Kudick, Public Member (Waukesha)
Lee Ann Lau, M.D., Physician Member (West Bend)
David Roelke, M.D., Physician Member (Hartland)
Robert Zoeller, Physician Member (Oconomowoc)
Robert Zondag, Public Member (Delafield)

Information on how to apply for appointment to the Wisconsin Medical Examining Board can be found through the Office of the Governor: <https://walker.wi.gov/apply/boards-commissions>

Department of Safety and Professional Services

Administrative Staff:

Thomas Ryan, Executive Director
Sarah Norberg, Legal Counsel
Kate Stolarzyk, Bureau Assistant

Executive Staff:

Laura Gutiérrez, Secretary
Eric Esser, Deputy Secretary
Kirsten Reader, Assistant Deputy Secretary

The dates and times of the Medical Examining Board meetings are announced on the DSPS website at <https://dps.wi.gov>. Meeting agendas are posted approximately one week prior to the meeting.

A wealth of useful information is available on the Department of Safety and Professional Services website at: <https://dps.wi.gov>

Do you have a change of name or address?

Licenses can update name or address information on the Department website at: <https://dps.wi.gov/Pages/SelfService/Default.aspx>. Please note that confirmation of change is not automatically provided. Legal notices will be sent to a licensee's address of record with the Department. Under s. 440.11 (1), Wis. Stats., an applicant or credential holder has 30 days to provide notification of a change in name or address.

If name and address information is not kept current, a credential holder may not receive complaint and investigation notices or other important information from the Board. Failure for any reason to respond in a timely manner to an investigation notice from the Board may result in disciplinary action (s. Med 10.03 (3) (g), Wis. Admin. Code)

Telephone Directory:

Call the Department of Safety and Professional Services toll-free (877) 617-1565, or (608) 266-2112 in the Madison area to connect to the service you need.

Physician Member Positions on MEB Councils

The Respiratory Care Practitioners Examining Council and the Perfusionists Examining Council currently have Physician Member vacancies. If you are interested in serving on one of these MEB Councils, please review the position information provided below. To apply to serve simply complete the [application for appointment](#) and return it to the Department of Safety and Professional Services with a cover letter and resume as outlined in the application.

Application for MEB Council Appointments

Respiratory Care Practitioners Examining Council

Created at Wis. Stat. § [15.407\(1m\)](#)

- Position Info: Physician Member:
Serves a 3-year term with no term limits

Council Webpage: [Respiratory Care Practitioners Examining Council](#)

Perfusionists Examining Council

Created at Wis. Stat. § [15.407\(2m\)](#)

- Position Info: Cardiothoracic Surgeon or Cardiovascular Anesthesiologist Member: Serves a 3-year term with no more than 2 consecutive terms

Council Webpage: [Perfusionists Examining Council](#)

Chair's Corner continued from page 1...

policies and procedures in place that permit students to be excused from these experiences to seek needed care. Recently the Accreditation Council on Graduate Medical Education (ACGME), which accredits residency and fellowship training programs, altered the Common Program Requirements to require that residents and fellows must be given the opportunity to attend medical, mental health and dental care appointments – including those scheduled during their working hours.

At the Wisconsin Medical Examining Board, we have too often seen examples of physicians who ended up receiving discipline that might well have been prevented, if only the individual had sought proper treatment rather than permitting the stresses of work to overwhelm her/him. The fear of what others will think, and the perception of being stigmatized, may be among the reasons keeping practicing physicians from seeking care. During the initial licensure process, your MEB does not ask if the applicant is under treatment. Rather, we ask, “Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?” Should the response be in the affirmative, we then ask, “Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or because you participate in a monitoring program?” We are seeking to determine current impairment that would prevent current safe practice. It is not about the past. The Wisconsin MEB is a model for other states as it seeks to ensure public safety while at the same time looking out for physician well-being by not requiring specificity around the disclosure – unless it specifically impacts performance. Other states ask if the applicant has EVER been treated for ... This is too far reaching and not relevant if a physician has been successful in controlling an impairment and maintaining her/his competence. Our goal is to have physicians seek and receive care so that they may continue to treat their patients safely and appropriately, not to prevent licensees from seeking and receiving needed care.

In 1926, Francis Peabody, MD, said, “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.” If we are to continue caring for our patients in the manner they deserve, we also must make the time to care for ourselves. We owe that to ourselves, our families, our patients, our colleagues, and Medicine.

Update from the Federation of State Medical Boards

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing all 70 medical boards within the United States and its territories. The FSMB supports state medical boards as they fulfill their mandate of protecting the public through the proper licensing, disciplining and regulation of physicians and, in some jurisdictions, other health care professionals. Following are several updates on FSMB activities on behalf of medical boards:

Census of U.S. Physicians

The FSMB published its fourth biennial *Census of Actively Licensed Physicians* in the United States in 2017, providing the nation with the most comprehensive compilation of physician demographic information available. The census, at www.fsmb.org, provides data that helps a wide range of health care organizations, policy makers and legislators make educated decisions about health care. Key findings of the latest census include:

- The total population of licensed physicians has increased by 12% since 2010, growing from 850,085 actively licensed physicians in 2010 to 953,695 in 2016.
- From 2010 to 2016, the actively licensed U.S. physician-to-population ratio increased from 277 physicians per 100,000-population to 295 physicians per 100,000-population.
- The number of actively licensed physicians who are Doctors of Osteopathic Medicine (DOs) increased by 39% between 2010 and 2016, compared with a 10% increase in the number of Medical Doctors (MDs) during the same period.
- Female physicians now account for one-third of all actively licensed physicians. In 2010, 30% were female, rising to 34% in 2016.
- The number of U.S. citizens who graduated from Caribbean medical schools has increased by 95% since 2010. In 2010, there were 11,037 actively licensed physicians who were U.S. citizen Caribbean medical graduates, and in 2016 there were 21,519.

Continued on page 5...

2017 WISCONSIN ACT 329: Alignment of Physician License Renewal Dates

[2017 Wisconsin Act 329](#) aligns the renewal dates for physicians with an MD degree and physicians with a DO degree on November 1 of odd numbered years. The next renewal date for all physicians is November 1, 2019.



WI PRESCRIPTION DRUG MONITORING PROGRAM

Updates from the Wisconsin Prescription Drug Monitoring Program

The Wisconsin Department of Safety and Professional Services (DSPS) continues to enhance the features of the Wisconsin Enhanced Prescription Drug Monitoring Program (WI ePDMP) and is pleased to highlight data from the WI ePDMP about controlled substance prescription dispensing trends in the state.

Controlled Substances Board WI ePDMP Report

Earlier this year the Controlled Substances Board (CSB) released the 2017 WI ePDMP Report, including trend analysis of controlled substance dispensing in Wisconsin. The report highlights a 14% decrease in the total number of monitored drug prescriptions dispensed and a 20% decrease in the number of opioid prescriptions dispensed from 2015 to 2017. Analysis also shows a 47% decrease in the average monthly doctor shopping alerts, a 37% decrease in the average monthly high morphine milligram equivalents (MME) alerts, and a 30% decrease in the average monthly opioid-benzodiazepine alerts in Q4 2017 compared to Q1 of 2015. Review the full report at <https://dsps.wi.gov/Pages/BoardsCouncils/CSB/Reports.aspx>

Prescriber Led Alerts

A new alert function allows prescribers to enter alerts on a patient record in the WI ePDMP. There are 3 types of Prescriber Led Alerts: 1) Treatment Agreement Alert; 2) Violation of Treatment Agreement; and 3) Overdose Incident. Look for the Add Alert button on the Patient Report just above the Patient Demographics. Prescriber Led Alerts are visible to other healthcare users of the WI ePDMP but are not made available to non-healthcare users, such as law enforcement. Once added to a patient record, the prescriber can remove a Prescriber Led Alert if it is no longer applicable. The Prescriber Led Alert functionality is available in the patient record both via EHR single sign-on integration and by accessing patient reports through the WI ePDMP website at <https://pdmp.wi.gov/>.

Prescriber Metrics Report

This self-assessment tool for prescribers has been enhanced to display an individual prescriber's metrics for the last 100 days in comparison to other prescribers of the same specialty. The report provides prescribers with a summary of their average patient MME, their prescription orders dispensed, their patients with alerts, and their WI ePDMP usage. Prescribers can access their Prescriber Metrics Report by logging in to the WI ePDMP website at <https://pdmp.wi.gov/> and clicking on the icon for Prescribing Practice Metrics. This feature is currently not available via single sign-on EHR integration.

Patients Panel

Although not part of the most recent enhancements, another valuable WI ePDMP tool for prescribers is the Patients Panel, which displays a snapshot of critical information about patients to whom a prescriber has recently prescribed a controlled substance, including current MME and whether the patients have any data-driven or law-enforcement-reported alerts. Prescribers can access their Patients Panel by logging in to the WI ePDMP website at <https://pdmp.wi.gov/> and clicking on the icon for Patients Panel. This feature is currently not available via single sign-on EHR integration.

Continued on page 5...

2017 WISCONSIN ACT 262: Required Annual MEB Report Addressing Opioid Abuse

[2017 Wisconsin Act 262](#) requires the Medical Examining Board by November 1, 2018, and annually thereafter, to submit a report related to opioid abuse to the Legislature and Governor's Office. The report must include all the following:

- Proactive efforts taken by the Board to address the issue of opioid abuse.
- Goals for addressing the issue of opioid abuse as it relates to the practice of medicine and surgery in Wisconsin.
- Actions taken by the Board to achieve the goals identified in previous reports, and whether those goals have been achieved.

The Board anticipates beginning work on the first report at its May 16, 2018 meeting.

Update from the Federation of State Medical Boards, continued from page 3...

Online Education Modules about Medical Regulation for Medical Students and Residents

As a part of its commitment to raise awareness of the role of state medical boards in the health care system, the FSMB has launched educational modules for medical students and residents to help them learn about licensure and discipline before they begin their careers in practice. The modules cover these topics:

- *The Role of State Medical Boards:* This module describes the functions and mission of state medical boards as well as the legal foundations of state-based medical regulation.
- *Understanding and Navigating the Medical Licensing Process:* There are a number of important steps on the pathway to medical licensure. This module helps medical students and residents familiarize themselves with the licensing process before they apply with their state medical board.
- *Medical Disciplinary Process:* This module orients the learner to medical discipline, a key function of state medical boards' role in public protection.

Duty to Report

The FSMB released a comprehensive summary and recommendations from a summit meeting it hosted in 2017 to discuss how diverse organizations compile and share information about health care practitioners – including unprofessional conduct and disciplinary issues – and how such information could be better utilized to protect the public.

During the full-day meeting, held in Washington, D.C., more than 30 representatives of various health-sector stakeholder organizations gathered to exchange ideas and insights on the obligation of individuals and institutions to step forward to share information that impacts public well-being – often referred to as “the duty to report.” The summary, available at <http://www.fsmb.org/globalassets/advocacy/publications/duty-to-report-summary.pdf>, is titled “Duty to Report: Protecting Patients by Improving the Reporting and Sharing of Information about Health Care Practitioners.”

Duty to Report Convictions to the Board

Physicians are required to provide certified copies of the criminal complaint and the judgement of conviction within 30 days of any conviction (felony or misdemeanor). Failure to report a conviction within 30 days is unprofessional conduct under Wis. Admin. Code § [Med 10.03\(3\)\(h\)](#). Board action, including discipline, may result for any conviction that is substantially related to the practice of medicine and surgery. Board action may also result from a failure to timely report any conviction as required.



Updates from the WI PDMP continued from page 4...

Medical Coordinator Role in the WI ePDMP

The Medical Coordinator Role allows staff who medically coordinate Wisconsin prescribers to access the Prescriber Metrics Report of those prescribers they oversee. Initial functionality for this role is currently available in the WI ePDMP and additional enhancements will be a focus of future WI ePDMP development efforts. The current role allows a user with a Medical Coordinator account to view the non-patient-specific information of a prescriber's Prescriber Metrics Report. Access is not granted until the prescriber accepts the coordinator's request in the WI ePDMP. In addition, prescribers have access to a log in the ePDMP that provides detail on when a coordinator last viewed the Prescriber Metrics Report.

Opportunities to Provide Feedback

Feedback from users of the WI ePDMP is valuable to the continued success of the program. DSPS is offering opportunities for users to provide feedback for future WI ePDMP enhancement through a brief survey that was sent to WI ePDMP users earlier this year and user groups, which will be meeting in 2018.

To receive future updates about the WI ePDMP, make sure you are subscribed to PDMP Updates at <https://public.govdelivery.com/accounts/WIDSPS/subscriber/new>. Please feel free to contact PDMP staff at DSPS with questions: pdmp@wisconsin.gov.



2017 WISCONSIN ACT 341: Sports Physician Licensure Exemption

Effective November 1, 2018, [2017 Wisconsin Act 341](#) exempts physicians licensed in good standing in other states who are practicing at sporting events or facilities in Wisconsin from being required to be licensed in Wisconsin, in certain cases. In order for the exemption to apply, the physician must have a written agreement with a sports team to provide care to

team members and coaching staff traveling with the team, or the physician must otherwise be invited to provide the services at an event or competition in Wisconsin, subject to various conditions and limitations specified in the bill. The bill requires the Medical Examining Board (MEB) to promulgate rules to implement the exemption.

Enforcement Actions of the Medical Examining Board

The Medical Examining Board, with help from staff at the Department of Safety and Professional Services, can take action against licensed professionals around the state to help protect the citizens of Wisconsin, and the profession. You may search for any of the Board Orders listed below on the Department's website by using this link:

Board Order Search: <https://dsps.wi.gov/Pages/SelfService/OrdersDisciplinaryActions.aspx>

Disciplinary actions are reported to the National Practitioners Data Bank. Available options to the Board are:

- ⇒ **Reprimand** - A public warning of the licensee for a violation.
- ⇒ **Limitation of License** - Imposes conditions and requirements upon the licensee, imposes restrictions on the scope of practice, or both.
- ⇒ **Suspension** - Completely and absolutely withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.
- ⇒ **Revocation** - Completely and absolutely terminates the credential and all rights, privileges and authority previously conferred by the credential.

Non-disciplinary actions are not reported to the National Practitioners Data Bank. Available options to the Board are:

- ⇒ **Administrative Warning** - Issued if violation is of a minor nature, a first occurrence and the warning will adequately protect the public. The issuance of an Administrative Warning is public information, however the reason for issuance is not.
- ⇒ **Remedial Education Order** - Issued when there is reason to believe that the deficiency can be corrected with remedial education, while sufficiently protecting the public.

Board Orders September 2017-April 2018

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	ORDER0005447	9/20/2017	Mayrer, Richard J.	Rhineland	WI
Medicine and Surgery, MD	ORDER0005448	9/20/2017	Pilla, Prashanti	Franklin	WI
Medicine and Surgery, MD	ORDER0005449	9/20/2017	Schroeder, Mark Edwin	Madison	WI
Medicine and Surgery, MD	ORDER0004933	9/22/2017	Bonzani, Robert A.	Mokena	IL
Medicine and Surgery, MD	ORDER0002256	9/25/2017	Muellerleile, Edward James	Waukesha	WI
Medicine and Surgery, MD	ORDER0002256	10/16/2017	Muellerleile, Edward James	Waukesha	WI
Medicine and Surgery, MD	ORDER0004664	10/16/2017	Ruiz Favela, Victor	Needham	MA
Medicine and Surgery, MD	ORDER0005473	10/18/2017	Chaum, Edward	Memphis	TN
Medicine and Surgery, MD	ORDER0005474	10/18/2017	Guadalupe, Keyla	Pewaukee	WI
Medicine and Surgery, MD	ORDER0005475	10/18/2017	Koziol, Raymond S.	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0005476	10/18/2017	Tarabein, Rassan M.	Daphne	AL
Medicine and Surgery, MD	ORDER0005514	11/15/2017	Ciasulli, Debra L.	Orland Park	IL
Medicine and Surgery, MD	ORDER0005515	11/15/2017	Goetsch, Brett D.	Prescott	AZ
Medicine and Surgery, MD	ORDER0005516	11/15/2017	Gorelick, Jeffrey B.	Glendale	WI
Medicine and Surgery, MD	ORDER0005517	11/15/2017	Harris, Anne E.	Reedsburg	WI
Medicine and Surgery, MD	ORDER0005518	11/15/2017	Kratzke, Robert A.	Minneapolis	MN

Board Orders

September 2017-April 2018

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, MD	ORDER0005519	11/15/2017	Larson, Shawn G.	Holmen	WI
Medicine and Surgery, MD	ORDER0005520	11/15/2017	Tong, Rolando M.	Chama	NM
Medicine and Surgery, MD	ORDER0005521	11/15/2017	Tully, Thomas W.	Tampa	FL
Medicine and Surgery, MD	ORDER0005522	11/15/2017	Wilkens, Jane Rae	Stillwater	MN
Physician Assistant	ORDER0004759	12/1/2017	Hammond-Koskey, David M.	Ludington	MI
Medicine and Surgery, MD	ORDER0005447	12/1/2017	Mayrer, Richard J.	Rhineland	WI
Medicine and Surgery, MD	ORDER0003344	12/1/2017	Nepsund, Kevin C.	Woodbury	MN
Medicine and Surgery, MD	ORDER0005554	12/20/2017	Go, Leonard L.	Madison	WI
Medicine and Surgery, MD	ORDER0005555	12/20/2017	Hotchandani, Gope C.	Green Bay	WI
Medicine and Surgery, MD	ORDER0005556	12/20/2017	Khan, Farouk Y.	Dothan	AL
Medicine and Surgery, MD	ORDER0005557	12/20/2017	Ross, David L.	Racine	WI
Medicine and Surgery, MD	ORDER0005403	12/20/2017	Shallow, Natasha R.	Shorewood	WI
Anesthesiologist Assistant	ORDER0005558	12/20/2017	Shearer, Peter W.	Dubuque	IA
Medicine and Surgery, MD	ORDER0005559	12/20/2017	St Croix, Jennifer L.	Christiansted	VI
Medicine and Surgery, MD	ORDER0005560	12/20/2017	Stoekeler, Joel S.	Roberts	WI
Resident Educational License	ORDER0005561	12/20/2017	Totten, Casey M.	Wausau	WI
Medicine and Surgery, MD	ORDER0005562	12/20/2017	Woods, Justin J.	Mt Pleasant	WI
Medicine and Surgery, MD	ORDER0003917	1/8/2018	Hunt, Jill M.	Dubuque	IA
Medicine and Surgery, MD	ORDER0005519	1/8/2018	Larson, Shawn G.	Holmen	WI
Medicine and Surgery, MD	ORDER0003346	1/8/2018	Steele, James Oliver	Fort Dodge	IA
Medicine and Surgery, MD	ORDER0005398	1/12/2018	Mayo II, Charles William	St. Croix Falls	WI
Medicine and Surgery, DO	ORDER0005592	1/17/2018	Browne, Colleen D.	Portland	MI
Medicine and Surgery, MD	ORDER0005593	1/17/2018	Burke, Timothy L.	Superior	WI
Medicine and Surgery, MD	ORDER0005594	1/17/2018	Carlyon, Larry F.	Ishpeming	MI
Medicine and Surgery, MD	ORDER0005595	1/17/2018	Feder, Joseph M.	Two Rivers	WI
Medicine and Surgery, MD	ORDER0005596	1/17/2018	Rahulan, Vijil K.	Grandville	MI
Medicine and Surgery, MD	ORDER0004312	1/26/2018	Preciado-Riestra, Juan S.	Waupaca	WI
Respiratory Care Practitioner	ORDER0005400	2/2/2018	Scott, Angela J.	Kronnenwetter	WI
Medicine and Surgery, MD	ORDER0002835	2/21/2018	Dehner, Michael A.	Alta	IA
Medicine and Surgery, MD	ORDER0000213	2/21/2018	Dehner, Michael A.	Boscobel	WI
Medicine and Surgery, MD	LS0808207MED	2/21/2018	Dehner, Michael A.	Boscobel	WI
Medicine and Surgery, MD	ORDER0005641	2/21/2018	Fagan, Julie Ruth	Madison	WI
Physician Assistant	ORDER0005640	2/21/2018	Lujan, Cristhian	Milwaukee	WI
Medicine and Surgery, MD	ORDER0005403	2/21/2018	Shallow, Natasha R.	Shorewood	WI
Medicine and Surgery, DO	ORDER0004307	2/21/2018	Szyman, Charles R.	Manitowoc	WI
Anesthesiologist Assistant	ORDER0004974	2/28/2018	Boras, Leonard M.	Middleton	WI
Medicine and Surgery, MD	ORDER0004555	3/5/2018	Vinluan, Jeremias B.	Milwaukee	WI
Medicine and Surgery, MD	ORDER0005656	3/15/2018	Watts, Raymond A.	Maplewood	MN
Medicine and Surgery, MD	ORDER0004555	3/20/2018	Vinluan, Jeremias B.	Milwaukee	WI
Medicine and Surgery, MD	ORDER0001929	3/21/2018	Bourkland, Bradley A.	Rhineland	WI
Medicine and Surgery, MD	ORDER0005669	3/21/2018	Brooks, Lori L.	Brown Deer	WI
Medicine and Surgery, MD	ORDER0005594	3/21/2018	Carlyon, Larry F.	Ishpeming	MI
Medicine and Surgery, MD	ORDER0005670	3/21/2018	Conrardy, Anthony G.	Menomonee Falls	WI

Board Orders

September 2017-April 2018

Profession	Order No	Order Date	Respondent	City	State
Medicine and Surgery, DO	ORDER0005672	3/21/2018	Di Santo, Vinson M.	Mckinney	TX
Medicine and Surgery, MD	ORDER0005671	3/21/2018	Fernandez, Jose L.	Stockbridge	GA
Medicine and Surgery, MD	ORDER0005674	3/21/2018	Kressin, Nancy A.	Gilford	NH
Medicine and Surgery, MD	ORDER0005673	3/21/2018	Pappenheim, John E.	Juneau	AK
Physician Assistant	ORDER0002310	3/27/2018	Haughey, Carol T.	Whitefish Bay	WI
Medicine and Surgery, MD	ORDER0005555	3/30/2018	Hotchandani, Gope C.	Green Bay	WI
Medicine and Surgery, DO	ORDER0005708	4/18/2018	Benzer, David G.	Fifty Lakes	MN
Medicine and Surgery, MD	ORDER0005702	4/18/2018	Fahim, Magid M.	Perryville	MO
Medicine and Surgery, MD	ORDER0005700	4/18/2018	Farrell, Julie A.	Cincinnati	OH
Medicine and Surgery, MD	ORDER0005707	4/18/2018	Kamysz, Jeffery J.	Chicago	IL
Medicine and Surgery, MD	ORDER0005706	4/18/2018	Mahn, Thomas Henning	Milwaukee	WI
Medicine and Surgery, MD	ORDER0005704	4/18/2018	Maldonado, Dennys E.	Janesville	WI
Medicine and Surgery, MD	ORDER0005703	4/18/2018	Malik, Ahmed Mehdi	West Allis	WI
Medicine and Surgery, MD	ORDER0005701	4/18/2018	Marshall, Angus	La Crosse	WI
Medicine and Surgery, MD	ORDER0005705	4/18/2018	Schlidt, Scott A.	Menomonee Falls	WI
Medicine and Surgery, MD	ORDER0005699	4/18/2018	Wiersema, Channing C.	Plover	WI

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Board Order Search: <https://dsps.wi.gov/Pages/SelfService/OrdersDisciplinaryActions.aspx>

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