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**MEDICAL EXAMINING BOARD**  
**Room N208, 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**August 15, 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. Approval of Minutes of July 11, 2018 (6-10)**
- 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-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
  - 3. Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- F. Appointments, Reappointments, Confirmations and Committee, Panel Liaison and Mentor Appointments (11-17)**
  - 1. Consideration of Michael Stout, Ed.D., C.A.A., for Reappointment as an Anesthesiologist Assistant Member on the Council on Anesthesiologist Assistants

- G. 8:00 A.M. APPEARANCE: Andrea Magermans, Prescription Drug Monitoring Program (PDMP) Referral Criteria from Controlled Substances Board – Discussion and Consideration (18)**
  - 1. Discussion of Reports Based on PDMP Data Presented to Controlled Substances Board Workgroup for Potential Referrals to Professional Licensing Boards
  - 2. Consideration of Detail to Include in Prescriber-Level Reports for Screening Panel Review
- H. Physician Assistant Law Modernization in Wisconsin (19-21)**
- I. Physician Wellness – The National Academy of Medicine’s Action Collaborative on Clinician Well-Being and Resilience – Board Discussion (22-23)**
- J. Legislation and Rule Matters – Discussion and Consideration (24-57)**
  - 1. Review of Draft Proposed Permanent Rules for Med 13, Relating to Continuing Medical Education for Physicians; Med 20, Relating to Respiratory Care Practitioners; and Med 22, Relating to Perfusionists
  - 2. Administrative Rules Reporting Requirement Under 2017 Wisconsin Act 108
  - 3. Update on Legislation and Pending or Possible Rulemaking Projects
- K. Continuing Medical Education (CME) Audit Compliance Report (58-59)**
- L. Federation of State Medical Boards (FSMB) Matters
- M. Update on Re-Entry to Practice – Lee Ann Lau and Tom Ryan
- N. Controlled Substances Board Report – Timothy Westlake
- O. Governor’s Task Force on Opioid Abuse – Timothy Westlake
- P. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners
- Q. Speaking Engagement(s), Travel, or Public Relation Request(s), and Report(s)
- R. Newsletter Matters
- S. Screening Panel Report
- T. Informational Items
- U. 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

V. Future Agenda Items

**W. 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.).**

**X. Credentialing Matters**

1. **9:30 A.M. APPEARANCE: Rolando Young, M.D. – Full Board Review (60-68)**

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

1. Adam Goldstein, M.D. **(69-98)**
2. Raul Lupia, M.D. **(99-155)**

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

1. **Professional Assistance Procedure (PAP) Matters**
  - a. Application Review **(156-183)**
2. **Monitoring**
  - a. Requesting Reinstatement of Full Licensure – Stephen Haughey, M.D. **(184-221)**
3. **Complaints**
  - a. 15 MED 233 – M.H. **(222-226)**
4. **Administrative Warnings**
  - a. 16 MED 401 – K.A.M. **(227-228)**
  - b. 17 MED 017 – A.K.K. **(229-230)**
  - c. 17 MED 082 – J.A.W. **(231-232)**
  - d. 18 MED 119 – C.N.S. **(233-234)**
5. **Stipulations, Final Decisions and Orders**
  - a. 15 MED 396 – Robert M. Gerson, M.D. **(235-242)**
  - b. 18 MED 004 – James H. Meyers, M.D. **(243-248)**

**6. Case Closings**

- a. 14 MED 299 – J.W.H. **(249-251)**
- b. 17 MED 082 – J.A.W. **(250-263)**
- c. 17 MED 281 – D.M. **(264-269)**
- d. 17 MED 284 – K.R. **(270-276)**
- e. 17 MED 317 – D.R.S. **(277-282)**
- f. 17 MED 337 – S.K. **(283-288)**
- g. 17 MED 378 – C.J.B.F. **(289-295)**
- h. 17 MED 501 – D.M. **(296-305)**
- i. 17 MED 570 – R.A.B. **(306-308)**
- j. 18 MED 103 – A.D.K. **(309-320)**
- k. 18 MED 146 – D.J.L. **(321-327)**
- l. 18 MED 150 – D.M. **(328-334)**

**7. Deliberation on Petition for Authorization to Request Extension of Time**

- a. Karen B. Ronquillo-Horton, M.D. – 17 MED 284 **(335-341)**

AA. Open Cases

BB. Consulting with Legal Counsel

CC. 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

**DD. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

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

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

**GG. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates**

**ADJOURNMENT**

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE  
ROOM N303**

**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. Mary Jo Capodice

**NEXT MEETING DATE: SEPTEMBER 19, 2018**

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, 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  
JULY 11, 2018**

**PRESENT:** Alaa Abd-Elseyed, M.D.; David Bryce, M.D.; Mary Jo Capodice, D.O.; Michael Carton (via GoToMeeting; excused at 9:15 a.m. and rejoined at 9:30 a.m.); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D.; Bradley Kudick, Lee Ann Lau, M.D.; David Roelke, M.D.; Kenneth Simons, M.D.; Robert Zoeller, M.D.

**EXCUSED:** Timothy Westlake, M.D.; Robert Zondag

**STAFF:** Tom Ryan, Executive Director; Dale Kleven, Rule Coordinator; Kate Stolarzyk, Bureau Assistant; 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**

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to adopt the agenda as published. Motion carried unanimously.

**MINUTES OF JUNE 20, 2018**

**MOTION:** Lee Ann Lau moved, seconded by Alaa Abd-Elseyed, to approve the minutes of June 20, 2018 as published. Motion carried unanimously.

**LEGISLATION AND RULE MATTERS**

**Review of Draft Report on Opioid Abuse and the Wisconsin Medical Examining Board Opioid Prescribing Guideline**

**MOTION:** Lee Ann Lau moved, seconded by Alaa Abd-Elseyed, to authorize Timothy Westlake to approve the Board's final report on opioid abuse for submission as required under 2017 Wisconsin Act 262. Motion carried unanimously.

**Review of Draft Emergency and Proposed Permanent Rules for Med 25, Relating to Sports Physician Licensure Exemption**

**MOTION:** Robert Zoeller moved, seconded by Rodney Erickson, to authorize Kenneth Simons to approve the emergency rule relating to sports physician licensure exemption for submission to the Governor's Office and for adoption and publication in the official newspaper. Motion carried unanimously.

**MOTION:** David Roelke moved, seconded by Lee Ann Lau, to authorize Kenneth Simons to approve the preliminary rule draft of Med 25, relating to sports physician licensure exemption, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

**Review of Proposed Changes to AT 1 to 4, Relating to Practice of Athletic Trainers**

**MOTION:** Padmaja Doniparthi moved, seconded by David Anthony Bryce, to affirm the Board has reviewed the proposed rule revising Wisconsin Administrative Code Chapters AT 1 to 4, relating to practice of athletic trainers, and has no comments for the Athletic Trainers Affiliated Credentialing Board to consider. Motion carried unanimously.

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

**MOTION:** Alaa Abd-Elseyed moved, seconded by Bradley Kudick, to designate Rodney Erickson to speak on the Board's behalf to the Wisconsin Academy of Family Physicians on August 10, 2018 in Brookfield, WI. Motion carried unanimously.

**CLOSED SESSION**

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

The Board convened into Closed Session at 9:02 a.m.

*(Michael Carton was excused at 9:15 a.m.)*

**RECONVENE TO OPEN SESSION**

**MOTION:** Bradley Kudick moved, seconded by Padmaja Doniparthi, 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:** Lee Ann Lau moved, seconded by David Anthony Bryce, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

**PRESENTATION OF PETITION FOR MENTAL EXAMINATION**

***17 MED 340 – G.Y.***

**MOTION:** Lee Ann Lau moved, seconded by David Anthony Bryce, to grant the Petition for Mental Examination in the matter of DLSC Case Number 17 MED 340 and to issue G.Y. an Order for Examination. Motion carried unanimously.

*(Michael Carton rejoined at 9:30 a.m.)*

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

**Monitoring**

***Robert DeFatta, M.D. – Requesting Reinstatement of Full Licensure***

**MOTION:** Alaa Abd-Elsayed moved, seconded by Padmaja Doniparthi, to grant the request of Robert DeFatta, M.D. for reinstatement of full licensure. Motion carried unanimously.

*(Lee Ann Lau recused herself and left the room for deliberation and voting in the matter concerning Robert DeFatta, M.D., requesting reinstatement of full licensure.)*

***Requesting Extension to Petition for Full Licensure – Tammy A. Johnson***

**MOTION:** Bradley Kudick moved, seconded by Rodney Erickson, to grant an extension of 60 days to the time frames identified in paragraph 4.a.i and paragraph 4.b.i of DLSC Order Number 0004662 and issue a Modified Order. Motion carried unanimously.

**Complaints**

***15 MED 234 – V.F.***

**MOTION:** Lee Ann Lau moved, seconded by Robert Zoeller, to find probable cause to believe that V.F., DLSC Case Number 15 MED 234, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

*(Bradley Kudick recused himself and left the room for deliberation and voting in the matter concerning V.F., Respondent – DLSC Case Number 15 MED 234.)*

***16 MED 423 – J.D.C.***

**MOTION:** Lee Ann Lau moved, seconded by David Roelke, to find probable cause to believe that J.D.C., DLSC Case Number 16 MED 423, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried unanimously.

*(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning J.D.C., Respondent – DLSC Case Number 16 MED 423.)*

**Administrative Warnings**

***16 MED 482 – A.M.***

**MOTION:** Bradley Kudick moved, seconded by Robert Zoeller, to issue an Administrative Warning in the matter of DLSC Case Number 16 MED 482. Motion carried unanimously.

***17 MED 169 & 17 MED 142 – S.C.***

**MOTION:** David Roelke moved, seconded by Lee Ann Lau, to issue an Administrative Warning in the matter of DLSC Case Numbers 17 MED 169 and 17 MED 142. Motion carried unanimously.

***18 MED 164 – K.B.***

**MOTION:** Lee Ann Lau moved, seconded by David Roelke, to issue an Administrative Warning in the matter of DLSC Case Number 18 MED 164. Motion carried unanimously.

**Stipulations, Final Decisions and Orders**

***17 MED 401 – Virginia L. Wiggins, P.A.***

**MOTION:** David Roelke moved, seconded by David Anthony Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Virginia L. Wiggins, P.A., DLSC Case Number 17 MED 401. Motion carried unanimously.

***18 MED 039 – William S. Carpenter, M.D.***

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against William S. Carpenter, M.D., DLSC Case Number 18 MED 039. Motion carried unanimously.

**Case Closings**

***14 MED 299***

**MOTION:** David Roelke moved, seconded by Alaa Abd-Elsayed, to table DLSC Case Number 14 MED 299, against J.W.H. Motion carried unanimously.

***16 MED 168***

**MOTION:** Alaa Abd-Elsayed moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 16 MED 168, against G.M., for No Violation. Motion carried unanimously.

***16 MED 385***

**MOTION:** David Roelke moved, seconded by Bradley Kudick, to close DLSC Case Number 16 MED 385, against C.M.B., for No Violation. Motion carried unanimously.

***17 MED 422***

**MOTION:** David Roelke moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 17 MED 422, against L.E.S., for No Violation. Motion carried unanimously.

***17 MED 462***

**MOTION:** Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 17 MED 462, against P.F.F., for No Violation. Motion carried unanimously.

*(David Roelke recused himself and left the room for deliberation and voting in the matter concerning DLSC Case Number 17 MED 462.)*

***17 MED 520***

**MOTION:** Robert Zoeller moved, seconded by David Anthony Bryce, to close DLSC Case Number 17 MED 520, against S.E.R., for Prosecutorial Discretion (P1). Motion carried unanimously.

***18 MED 146***

**MOTION:** Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to table DLSC Case Number 18 MED 146, against D.J.L. Motion carried unanimously.

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

**MOTION:** Rodney Erickson moved, seconded by Mary Jo Capodice, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

**ADJOURNMENT**

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

The meeting adjourned at 10:01 a.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 Adv.		2) Date When Request Submitted: 8/7/2018 <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: <b>Medical Examining Board</b>			
4) Meeting Date: 8/15/2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointments, Reappointments, Confirmations and Committee, Panel Liaison and Mentor Appointments <ul style="list-style-type: none"> <li>Consideration of Michael Stout, Ed.D., CAA, for Reappointment as an Anesthesiologist Assistant Member on the Council on Anesthesiologist Assistants</li> </ul>	
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: <p>The Board should review the information below and attached materials and consider whether to reappoint Michael Stout, Ed.D., CAA, as an Anesthesiologist Assistant Member on the Council on Anesthesiologist Assistants. Should the Board choose to reappoint Michael Stout, Ed.D., CAA, see the standard motion language:</p> <p style="text-align: center;">Motion Language: ___ moved, seconded by ___, to reappoint Michael Stout, Ed.D., CAA to the Council on Anesthesiologists Assistants as an Anesthesiologist Assistant member, for a term to expire on 7/1/2021.</p> <p><b>Email Communication:</b></p> <p>Hi Thomas,</p> <p>Yes, this is the recommendation of <u>both</u> the Wisconsin Society of Anesthesiologists and the Wisconsin Academy of Anesthesiologist Assistants. They've worked together to nominate the individuals below. Does that make sense? I can speak on the phone if it's easier. My phone number is 414-389-8616.</p> <p>Marie ###</p> <p>On Jul 17, 2018, at 12:12 PM, Ryan, Thomas - DSPS &lt;<a href="mailto:Thomas.Ryan@wisconsin.gov">Thomas.Ryan@wisconsin.gov</a>&gt; wrote:</p> <p>So this is the recommendation of the WSA, for an anesthesiologist assistant, under (b) below? Is a separate letter going to be submitted directly from the WSA?</p> <p>Also, I am not clear as to the inclusion of the other professional in the letter (<i>note to Board members, see attached letter from WAAA</i>), and what the statutes indicate is to be done with that?</p> <p>Council on anesthesiologist assistants; duties. There is created a council on anesthesiologist assistants in the department of safety and professional services and serving the medical examining board in an advisory capacity. The council's membership shall consist of the following members, who shall be selected from a list of recommended appointees submitted by the president of the Wisconsin Society of Anesthesiologists, Inc., after the president of the Wisconsin Society of Anesthesiologists, Inc., has considered the recommendation of the Wisconsin Academy of Anesthesiologist Assistants for the appointee under par. (b), and who shall be appointed by the medical examining board for 3-year terms:</p> <p><a href="#">15.407(7)(a)</a> (a) One member of the medical examining board.  <a href="#">15.407(7)(b)</a> (b) One anesthesiologist assistant licensed under s. <a href="#">448.04 (1) (g)</a>.  <a href="#">15.407(7)(c)</a> (c) Two anesthesiologists.  <a href="#">15.407(7)(d)</a> (d) One lay member.</p>			

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

Note: The statutes authorize MEB consideration of a WSA recommendation as to the anesthesiologist assistant candidate on the Council on Anesthesiologist Assistants, which is advisory to the MEB. The letter received by the Department is from the WAAA, which is authorized by statute to make a recommendation to the WSA. The letter is from the WAAA, not the WSA, and a recommendation for an anesthesiologist, in addition to an anesthesiologist, is recommended. The letter is signed by both the WAAA and the WSA.

11)	Authorization
<i>Kimberly Wood</i>	<i>8/7/2018</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 Academy of  
**Anesthesiologist  
Assistants**

June 26, 2018

Thomas Ryan  
Executive Director  
Medical Examining Board  
Department of Safety and Professional Services  
PO Box 8935  
Madison, WI 53708-8935

Dear Mr. Ryan,

This letter is to inform you as Executive Director of the Medical Examining Board, that under the statutory language to appoint individuals to the Council on Anesthesiologist Assistants, the Wisconsin Academy of Anesthesiologists Assistants President, Mr. William Filbey, and Wisconsin Society of Anesthesiologist President, Dr. James Nicholson, recommend re-electing the current appointees on the Department of Safety and Professional Services Council of Anesthesiologist Assistants.

**Re-Elected Anesthesiologist Appointee:**

Dr. Lois A. Connolly, MD  
N27W22185 Timberwood Ln  
Waukesha, WI 53186  
laconnolly0724@att.net  
Mobile: 414-801-2821

**Re-Elected Anesthesiologist Asst. Appointee:**

Michael Stout, Ed.D., CAA  
N84W33109 Becker Ln  
Oconomowoc, WI 53066  
mistout@mcw.edu  
Phone: 561-370-5465

Sincerely,

William Filbey, CAA  
President, Wisconsin Academy of Anesthesiologist Assistants

James J. Nicholson, MD  
President, Wisconsin Society of Anesthesiologists

**Wisconsin Academy of Anesthesiologist Assistants**  
6737 West Washington Street, Suite 4210  
Milwaukee, Wisconsin 53214  
(P): 414-488-3907 • (F): 414-276-7704  
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# Michael Stout

## Appointments

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### Administrative

Dec 1, 2015 - present  
Program Director/Assistant Professor      Medical College of Wisconsin  
Sept 19, 2011- Dec 18<sup>th</sup>, 2015  
Program Director/Assistant Professor      Nova Southeastern University

### Faculty

Dec 1, 2015 - present  
Assistant Professor      Medical College of Wisconsin  
Nov 1, 2008- Dec 18<sup>th</sup>, 2015  
Assistant Professor      Nova Southeastern University

## Teaching Experience

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### COURSE DIRECTOR:

COURSE: ANES 5328: ECG for the Anesthesiologist Assistant (2010-2015)

COURSE DESCRIPTION: This course presents a comprehensive approach to perioperative emergency and advanced cardiac life support, including monitoring, interpretation, and management of pathologic conditions affecting the circulatory and pulmonary systems. Relevant anatomy, physiology, neurophysiology, pharmacology, and medical equipment will be included. Emphasis is placed on rhythm strip analysis and evidenced-based perioperative applications. This course will satisfy American Heart Association requirements for ACLS and BLS certification.

Course Outcomes: 3.79/4.0

COURSE: ANES 5081 Introduction to Clinical Anesthesia (2012-2015)

COURSE DESCRIPTION: This course presents an introduction to perioperative anesthesia practice. An overview of anesthetic assessment, pharmacology, equipment, and documentation prepares the student for more advanced coursework.

COURSE OUTCOMES: 3.82/4.2

### OTHER COURSES TAUGHT:

Anesthesia Simulation Lab I (2011)  
Anesthesia Simulation Lab II (2009-2015)  
Anesthesia Simulation Lab III (2009-2015)  
Anesthesia Simulation Lab IV (2009-2013)  
Instrumentation and Monitoring I (2009-2011)

Instrumentation and Monitoring II (2011)

**GUEST LECTURES:**

Nova Southeastern University Anesthesiologist Assistant Program

*Obstetric Physiology, Pathophysiology, and Anesthesia Review*

Nova Southeastern University Physician Assistant Program

*Fundamentals of Applied Anesthesia and Analgesia* (2011-2015)

*Invasive Hemodynamic Monitoring* (2011-2015)

Nova Southeastern University Doctor of Physical Therapy Program

*Survey of Oxygen Therapy and Mechanical Ventilation* (2013-2015)

Nova Southeastern University College of Dental Medicine Pediatric Fellowship

*Simulation for Crisis Management in Pediatric Dental Sedation* (2013-2015)

**CLINICAL INSTRUCTOR:**

Nova Southeastern University 2008-2015

**Scholarship Experience**

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**Publications:**

Stout, M., "The Aspiration-Attainment Gap of Black Students in the Health Professions" (2015). Open Access Dissertations. Paper 1530. [http://scholarlyrepository.miami.edu/oa\\_dissertations/1530](http://scholarlyrepository.miami.edu/oa_dissertations/1530)

**Grants:**

NSU College of Health Care Sciences/ College of Nursing Faculty Research and Development Grant (\$5,000). *Health Professions Awareness among Under-Represented Minority Youth*

**Service Experience**

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**Department Service:**

Admissions Committee, MCW (2016-Present)

Alpha Eta Honor Society, Outreach Committee Chair, NSU (2014-2015)

Admissions Committee, NSU (2009 -2015), Chair 2011-2013

Faculty Promotion Committee, NSU (2011-2015)

Committee on Student Progress, NSU (2009-2011)

**Professional Service**

Council on Anesthesiologist Assistants, Medical Examining Board (2017-Persent)

Secretary/Treasurer, Association of Anesthesiologist Assistant Program Directors (2015 – 2017)

T. Leroy Jefferson Medical Society Career Symposium, Planning Committee member/Presenter (2013-2015)

**Professional Memberships:**

American Academy of Anesthesiologist Assistants (2008 – Present)

American Society of Anesthesiologists (2009 – Present)

Association of Anesthesiologist Assistant Program Directors (2011 – Present)



## **Degrees**

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Aug 2012 - Dec 2017 Doctor of Education Higher Education Leadership, University of Miami

Jun 2004 - Aug 2006 Master of Medical Science Emory University

Aug 1994- Dec 2002 B.S. Zoology University of Florida

## **Licenses and Certifications**

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Anesthesiologist Assistant FL License # AA10 – Active

Anesthesiologist Assistant GA License # 4939 - Lapsed

National Commission for Certification of Anesthesiologist Assistants – Certified #770

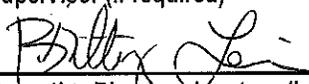
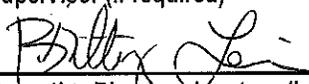
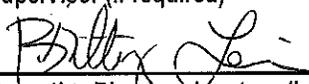
National Board of Respiratory Therapists – Lapsed

NR-EMT EMT Basic - Lapsed

AHA ACLS Instructor – Certified through 2017

AHA BLS Instructor – Certified through 2017

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  Andrea Magermans		<b>2) Date When Request Submitted:</b> 08/06/2018 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting																			
<b>3) Name of Board, Committee, Council, Sections:</b> Medical Examining Board																					
<b>4) Meeting Date:</b> 08/15/18	<b>5) Attachments:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  Prescription Drug Monitoring Program (PDMP) Referral Criteria from Controlled Substances Board – Discussion and Consideration																			
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b>  <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>																			
<b>10) Describe the issue and action that should be addressed:</b>  1. Discussion of reports based on PDMP data presented to CSB Workgroup for potential referrals to professional licensing boards 2. Consideration of detail to include in prescriber-level reports for screening panel review																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>11) Signature of person making this request</b></td> <td style="width: 20%; text-align: center;"><b>Authorization</b></td> <td style="width: 20%; text-align: center;"><b>Date</b></td> </tr> <tr> <td>Andrea Magermans 8/6/18</td> <td></td> <td></td> </tr> <tr> <td><b>Supervisor (if required)</b></td> <td></td> <td style="text-align: center;"><b>Date</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">8/6/18</td> </tr> <tr> <td><b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b></td> <td></td> <td style="text-align: center;"><b>Date</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				<b>11) Signature of person making this request</b>	<b>Authorization</b>	<b>Date</b>	Andrea Magermans 8/6/18			<b>Supervisor (if required)</b>		<b>Date</b>			8/6/18	<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>		<b>Date</b>			
<b>11) Signature of person making this request</b>	<b>Authorization</b>	<b>Date</b>																			
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<b>Supervisor (if required)</b>		<b>Date</b>																			
		8/6/18																			
<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>		<b>Date</b>																			
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																					

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  <b>Rod Erickson</b>		2) Date When Request Submitted:  _____										
		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:  <b>Medical Examining Board</b>												
4) Meeting Date:  <b>8/15/2018</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Physician Assistant Law Modernization in Wisconsin</b>										
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:  _____										
10) Describe the issue and action that should be addressed:  Background Information from the Wisconsin Association of Physician Assistants (WAPA) website:  <p><b>What is WAPA trying to accomplish?</b></p> <p>WAPA's goal is to ensure that the PA profession is prepared to meet Wisconsin's ongoing healthcare access needs and to protect our collaborative relationship with our physician partners in today's changing healthcare market. We are looking to do what is right for Wisconsin's healthcare needs by proposing common sense solutions to struggles that administrators, PAs, and our physician partners face daily due to outdated practice laws that don't match today's clinical reality. We want to see decisions about how healthcare is provided moved back to the practice level so that PA and physician teams can remain flexible enough to respond to local health care needs.</p> <p><b>What are some of the practice barriers PAs are considering and why?</b></p> <p>The changes that Wisconsin PAs are considering have already been enacted in other states or have been adopted by the Veterans Administration and the Uniformed Services. Last session, Minnesota, Michigan, Illinois, and Indiana enacted modernization provisions.</p> <p>Below are examples of barriers Wisconsin PAs are considering pursuing:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Barrier</th> <th style="width: 40%;">Problem</th> <th style="width: 35%;">Consideration</th> </tr> </thead> <tbody> <tr> <td>Physician limited to working with not more than four PAs</td> <td>Limits the number of PAs in Wisconsin, especially in rural areas where there is already a physician shortage</td> <td>Any ratio limit should be set at the practice setting.</td> </tr> <tr> <td>PA-physician relationship described</td> <td>Causes confusion among insurers, payors, and legal departments which prevents PA's from</td> <td>Allow PAs, physicians, and the practice setting to determine the relationship.</td> </tr> </tbody> </table>				Barrier	Problem	Consideration	Physician limited to working with not more than four PAs	Limits the number of PAs in Wisconsin, especially in rural areas where there is already a physician shortage	Any ratio limit should be set at the practice setting.	PA-physician relationship described	Causes confusion among insurers, payors, and legal departments which prevents PA's from	Allow PAs, physicians, and the practice setting to determine the relationship.
Barrier	Problem	Consideration										
Physician limited to working with not more than four PAs	Limits the number of PAs in Wisconsin, especially in rural areas where there is already a physician shortage	Any ratio limit should be set at the practice setting.										
PA-physician relationship described	Causes confusion among insurers, payors, and legal departments which prevents PA's from	Allow PAs, physicians, and the practice setting to determine the relationship.										

as “supervisory” in statutes.	providing the medical care they are qualified to deliver.	
A physician must accept responsibility for any action by a PA.	Increasingly, physicians are less likely to accept this responsibility since both PAs and physicians are typically both employees of a healthcare organization.	Each professional accepts responsibility for their own actions.
A PA’s scope is limited to the qualifications of the physician the PA works with.	A fully-credentialed PA is prohibited from providing patient care unless the physician is also qualified.	Allow what services PAs provide to be determined at the practice setting, such as the credentialing process at a hospital or clinic.
PAs do not regulate their own profession.	PA regulations have not kept pace with healthcare changes because PAs are regulated by a profession other than their own. One profession regulating another also exposes the state to significant legal liability under a recent US Supreme Court ruling.	Create a separate PA board, such as that enjoyed by nurses, dentists, chiropractors, and physicians.

## What are PAs not considering?

PAs practice on a healthcare team and value their relationship with physicians. Wisconsin PAs are not seeking independent practice.

Wisconsin PAs are not pursuing mandates on providers, plans or healthcare organizations (like hospitals). In fact PAs believe that decision-making should be made at the practice setting.

### How are PAs looking to solve the provider shortage problem?

An August 2016 report from the Wisconsin Council on Medical Education and Workforce (WCMEW) warns that Wisconsin may face a shortage of more than 2,000 physicians by 2030. PAs like other healthcare professionals are concerned with this and other healthcare provider shortages - especially in rural areas of the state.

PAs believe that laws governing PAs should be evidenced-based, allow PAs to practice up to the appropriate limits of their training and educations, and don’t undermine the ability of PAs to provide the services they are qualified to provide, particularly in rural Wisconsin.

Enacting best practices and updating Wisconsin law has the potential to:

- Increase patient access to care;
- Decrease costs and burdens on Wisconsin’s healthcare system; and
- Eliminate barriers for PAs to provide service in rural and other underserved areas.

Many current PA laws were created in the 1960s and 1970s when the PA profession was created to address healthcare shortages - especially in rural areas. Many studies demonstrate that PAs provide high-quality care and that PAs are a safe provider. PAs have an extremely low medical malpractice rate and discipline rate.

## Where are PAs in the process?

WAPA (Wisconsin Academy of PAs) began by surveying PAs asking what challenges they face and what changes they support pursuing.

Since then, WAPA has been reaching out to stakeholders such as groups that represent providers and healthcare systems as well as public policymakers for feedback and advice on solutions to meet the healthcare shortage - especially in the rural areas of the state.

Based on that feedback, WAPA will continue working with members of the Wisconsin legislature to draft legislation and engage in formal discussions with stakeholders to reach a consensus.

11) Authorization

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Signature of person making this request

Date

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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.

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:  <b>7/18/2018</b> <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:  <b>Medical Examining Board</b>			
4) Meeting Date:  <b>8/15/2018</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Physician Wellness – The National Academy of Medicine’s Action Collaborative on Clinician Well-Being and Resilience – Board Discussion</b>	
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 ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience:</b>  <a href="https://nam.edu/initiatives/clinician-resilience-and-well-being/">https://nam.edu/initiatives/clinician-resilience-and-well-being/</a>			
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			
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**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Dale Kleven</b> <b>Administrative Rules Coordinator</b>		<b>2) Date When Request Submitted:</b>  <b>8/3/18</b> Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b>  <b>Medical Examining Board</b>			
<b>4) Meeting Date:</b>  8/15/18	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> <b>Legislative/Administrative Rule Matters:</b> 1. Review of Draft Proposed Permanent Rules for Med 13 Relating to Continuing Medical Education for Physicians, Med 20 Relating to Respiratory Care Practitioners, and Med 22 Relating to Perfusionists 2. Administrative Rules Reporting Requirement Under 2017 Wisconsin Act 108 3. Update on Other Legislation and Pending or Possible Rulemaking Projects	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  _____ _____ _____			
<b>11)</b> <i>Dale Kleven</i>		Authorization  <i>August 3, 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	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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

---

PROPOSED ORDER

An order of the Medical Examining Board to amend Med 13.02 (1g) and (1r) and 13.03 (3) (b) 2. and to create Med 13.02 (1v) and 13.03 (3) (b) 2m., relating to continuing medical education for physicians.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 448.13, Stats.

**Statutory authority:**

Sections 15.08 (5) (b) and 448.40 (1), Stats.

**Explanation of agency authority:**

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

**Related statute or rule:**

None.

**Plain language analysis:**

Current rules require a physician who holds a U.S. Drug Enforcement Administration number to complete 2 of the 30 required hours of continuing medical education from a Board-approved educational course or program related to the opioid prescribing guidelines issued by the Board. As this requirement expires after the renewal date occurring on November 1, 2019, the proposed rules define requirements for the completion of continuing education hours related to prescribing controlled substances for the renewal date occurring on November 1, 2021.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:**

Rules of the Illinois Department of Financial and Professional Regulation establish continuing medical education requirements for physicians licensed in Illinois (68 Ill. Adm. Code 1285.110). The rules do not require continuing education related to prescribing opioids.

**Iowa:**

Rules of the Iowa Board of Medicine establish continuing education requirements for physicians licensed in Iowa (653 IAC 11). The rules require a licensee who regularly provides primary health care to patients in Iowa to complete at least two hours of credit for chronic pain management every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients [653 IAC 11.4(1) d. (1)].

**Michigan:**

Rules of the Michigan Department of Licensing and Regulatory Affairs establish continuing medical education requirements for physicians licensed in Michigan (Mich Admin Code, R 338.2441 to R 338.2443). The rules require a minimum of 3 hours of continuing education to be earned in the area of pain and symptom management (Mich Admin Code, R 338.2443). Continuing education hours in pain and symptom management may include any of the following:

- Public health burden of pain.
- Ethics and health policy related to pain.
- Michigan pain and controlled substance laws.
- Pain definitions.
- Basic sciences related to pain including pharmacology.
- Clinical sciences related to pain.
- Specific pain conditions.
- Clinical physician communication related to pain.
- Management of pain, including evaluation and treatment and nonpharmacological and pharmacological management.
- Ensuring quality pain care.
- Michigan programs and resources relevant to pain.

**Minnesota:**

Rules of the Minnesota Board of Medical Practice establish continuing education requirements for physicians licensed in Minnesota (Minnesota Rules, chapter 5605). The rules do not require continuing education related to prescribing opioids.

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

The proposed rules were developed by obtaining input and feedback from the Medical Examining Board.

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

The proposed rules will be 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.

**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, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

-----  
TEXT OF RULE

SECTION 1. Med 13.02 (1g) and (1r) are amended to read:

**Med 13.02 (1g) (a)** Except as provided ~~in~~ under par. (b), for a renewal date occurring in 2017 or 2018, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

**(b)** This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. ~~Drug Enforcement Administration~~ drug enforcement administration number to prescribe controlled substances.

**(1r) (a)** Except as provided ~~in~~ the par. (b), for a the renewal date occurring ~~in 2019 or 2020 on November 1, 2019~~, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

**(b)** This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. ~~Drug Enforcement~~

~~Administration~~ drug enforcement administration number to prescribe controlled substances.

SECTION 2. Med 13.02 (1v) is created to read:

**Med 13.02 (1v) (a)** Except as provided under par. (b), for the renewal date occurring on November 1, 2021, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to opioid prescribing that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

**(b)** This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. drug enforcement administration number to prescribe controlled substances.

SECTION 3. Med 13.03 (3) (b) 2. is amended to read:

**Med 13.03 (3) (b) 2.** The subject matter of ~~the a course~~ pertains under s. Med 13.02 (1g) (a) or (1r) (a) shall pertain to the guidelines issued by the board under s. 440.035 (2m), Stats.

SECTION 4. Med 13.03 (3) (b) 2m. is created to read:

**Med 13.03 (3) (b) 2m.** The subject matter of a course under s. Med 13.02 (1v) (a) shall pertain to opioid prescribing.

SECTION 5. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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

---

PROPOSED ORDER

An order of the Medical Examining Board to **repeal** Med 20.03 (1) (c), (e), and (f) (intro.), 2., and 3. and (2), 20.05, and 20.07 (Note); to **renumber and amend** Med 20.03 (1) (f) 1., 20.04 (3), and 20.06 (6); to **amend** Med 20.01, 20.02 (intro.), (3), (4), and (Note), 20.03 (1) (intro.), (a), and (d), (3), and (Note), 20.04 (1), (2), (4) (e) and (f), (6), (7), and (8), 20.055 (1) (intro.), (a), and (c) and (Note), 20.06 (1) to (5), (7), and (8), and 20.07 (7) (1) (intro.) and (2); and to **create** Med 20.02 (5) and 20.06 (6) (a) to (d), relating to respiratory care practitioners.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 448.04 (1) (i), Stats.

**Statutory authority:**

Sections 15.08 (5) (b), 448.05 (5r) and (6), and 448.06 (2), Stats.

**Explanation of agency authority:**

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 448.05 (5r), Stats., provides “[a]n applicant for a certificate or a temporary certificate to practice respiratory care shall submit evidence satisfactory to the board that the applicant is a graduate of a school with a course of instruction in respiratory care approved by the commission on accreditation of allied health education programs of the American Medical Association.”

Section 448.05 (6), Stats., provides “. . . the board shall examine each applicant it finds eligible under this section in such subject matters as the board deems applicable to the class of license or certificate which the applicant seeks to have granted. Examinations may be both written and oral.”

Section 448.06 (2), Stats., provides “[t]he board may deny an application for any class of license or certificate and refuse to grant such license or certificate on the basis of unprofessional conduct on the part of the applicant, failure to possess the education and training required for that class of license or certificate for which application is made, or failure to achieve a passing grade in the required examinations.”

**Related statute or rule:**

None.

**Plain language analysis:**

A comprehensive review of ch. Med 20 was conducted to ensure the rules are consistent with current examination and licensing practices and applicable Wisconsin statutes. As a result, the following updates have been made:

- The reference to “CRTT” (Certified Respiratory Therapy Technician) in s. Med 20.02 (3) is replaced with “CRT” (Certified Respiratory Therapist) to reflect current terminology.
- A definition is created under s. Med 20.02 (5) and terminology throughout the rules is revised to reflect that, effective January 2015, the National Board for Respiratory Care (NBRC) changed the Certified Respiratory Technician examination from the Entry Level CRT Examination to the Therapist Multiple-Choice Examination (TMC).
- Section Med 20.03 (1) is revised to remove requirements for applications submitted prior to January 1, 1992 and an obsolete requirement that an applicant provide a recent passport type photograph.
- Section Med 20.04 is revised to, as required under s. 448.05 (6) (a), Stats., specify the passing score for the TMC, the statutes and rules examination, and the oral examination.
- Section Med 20.04 (7) is revised to clarify the requirement to complete further professional training or education prescribed by the Board before retaking an exam after a third failure does not apply to the NBRC examination.
- Section Med 20.05 is repealed. This provision was created at a time when results of an examination could take several months. As results of the current NBRC examination are available immediately, the temporary certificate under s. Med 20.05 is no longer necessary.
- Other provisions throughout ch. Med 20 have been updated to revise or remove outdated notes, 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:** Rules of the Illinois Department of Financial and Professional Regulation address the practice of respiratory care and the licensure of respiratory care practitioners (68 Ill. Adm. Code 1456.05 to 1456.120). The rules do not provide for a temporary license to practice respiratory care.

**Iowa:** Rules of the Iowa Board of Respiratory Care and Polysomnography address the practice of respiratory care and the licensure of respiratory care practitioners (654 IAC Chapters 261 to 265). The rules do not provide for a temporary license to practice respiratory care.

**Michigan:** Rules of the Michigan Department of Licensing and Regulatory Affairs address the practice of respiratory care and the licensure of respiratory care practitioners (Mich Admin Code, R 338.2201 to R 338.2207). Under these rules, as of December 1, 2006, Michigan stopped accepting applications for a temporary respiratory therapist license (Mich Admin Code, R 338.2203). However, Michigan statutes provide a board, including the Michigan Board of Respiratory Care, may issue a temporary license to an applicant who has completed all requirements for licensure except for examination or other required evaluation procedure or is married to a member of the armed forces (Section 16181, Public Health Code).

**Minnesota:**

Minnesota statutes address the practice of respiratory care and the licensure of respiratory care practitioners (2017 Minn. Stat. Chapter 147C). The statutes allow the Minnesota Board of Medical Practice to issue a temporary permit to practice as a respiratory therapist to an applicant eligible for licensure if the application for licensure is complete, all applicable requirements have been met, and a nonrefundable fee set by the Board has been paid. The permit remains valid only until the meeting of the Board at which a decision is made on the respiratory therapist's application for licensure (2017 Minn. Stat. Section 147C.15, Subdivision 3).

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

The proposed rules were developed by reviewing the provisions of ch. Med 20 for consistency with current examination and licensing practices and applicable Wisconsin statutes and obtaining input and feedback from the Respiratory Care Practitioners Examining Council and the Medical Examining Board.

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

The proposed rules will be 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.

**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](mailto: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, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov).

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TEXT OF RULE

SECTION 1. Med 20.01 is amended to read:

**Med 20.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5) (b), 227.11 (2), and 448.40 (1), Stats., to govern the certification and regulation of respiratory care practitioners.

SECTION 2. Med 20.02 (intro.), (3), (4), and (Note) are amended to read:

**Med 20.02 (intro.) Definitions.** ~~As used in~~ In this chapter:

(3) ~~“CRTT”~~ “CRT” means a certified respiratory ~~therapy technician~~ therapist.

(4) ~~“RRT”~~ means a registered respiratory therapist.

(Note) ~~“CRTT”~~ “CRT” and ~~“RRT”~~ are registered trademarks of the ~~national board for respiratory care~~ National Board for Respiratory Care.

SECTION 3. Med 20.02 (5) is created to read:

**Med 20.02 (5)** ~~“TMC”~~ means the Therapist Multiple Choice Examination administered by the National Board for Respiratory Care.

SECTION 4. Med 20.03 (1) (intro.) and (a) are amended to read:

**Med 20.03 (1) (intro.)** Every applicant for initial certification as a respiratory care practitioner shall submit all the following:

(a) ~~A completed~~ An application form provided by the board.

SECTION 5. Med 20.03 (1) (c) is repealed.

SECTION 6. Med 20.03 (1) (d) is amended to read:

**Med 20.03 (1) (d)** ~~Written verification that~~ Evidence the applicant has passed the ~~national board for respiratory care certification examination~~ examinations required ~~in~~ under s. Med 20.04 (~~4~~).

SECTION 7. Med 20.03 (1) (e) and (f) (intro.) are repealed.

SECTION 8. Med 20.03 (1) (f) 1. is renumbered Med 20.03 (1) (f) and amended to read:

**Med 20.03 (1) (f)** ~~Satisfactory evidence that~~ Evidence the applicant is a graduate of a school with a course of instruction in respiratory care approved by the ~~commission~~ Commission on accreditation Accreditation of allied health education programs Allied Health Education Programs of the American ~~medical association~~ Medical Association.

SECTION 9. Med 20.03 (1) (f) 2. and 3. and (2) are repealed.

SECTION 10. Med 20.03 (3) and (Note) are amended to read:

**Med 20.03 (3)** An application for certification is not complete until the board has received both the completed application form and written verification of a passing grade directly from the ~~national board for respiratory care~~ National Board for Respiratory Care.

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

SECTION 11. Med 20.04 (1) and (2) are amended to read:

**Med 20.04 (1)** An applicant for certification as a respiratory care practitioner shall pass the ~~national board for respiratory care CRTT examination~~ TMC. The passing score for the TMC is 88 on the 2-digit scale.

**(2)** An applicant for certification as a respiratory care practitioner shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department's office of examinations. The passing score for the examination under this subsection is 85 percent.

SECTION 12. Med 20.04 (3) is renumbered Med 20.04 (4m) and amended to read:

**Med 20.04 (4m)** The board designates the council as its agent for conducting oral examinations. At the request of the council, the board shall provide a medical consultant ~~to the council to provide assistance~~ assist in evaluating applicants examined under sub. (4) (a) and (b). The passing score for an oral examination is 90 percent.

SECTION 13. Med 20.04 (4) (e) and (f), (6), (7), and (8) are amended to read:

**Med 20.04 (4) (e)** Has ~~not~~ practiced respiratory care for ~~more than~~ 1,200 hours or less during the last 3 years.

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

**(6)** Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing ~~grade~~ score on all examinations to qualify for a certificate.

**(7)** An applicant who fails to receive a passing score on an examination under sub. (2) or (4) may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails ~~an~~ the examination under sub. (2) 3 times, the applicant may not retake ~~that state board~~ the examination unless the applicant submits proof evidence of having completed further professional training or education as the board may prescribe. An applicant ~~for an oral examination~~ may reapply for an oral examination twice at not less than 4-month intervals.

~~(8) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral examination shall be administered, the~~ An oral examination concerning the circumstances described in sub. (4) (a) or (b) shall be limited to a determination whether, at the time of application, the applicant's disability appears to pose an actual risk to the health, safety, or welfare of patient or public arising ~~arises~~ from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of respiratory care.

SECTION 14. Med 20.05 is repealed.

SECTION 15. Med 20.055 (1) (intro.), (a), and (c) and (Note) are amended to read:

**Med 20.055 (1) (intro.)** An applicant for certification who is certified to practice respiratory care in another state may apply to the board for a temporary certificate to practice respiratory care if the applicant submits all of the following:

(a) ~~A completed~~ An application form provided by the board.

(c) ~~Written verification that~~ Evidence the applicant has passed the national board for respiratory care certified therapy technician examination TMC.

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

SECTION 16. Med 20.06 (1) to (5) are amended to read:

**Med 20.06 (1)** An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were ~~mailed~~ received by the applicant.

(2) Examination reviews ~~are~~ shall be by appointment only.

(3) An applicant may not review the statutes and rules examination for ~~not~~ more than one hour.

(4) An applicant may not review the oral examination for ~~not~~ more than 2 hours.

(5) An applicant shall review an examination in the presence of a board-assigned proctor. The applicant No other person may not be accompanied accompany an applicant during the a review by any person other than the proctor.

SECTION 17. Med 20.06 (6) is renumbered Med 20.06 (6) (intro.) and amended to read:

**Med 20.06 (6) (intro.)** At the beginning of ~~the a~~ a review, the applicant proctor shall be provided provide the applicant with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet. all the following:

SECTION 18. Med 20.06 (6) (a) to (d) are created to read:

**Med 20.06 (6) (a)** A copy of the examination questions.

**(b)** A copy of or, if the applicant is reviewing an oral examination, audio recording of the applicant's answers to the examination questions.

**(c)** If an applicant is reviewing the statutes and rules examination, a copy of the master answer sheet.

**(d)** A form on which the applicant may write comments, questions, or claims of error regarding the examination.

SECTION 19. Med 20.06 (7) and (8) are amended to read:

**Med 20.06 (7)** ~~The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any item in the examination. Bound~~ An applicant may consult reference books shall be permitted materials during a review. Applicants shall not remove any notes from the area. Notes ~~The form under sub. (6) (d) and any other notes taken by an applicant during a review shall be retained by the proctor and, if requested by an applicant, made available to the applicant for use at a hearing, if desired. The~~ A ~~proctor shall~~ may not defend the examination ~~nor~~ or attempt to refute claims of error during ~~the~~ a review.

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

SECTION 20. Med 20.07 (7) (1) (intro.) and (2) are amended to read:

**Med 20.07 (1) (intro.)** An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all ~~of~~ the following:

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

SECTION 21. Med 20.07 (Note) is repealed.

SECTION 22. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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## Chapter Med 20

### RESPIRATORY CARE PRACTITIONERS

**Med 20.01 Authority and purpose.** The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5) (b), 227.11 (2), and 448.40 (1), Stats., to govern the certification and regulation of respiratory care practitioners.

**Med 20.02 Definitions.** ~~As used in~~ In this chapter:

- (1) "Board" means the medical examining board.
- (2) "Council" means the respiratory care practitioners examining council.
- (3) "CRTT" means ~~a~~ certified respiratory ~~therapy technician~~ therapist.
- (4) "RRT" means ~~a~~ registered respiratory therapist.

**Note:** "CRTT" and "RRT" are registered trademarks of the ~~national board for respiratory care~~ National Board for Respiratory Care.

(5) "TMC" means the Therapist Multiple Choice Examination administered by the National Board for Respiratory Care.

**Med 20.03 Applications and credentials.**

(1) Every applicant for initial certification as a respiratory care practitioner shall submit all the following:

(a) ~~A completed~~ An application form provided by the board.

(b) The fee specified in s. 440.05, Stats.

~~(c) A recent passport type photograph of the applicant.~~

(d) ~~Written verification that~~ Evidence the applicant has passed the ~~national board for respiratory care certification examination~~ examinations required ~~in~~ under s. Med 20.04 ~~(1)~~.

~~(e) Evidence of successful completion of the state board statutes and rules examination and oral examination if required.~~

(f) ~~One of the following:~~

~~1. Satisfactory evidence that~~ Evidence the applicant is a graduate of a school with a course of instruction in respiratory care approved by the ~~commission~~ Commission on ~~accreditation~~ Accreditation of ~~allied health education programs~~ Allied Health Education Programs of the American ~~medical association~~ Medical Association.

~~2. Prior to January 1, 1992, evidence of experience or informal training that the board determines is substantially equivalent to the requirements for certification under s. 448.05 (5r), Stats., and evidence of having passed the national board for respiratory care CRTT or RRT examination.~~

~~3. Prior to January 1, 1992, evidence of over 3,000 hours of work experience as a respiratory care practitioner within the last 3 years, and informal training, where the applicant does not meet the national board for respiratory care CRTT examination admission requirements.~~

~~(2) A sealed score of 75 or above on the national board for respiratory care CRTT examination is required for certification.~~

(3) An application for certification is not complete until the board has received both the completed application form and written verification of a passing grade directly from the ~~national board for respiratory care~~ National Board for Respiratory Care.

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

#### Med 20.04 Examinations; panel review of applications.

- (1) An applicant for certification as a respiratory care practitioner shall pass the ~~national board for respiratory care CRTT examination~~ TMC. The passing score for the TMC is 88 on the 2-digit scale.
- (2) An applicant for certification as a respiratory care practitioner shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department's office of examinations. The passing score for the examination under this subsection is 85 percent.
- (4) An applicant may be required to complete an oral examination if the applicant:
  - (a) Has a medical condition which in any way impairs or limits the applicant's ability to practice respiratory care with reasonable skill and safety.
  - (b) Uses chemical substances so as to impair in any way the applicant's ability to practice respiratory care with reasonable skill and safety.
  - (c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
  - (d) Has been convicted of a crime the circumstances of which substantially relate to the practice of respiratory care.
  - (e) Has ~~not~~ practiced respiratory care for ~~more than~~ 1,200 hours or less during the last 3 years.
  - (f) Has practiced respiratory care over 1,200 hours in the last 3 years, but practice was limited.
  - (g) Has been found negligent in the practice of respiratory care or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of respiratory care.
  - (h) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.
  - (i) Has within the past 2 years engaged in the illegal use of controlled substances.
  - (j) Has been subject to adverse formal action during the course of respiratory care education, postgraduate training, hospital practice, or other respiratory care employment.
  - (k) Has been graduated from a respiratory care school not approved by the board.
- ~~(3)~~ (4m) The board designates the council as its agent for conducting oral examinations. At the request of the council, the board shall provide a medical consultant to ~~the council to provide assistance~~ assist in evaluating applicants examined under sub. (4) (a) and (b). The passing score for an oral examination is 90 percent.
- (5) All examinations shall be conducted in English.
- (6) Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade score on all examinations to qualify for a certificate.
- (7) An applicant who fails to receive a passing score on an examination under sub. (2) or (4) may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails ~~on the~~ the examination under sub. (2) 3 times, the applicant may not retake ~~that state board the~~ the examination unless the applicant submits proof evidence of having completed further professional training or education as the board may prescribe. An applicant ~~for an oral examination~~ may reapply for an oral examination twice at not less than 4-month intervals.

- (8) ~~If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral examination shall be administered, the An oral examination concerning the circumstances described in sub. (4) (a) or (b) shall be limited to a determination whether, at the time of application, the applicant's disability appears to pose an actual risk to the health, safety, or welfare of patient or public arising arises from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of respiratory care.~~

#### **Med 20.05 — ~~Temporary certificates for graduate respiratory care practitioners.~~**

- ~~(1) An applicant for certification may apply to the board for a temporary certificate to practice respiratory care prior to certification if the applicant has submitted to the board the application and documents required under s. Med 20.03 and if the applicant:~~
- ~~(a) Submits a completed application form;~~
  - ~~(b) Remits the fee specified in s. 440.05, Stats.;~~
  - ~~(c) Is a graduate of an approved school as defined in s. Med 20.03 (1) (f) and is scheduled to take the CRTT examination for respiratory care practitioners or is awaiting the results;~~
  - ~~(d) Has not previously failed the examination as required in s. Med 20.04 (1); and~~
  - ~~(e) Has passed the state board statutes and rules examination; and~~
  - ~~(f) Is not required to take an oral examination.~~
- ~~(2) Practice during the period of a temporary certificate shall be in consultation, at least monthly, with a respiratory care practitioner or a physician who shall at least once a month endorse the activities of the person holding the temporary certificate.~~
- ~~(3) A temporary certificate expires on the first day of the next regularly scheduled CRTT examination for permanent certification if the applicant is required to take but failed to apply for the examination. If the applicant is required to take, and applies for, the examination, a temporary certificate expires when the applicant is notified of having failed the examination required by s. Med 20.04 (1).~~
- ~~(4) A temporary certificate may be issued for a period not to exceed one year and may not be renewed.~~
- ~~(5) The application and required documents for regular certification and the application for temporary certification prior to regular certification will be reviewed by 2 members of the council to determine eligibility. The board, acting through the council, may issue a temporary certificate prior to regular certification as a respiratory care practitioner to an applicant who meets the requirements of sub. (1).~~

#### **Med 20.055 Temporary certificates for certified practitioners.**

- (1) An applicant for certification who is certified to practice respiratory care in another state may apply to the board for a temporary certificate to practice respiratory care if the applicant submits all of the following:
- (a) ~~A completed An~~ application form provided by the board.
  - (b) The fee specified in s. 440.05 (1) (a), Stats.
  - (c) ~~Written verification that Evidence~~ the applicant has passed the ~~national board for respiratory care certified therapy technician examination TMC~~.
  - (d) Evidence satisfactory to the board that the applicant meets the requirements of s. 448.05 (5r), Stats.
  - (e) Evidence satisfactory to the board that the applicant is certified to practice respiratory care in another state.

- (2) If an applicant for a temporary certificate has been subjected to professional discipline as a result of the applicant's practice of respiratory care in another state, the applicant shall submit to the board a description of the circumstances of the discipline and a copy of the disciplinary order.
- (3) The board may not issue a temporary certificate to an individual who has been previously issued a temporary certificate under this section.
- (4) A temporary certificate under this section may be issued for a period not to exceed 3 months and may not be renewed.

**Note:** Application forms are available from the Department of Safety and Professional Services, ~~Division of Professional Credential Processing, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin, 53708, at (608) 266-2112~~ or from the ~~department's~~ Department's website at <http://dps.wi.gov>.

#### **Med 20.06 Examination review by applicant.**

- (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were ~~mailed~~ received by the applicant.
- (2) Examination reviews ~~are~~ shall be by appointment only.
- (3) An applicant may not review the statutes and rules examination for ~~not~~ more than one hour.
- (4) An applicant may not review the oral examination for ~~not~~ more than 2 hours.
- (5) An applicant shall review an examination in the presence of a board-assigned proctor. The applicant No other person may not be accompanied accompany an applicant during the a review by any person other than the proctor.
- (6) At the beginning of the a review, the applicant proctor shall ~~be provided~~ provide the applicant with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet. all the following:
  - (a) A copy of the examination questions.
  - (b) A copy of or, if the applicant is reviewing an oral examination, audio recording of the applicant's answers to the examination questions.
  - (c) If an applicant is reviewing the statutes and rules examination, a copy of the master answer sheet.
  - (d) A form on which the applicant may write comments, questions, or claims of error regarding the examination.
- (7) ~~The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any item in the examination. Bound An applicant may consult reference books shall be permitted materials during a review. Applicants shall not remove any notes from the area. Notes The form under sub. (6) (d) and any other notes taken by an applicant during a review shall be retained by the proctor and, if requested by an applicant, made available to the applicant for use at a hearing, if desired. The A proctor shall may not defend the examination nor or attempt to refute claims of error during the a review.~~
- (8) An applicant may not review ~~the an~~ examination more than once.

#### **Med 20.07 Board review of examination error claim.**

- (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all ~~of~~ the following:
  - (a) The applicant's name and address.

- (b) The type of license for which the applicant applied.
- (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.
- (d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.
- (2) The board shall review the claim, make a determination of the validity of the objections, and notify the applicant in writing of the board's decision and any resulting ~~grade~~ changes to the applicant's exam score.
- (3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

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

STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

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

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PROPOSED ORDER

An order of the Medical Examining Board to **repeal** Med 22.03 (3) (intro.), (a), and (b) 3., 22.04 (1) and (2), 22.05 (1) (d) and (f), and 22.08 (Note); to **renumber** Med 22.03 (3) (b) 1.; to **renumber and amend** Med 22.03 (3) (b) 2. and 22.07 (6); to **amend** Med 22.01, 22.02 (intro.), (3), and (4), 22.03 (intro.) and (Note), 22.04 (3), (4), (5) (intro.), (c), (e), (f), and (h), (6), (9), and (10), 22.05 (1) (intro.), (a), (b), (c), and (e), (2), and (3) (a), 22.06 (1), (2) (intro.), (a), (d), and (e), (3), and (5), 22.07 (1) to (5), (7), and (8), 22.08 (1) (intro.) and (2), 22.09 (4), and 22.10 (2) to (5); and to **create** Med 22.05 (1m), 22.07 (6) (a) to (d), and 22.10 (1) (am), relating to perfusionists.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

Section 440.03 (4m), Stats.

**Statutory authority:**

Sections 15.08 (5) (b) and 448.40 (2) (c), Stats.

**Explanation of agency authority:**

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 448.40 (2) (c), Stats., requires the Medical Examining Board to promulgate rules “[e]stablishing continuing education requirements for renewal of a license to practice perfusion under s. 448.13 (2).”

**Related statute or rule:**

None.

**Plain language analysis:**

A comprehensive review of ch. Med 22 was conducted to ensure the rules are consistent with current standards for drafting style and format and applicable Wisconsin statutes. As a result, the following updates have been made:

- Sections Med 20.03 and 22.04 are revised to remove requirements for applications submitted prior to January 1, 2004.

- Revisions to s. Med 22.04 (3), (4), and (6) are made to, as required under s. 448.05 (6) (a), Stats., specify the passing score for the Perfusion Basic Science Examination, the Clinical Applications in Perfusion Examination, the statutes and rules examination, and the oral examination.
- Section Med 22.04 (9) is revised to clarify the requirement to complete further professional training or education before retaking an exam after a third failure does not apply to the Perfusion Basic Science Examination or the Clinical Applications in Perfusion Examination.
- Section Med 22.10 (5) is revised to comply with s. 440.03 (4m), Stats., as created by 2017 Wisconsin Act 59. Under this provision, the Board may require a credential holder to submit proof of completing continuing education programs or courses only if a complaint is made against the credential holder.
- Other provisions throughout ch. Med 22 have been updated to provide clarity and conform to current standards for drafting style and format.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:**

Rules of the Illinois Department of Financial and Professional Regulation address the practice of perfusion in Illinois (68 Ill. Adm. Code 1335.10 to 1335.100). Although underlying statutes authorize the Department to establish rules requiring 30 hours of continuing education per 2-year license renewal cycle (225 ILCS 125/75 – Perfusionist Practice Act), the rules currently do not have such a requirement.

**Iowa:**

Iowa rules and statutes do not specifically address the practice of perfusion.

**Michigan:**

Michigan rules and statutes do not specifically address the practice of perfusion.

**Minnesota:**

Minnesota rules and statutes do not specifically address the practice of perfusion.

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

The proposed rules were developed by reviewing the provisions of ch. Med 22 for consistency with current standards for drafting style and format and applicable Wisconsin statutes and obtaining input and feedback from the Medical Examining Board.

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

The proposed rules will be 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.

**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, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

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TEXT OF RULE

SECTION 1. Med 22.01 is amended to read:

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

SECTION 2. Med 22.02 (intro.), (3), and (4) are amended to read:

**Med 22.02 (intro.) Definitions.** ~~As used in~~ In this chapter:

(3) “Perfusion” has the meaning ~~set forth~~ given in s. 448.015 (1m), Stats.

(4) “Perfusionist” has the meaning ~~set forth~~ given in s. 448.015 (1s), Stats.

SECTION 3. Med 22.03 (intro.) is amended to read:

**Med 22.03 (intro.) Applications and credentials.** Every applicant for initial licensure as a perfusionist shall submit all the following:

SECTION 4. Med 22.03 (3) (intro.) and (a) are repealed.

SECTION 5. Med 22.03 (3) (b) 1. is renumbered Med 22.03 (3).

SECTION 6. Med 22.03 (3) (b) 2. is renumbered Med 22.03 (4) and amended to read:

**Med 22.03 (4) ~~Written verification that~~ Evidence** the applicant has passed ~~both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion~~ the examinations required under s. Med 22.04.

SECTION 7. Med 22.03 (3) (b) 3. is repealed.

SECTION 8. Med 22.03 (Note) is amended to read:

**Med 22.03 (Note)** Application forms are available ~~on request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708~~ from the Department of Safety and Professional Services at (608) 266-2112 or from the Department's website at [www.dsps.wi.gov](http://www.dsps.wi.gov).

SECTION 9. Med 22.04 (1) and (2) are repealed.

SECTION 10. Med 22.04 (3), (4), (5) (intro.), (c), (e), (f), and (h), (6), (9), and (10) are amended to read:

(3) An applicant for licensure as a perfusionist ~~under s. Med 22.03 (3) (b), shall pass both the perfusion basic science examination and the clinical application in perfusion examination~~ Perfusion Basic Science Examination and the Clinical Applications in Perfusion Examination of the American Board of Cardiovascular Perfusion. The board adopts the passing scores of the examination provider.

(4) An applicant for licensure as a perfusionist ~~under s. Med 22.03 (3) (b), shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department's office of examinations.~~ The passing score for the examination under this subsection is 85 percent.

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

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

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

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

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

(6) The council shall conduct oral examinations ~~and interviews.~~ At the request of the council, the board shall provide a medical consultant to ~~the council to provide assistance~~ assist in evaluating applicants examined under s. ~~Med 22.03 (3) sub. (5) (a) and (b).~~ The passing score for an oral examination is 90 percent.

(9) An applicant who fails to receive a passing grade on an examination under sub. (4) or (5) may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails ~~an~~ the examination under sub. (4) 3 times, the applicant may not retake ~~that~~ the examination unless the applicant submits proof evidence of having completed further professional training or education as the board may prescribe. An applicant ~~for an oral examination~~ may reapply for an oral examination twice at not less than 4-month intervals.

(10) ~~If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the~~ An oral examination concerning the

circumstances described in sub. (5) (a) or (b) shall be limited to a determination whether, at the time of application, ~~the applicant's disability appears to pose an actual risk to the health, safety, or welfare of patient or public arising~~ arises from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

SECTION 11. Med 22.05 (1) (intro.), (a), (b), and (c) are amended to read:

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

(a) ~~Submits a completed~~ An application form provided by the board.

(b) ~~Remits the~~ The fee specified in s. 440.05, Stats.

(c) ~~Has~~ Evidence the applicant has successfully completed an educational program ~~as defined in~~ under s. Med 22.03 (3) (b) ~~1~~.

SECTION 12. Med 22.05 (1) (d) is repealed.

SECTION 13. Med 22.05 (1) (e) is amended to read:

**Med 22.05 (1) (e)** ~~Has~~ Evidence the applicant has passed the ~~state board statutes and rules~~ examination under s. Med 22.04 (4).

SECTION 14. Med 22.05 (1) (f) is repealed.

SECTION 15. Med 22.05 (1m) is created to read:

**Med 22.05 (1m)** The board may not issue a license under this section if any of the following applies:

(a) The applicant has failed either of the examinations under s. Med 22.04 (3) and has not subsequently passed the examination.

(b) The applicant is required to complete an oral examination.

SECTION 16. Med 22.05 (2) and (3) (a) are amended to read:

**Med 22.05 (2)** ~~Practice~~ Except as provided under sub. (3) (b), practice during the period of a temporary license shall be under the general supervision of a licensed perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

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

SECTION 17. Med 22.06 (1), (2) (intro.), (a), (d), and (e), (3), and (5) are amended to read:

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

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

(a) ~~A completed and verified~~ An application on a form supplied provided by the board.

(d) A verified statement by the applicant that the applicant is familiar with the ~~state~~ health laws of this state and ~~the~~ rules of the department of health services as related to communicable diseases.

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

(3) All applicants shall ~~complete an open book~~ pass the examination on statutes and rules governing the practice of perfusion in Wisconsin under s. Med 22.04 (4).

(5) A locum tenens license expires 90 days from the date of its issuance. For cause shown to the satisfaction of the board, the board may renew the locum tenens license for additional periods of 90 days each, but ~~no~~ a license may not be renewed more than 3 consecutive times.

SECTION 18. Med 22.07 (1) to (5) are amended to read:

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

(2) Examination reviews ~~are~~ shall be by appointment only.

(3) An applicant may not review the statutes and rules examination for ~~not~~ more than one hour.

(4) An applicant may not review the oral examination for ~~not~~ more than 2 hours.

(5) An applicant shall review an examination in the presence of a board-assigned proctor. The applicant No other person may not be accompanied accompany an applicant during the a review by any person other than the proctor.

SECTION 19. Med 22.07 (6) is renumbered Med 22.07 (6) (intro.) and amended to read:

**Med 22.07 (6) (intro.)** At the beginning of ~~the a~~ review, the ~~applicant~~ proctor shall ~~be provided~~ provide the applicant with a copy of the questions, a copy of the applicant's answer sheet or oral examination audiotape and a copy of the master answer sheet. all the following:

SECTION 20. Med 22.07 (6) (a) to (d) are created to read:

**Med 22.07 (6) (a)** A copy of the examination questions.

(b) A copy of or, if the applicant is reviewing an oral examination, audio recording of the applicant's answers to the examination questions.

(c) If an applicant is reviewing the statutes and rules examination, a copy of the master answer sheet.

(d) A form on which the applicant may write comments, questions, or claims of error regarding the examination.

SECTION 21. Med 22.07 (7) and (8) are amended to read:

**Med 22.07 (7)** ~~The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions, or claims of error regarding any item in the examination. The An applicant may consult bound reference books materials during the a review. Applicants shall not remove any notes from the area. Notes~~ The form under sub. (6) (d) and any other notes taken by an applicant during a review shall be retained by the proctor and, if requested by the applicant, made available to the applicant for use at a hearing, if requested. The A proctor shall may not defend the examination or attempt to refute claims of error during the a review.

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

SECTION 22. Med 22.08 (1) (intro.) and (2) are amended to read:

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

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

SECTION 23. Med 22.08 (Note) is repealed.

SECTION 24. Med 22.09 (4) is amended to read:

**Med 22.09 (4)** The performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, induction and hypothermia and ~~hyperthermia~~ hyperthermia with reversal, hemoconcentration and hemodilution, and ~~hymodialysis~~ hemodialysis.

SECTION 25. Med 22.10 (1) (am) is created to read:

**Med 22.10 (1) (am)** "AC-PE" means the Accreditation Committee-Perfusion Education.

SECTION 26. Med 22.10 (2) to (5) are amended to read:

**Med 22.10 (2)** Each licensee shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that ~~he or she has~~, in the 2 years preceding the renewal due date, ~~completed~~ at least 30 continuing education units of acceptable

continuing education were completed. At least 10 continuing education units ~~must~~ shall be completed in Category I activities.

(3) ~~No additional~~ Additional continuing education units ~~are~~ may not be given for subsequent presentations of the same content.

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

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

1. Attendance at ABCP-approved international, national, regional, or state perfusion meetings, programs, and seminars in at which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, regional or state perfusion meetings; 1 One continuing education unit may be claimed for each contact hour.

2. Publication of a perfusion related book chapter or paper in a professional journal; 5 Five continuing education units may be claimed for each published book chapter or paper, subject to a maximum limit of 10 continuing education units in any given renewal period.

3. ~~Presentation of~~ Presenting a talk workshop or lecture at an international, national, regional, or state perfusion meeting; 5 Five continuing education units may be claimed for each presentation, subject to a maximum limit of 10 continuing education units in any given renewal period.

4. Presentation of a poster or other exhibit at an international, national, regional, or state perfusion meeting; 2 Two continuing education units may be claimed for each presentation, subject to a maximum limit of 4 continuing education units in any given renewal period.

5. Participation in an AC-PE site visitor workshop or volunteering as an AC-PE site visitor; 5 Five continuing education units may be claimed for each workshop or site visit, subject to a maximum limit of 10 continuing education units in any given renewal period.

6. Participation in an ABCP knowledge base survey; 2 Two continuing education units may be claimed for each survey.

7. Self-directed continuing education meeting ABCP requirements; 1 One continuing education unit may be claimed for each contact hour.

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

1. ~~Perfusion~~ Attendance at international, national, regional, or state perfusion or medical meetings, programs, and seminars in not approved by ABCP, at which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, state or regional perfusion meetings; One-half of a continuing education unit may be claimed for each contact hour, subject to a maximum limit of 10 continuing education units in any given renewal period.

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

(c) ~~Category III~~ Category III. Individual education and other self-study activities, including all the following:

1. Serving as a clinical instructor in an accredited perfusion training program: 2 Two continuing education units per may be claimed for this service in each year of a renewal period.

2. Serving as a didactic instructor in an accredited perfusion training program: 1 One continuing education unit per may be claimed for each contact hour, subject to a maximum limit of 4 continuing education units in any given renewal period.

3. Participation in an ABCP examination development workshop or survey: 2 Two continuing education units per may be claimed for each contact hour, subject to a maximum limit of 4 continuing education units in any given renewal period.

4. Self-learning activities and self-study modules, including use of audiovisual devices or electronic forums, reading scientific journals, and participation in degree-oriented, professionally related course work; ~~and self-study modules~~: 1 One continuing education unit per may be claimed for each contact hour, subject to a maximum limit of 10 continuing education units in any given renewal period.

5. Presentation at a non-approved international, national, regional, or state perfusion or medical meeting: that is not approved by ABCP. 1 One continuing education unit may be claimed for each hour of presentation.

6. ~~Grand~~ Participation in a grand round: 1 One continuing education unit per may be claimed for each contact hour, subject to a maximum limit of 2 continuing education units in any given renewal period.

7. Completion of ~~Advanced cardiac life support~~ Cardiac Life Support training: 2 Two continuing education units may be claimed for completion of this training.

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

SECTION 27. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

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(END OF TEXT OF RULE)

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## Chapter Med 22 PERFUSIONISTS

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

**Med 22.02 Definitions.** ~~As used in~~ In this chapter:

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

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

- (1) A completed application form.
- (2) The fee specified in s. 440.05, Stats.
- (3) ~~One of the following:~~
  - ~~(a) For applications submitted before January 1, 2004, satisfactory evidence that the applicant has, for the entire 10 year period prior to May 3, 2002, been practicing perfusion.~~
  - ~~(b)~~
- ~~1.~~ Satisfactory evidence that the applicant has successfully completed an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education of the Commission on Accreditation of Allied Health Educational Programs.
- ~~2.~~ (4) ~~Written verification that~~ Evidence the applicant has passed ~~both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion the examinations required under s. Med 22.04.~~
- ~~3.~~ Evidence of successful completion of the state board statutes and rules examination and an oral examination, if required.

**Note:** Application forms are available ~~on request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708 from the Department of Safety and Professional Services at (608) 266-2112 or from the Department's website at [www.dsps.wi.gov](http://www.dsps.wi.gov).~~

**Med 22.04 Examinations; panel review of applications.**

- ~~(1) An applicant under s. Med 22.03 (3) (b) 3., shall certify on forms provided by the board that he or she has read and understands the statutes and rules relating to the provision of perfusion.~~
- ~~(2) An applicant who meets the criterion under s. Med 22.03 (3) (a), may be required to submit to an oral interview by the board if the applicant meets any of the following:~~
  - ~~(a) Has a medical condition which impairs or limits the applicant's ability to practice perfusion with reasonable skill and safety.~~
  - ~~(b) Uses chemical substances so as to impair the applicant's ability to practice perfusion with reasonable skill and safety.~~
  - ~~(c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.~~
  - ~~(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.~~

- ~~(e) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.~~
- ~~(f) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.~~
- ~~(g) Has within the past 2 years engaged in the illegal use of controlled substances.~~
- ~~(h) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.~~
- (3) An applicant for licensure as a perfusionist ~~under s. Med 22.03 (3) (b);~~ shall pass both the ~~perfusion basic science examination~~ Perfusion Basic Science Examination and the ~~clinical application in perfusion examination~~ Clinical Applications in Perfusion Examination of the American Board of Cardiovascular Perfusion. The board adopts the passing scores of the examination provider.
- (4) An applicant for licensure as a perfusionist ~~under s. Med 22.03 (3) (b);~~ shall pass a state board statutes and rules examination conducted by the council ~~as evidenced by documents submitted directly to the council by the department's office of examinations.~~ The passing score for the examination under this subsection is 85 percent.
- (5) An applicant ~~who meets the criteria under s. Med 22.03 (3) (b);~~ may be required to complete an oral examination if the applicant:
- (a) Has a medical condition which impairs or limits the applicant's ability to practice perfusion with reasonable skill and safety.
- (b) Uses chemical substances so as to impair the applicant's ability to practice perfusion with reasonable skill and safety.
- (c) Has been disciplined or had licensure denied by a licensing or regulatory authority in ~~Wisconsin~~ this state or another jurisdiction.
- (d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.
- (e) Has ~~not~~ practiced perfusion for ~~more than~~ 1,200 hours or less during the 3-year period preceding the date of application.
- (f) Has practiced ~~over~~ perfusion for more than 1,200 hours in the last 3 years, but practice was limited.
- (g) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.
- (h) Has been diagnosed as suffering from pedophilia, exhibitionism, or voyeurism.
- (i) Has within the past 2 years engaged in the illegal use of controlled substances.
- (j) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.
- (6) The council shall conduct oral examinations ~~and interviews.~~ At the request of the council, the board shall provide a medical consultant to ~~the council to provide assistance~~ assist in evaluating applicants examined under ~~s. Med 22.03 (3) sub. (5) (a) and or (b).~~ The passing score for an oral examination is 90 percent.
- (7) All examinations shall be conducted in English.
- (8) Where both written and oral examinations are required, they shall be graded separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.
- (9) An applicant who fails to receive a passing grade on an examination under sub. (4) or (5) may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails ~~an~~ the examination under sub. (4) 3 times, the applicant may not retake ~~that~~ the examination unless the applicant submits proof evidence of having completed further professional training or education as the board may prescribe. An applicant ~~for an oral examination~~ may reapply for an oral examination twice at not less than 4-month intervals.
- (10) ~~If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the~~ An oral examination concerning the circumstances described in sub. (5) (a) or (b) shall be limited to a determination whether,

at the time of application, ~~the applicant's disability appears to pose an actual~~ risk to the health, safety, or welfare of patient or public ~~arising~~ arises from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

### Med 22.05 Temporary licenses.

- (1) An applicant for licensure ~~who meets the criteria under s. Med 22.03 (3) (b)~~ may apply to the board for a temporary license to practice perfusion prior to licensure if the applicant ~~does~~ submits all ~~of~~ the following:
  - (a) ~~Submits a completed~~ An application form provided by the board.
  - (b) ~~Remits the~~ The fee specified in s. 440.05, Stats.
  - (c) ~~Has~~ Evidence the applicant has successfully completed an educational program ~~as defined in~~ under s. Med 22.03 (3) ~~(b) 1.~~
  - ~~(d) Has not previously failed either of the examinations required in s. Med 22.03 (3) (b) 2., unless the applicant has subsequently passed the examination failed.~~
  - (e) ~~Has~~ Evidence the applicant has passed the ~~state board statutes and rules~~ examination under s. Med 22.04 (4).
  - ~~(f) Is not required to take an oral examination.~~
- (1m) The board may not issue a license under this section if any of the following applies:
  - (a) The applicant has failed either of the examinations under s. Med 22.04 (3) and has not subsequently passed the examination.
  - (b) The applicant is required to complete an oral examination.
- (2) ~~Practice~~ Except as provided under sub. (3) (b), practice during the period of a temporary license shall be under the general supervision of a licensed perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.
- (3)
  - (a) A temporary license expires one year from the date of its issuance. Upon application, and upon submission of evidence of having passed the perfusion basic scientific examination, the temporary license may be renewed for an additional period of one year. The board may extend the term of the temporary license for an additional 6 months if the applicant was unable to complete the perfusion basic scientific examination within the one-year period due to hardship, including ~~but not limited to~~ illness of the applicant, ~~the~~ illness or death of a family member of the applicant, or an accident or natural disaster. A written affidavit of the hardship ~~must~~ shall be provided.
  - (b) If the applicant fails the perfusion basic science examination prior to the expiration of the temporary license, the applicant shall work under the direct supervision of a licensed perfusionist who is available on the hospital premises to assist.
  - (c) If the applicant fails the clinical application in perfusion examination prior to the expiration of the temporary license, the temporary license expires.
  - (4) The application and required documents for licensure and the application for temporary licensure prior to regular licensure will be reviewed by 2 members of the council to determine eligibility. The council may issue a temporary license prior to licensure as a perfusionist to an applicant who meets the requirements of sub. (1).

### Med 22.06 Locum tenens license.

- (1) An applicant who holds certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion may apply to the board for a temporary locum tenens license.
- (2) An applicant for a locum tenens license shall submit ~~to the board~~ all ~~of~~ the following:

- (a) ~~A completed and verified~~ An application on a form supplied provided by the board.
- (b) A letter from a physician licensed to practice medicine and surgery in this state or a perfusionist licensed to practice perfusion in this state requesting the applicant's services.
- (c) Verified evidence of certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion.
- (d) A verified statement by the applicant that the applicant is familiar with the state health laws of this state and ~~the~~ rules of the department of health services as related to communicable diseases.
- (e) The fees required under s. 440.05, Stats., ~~made payable to the Wisconsin department of safety and professional services.~~
- (3) All applicants shall ~~complete an open book~~ pass the examination ~~on statutes and rules governing the practice of perfusion in Wisconsin under s. Med 22.04 (4).~~
- (4) The holder of a locum tenens license may engage in the practice of perfusion only in the geographical area for which the license is issued.
- (5) A locum tenens license expires 90 days from the date of its issuance. For cause shown to the satisfaction of the board, the board may renew the locum tenens license for additional periods of 90 days each, but ~~no~~ a license may not be renewed more than 3 consecutive times.

**Med 22.07 Examination review by applicant.**

- (1) An applicant who fails the oral or statutes and rules examination may make a request to review that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were ~~mailed~~ received by the applicant.
- (2) Examination reviews ~~are~~ shall be by appointment only.
- (3) An applicant may not review the statutes and rules examination for ~~not~~ more than one hour.
- (4) An applicant may not review the oral examination for ~~not~~ more than 2 hours.
- (5) An applicant shall review an examination in the presence of a board-assigned proctor. The applicant No other person may not be accompanied accompany an applicant during the a review by any person other than the proctor.
- (6) At the beginning of ~~the a~~ review, the applicant proctor shall be provided provide the applicant with ~~a copy of the questions, a copy of the applicant's answer sheet or oral examination audiotape and a copy of the master answer sheet. all the following:~~
  - (a) A copy of the examination questions.
  - (b) A copy of or, if the applicant is reviewing an oral examination, audio recording of the applicant's answers to the examination questions.
  - (c) If an applicant is reviewing the statutes and rules examination, a copy of the master answer sheet.
  - (d) A form on which the applicant may write comments, questions, or claims of error regarding the examination.
- (7) ~~The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions, or claims of error regarding any item in the examination. The An applicant may consult bound reference books materials during the a review. Applicants shall not remove any notes from the area. Notes The form under sub. (6) (d) and any other notes taken by an applicant during a review shall be retained by the proctor and, if requested by the applicant, made available to the applicant for use at a hearing, if requested. The A proctor shall may not defend the examination or attempt to refute claims of error during the a review.~~
- (8) An applicant may not review ~~the an~~ examination more than once.

**Med 22.08 Board review of examination error claim.**

- (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was received. The request shall include all ~~of~~ the following:
  - (a) The applicant's name and address.
  - (b) The type of license for which the applicant applied.
  - (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.
  - (d) The facts the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.
- (2) The board shall review the claim, make a determination of the validity of the objections, and notify the applicant in writing of the board's decision and any resulting ~~grade~~ changes to the applicant's exam score.
- (3) If the board confirms the failing status following its review, the application shall be deemed incomplete, and the applicant may be reexamined.

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

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

- (1) The use of extracorporeal circulation, long-term cardiopulmonary membrane oxygenation, and associated therapeutic and diagnostic techniques.
- (2) Counterpulsation, ventricular assistance, autotransfusion, blood conservation, management and processing techniques, myocardial and organ preservation, isolated limb perfusion, and surgical assistance.
- (3) The administration of pharmacological and therapeutic agents, and blood products or anesthetic agents, through the extracorporeal circuit or through an intravenous line in conjunction with extracorporeal support.
- (4) The performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, induction and hypothermia and ~~hyperthermia~~ hyperthermia with reversal, hemoconcentration and hemodilution, and ~~hymodialysis~~ hemodialysis.
- (5) The observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics, and the implementation of appropriate reporting, perfusion protocols or changes in or the initiation of emergency procedures.
- (6) Evaluation and selection of equipment to perform the functions set forth in subs. (1) to (5).

**Med 22.10 Continuing education.**

- (1) In this section:
  - (a) "ABCP" means the American Board of Cardiovascular Perfusion.
  - ~~(am) "AC-PE" means the Accreditation Committee-Perfusion Education.~~
  - (b) "Contact hour" means not less than 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.
  - (c) "Continuing education" means planned, organized learning activities designed to maintain, improve, or expand a licensee's knowledge and skills relevant to the practice of perfusion.
  - (d) "Continuing education unit" means one contact hour of continuing education.
  - (e) "Licensee" means a person licensed to practice perfusion in this state.
- (2) Each licensee shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that ~~he or she has~~, in the 2 years preceding the renewal due date, ~~completed~~ at least 30 continuing education units of acceptable continuing education were completed. At least 10 continuing education units ~~must~~ shall be completed in Category I activities.

- (3) ~~No additional~~ Additional continuing education units ~~are~~ may not be given for subsequent presentations of the same content.
- (4) Continuing education units shall be accumulated through professional activities related to perfusion in all ~~of~~ the following categories:
- (a) ~~Category I~~ Category I. ABCP-approved perfusion meetings and related activity, including all ~~of~~ the following:
1. Attendance at ABCP-approved international, national, regional, or state perfusion meetings, programs, and seminars ~~in at~~ which a minimum of 75% of the contact hours consist of perfusion related material; ~~including international, national, regional or state perfusion meetings;~~ + One continuing education unit may be claimed for each contact hour.
  2. Publication of a perfusion related book chapter or paper in a professional journal; 5 Five continuing education units may be claimed for each published book chapter or paper, subject to a ~~maximum limit~~ maximum limit of 10 continuing education units in any given renewal period.
  3. ~~Presentation of Presenting~~ a talk workshop or lecture at an international, national, regional, or state perfusion meeting; 5 Five continuing education units may be claimed for each presentation, subject to a ~~maximum limit~~ maximum limit of 10 continuing education units in any given renewal period.
  4. Presentation of a poster or other exhibit at an international, national, regional, or state perfusion meeting; 2 Two continuing education units may be claimed for each presentation, subject to a ~~maximum limit~~ maximum limit of 4 continuing education units in any given renewal period.
  5. Participation in an AC-PE site visitor workshop or volunteering as an AC-PE site visitor; 5 Five continuing education units may be claimed for each workshop or site visit, subject to a ~~maximum limit~~ maximum limit of 10 continuing education units in any given renewal period.
  6. Participation in an ABCP knowledge base survey; 2 Two continuing education units may be claimed for each survey.
  7. Self-directed continuing education meeting ABCP requirements; + One continuing education unit may be claimed for each contact hour.
- (b) ~~Category II~~ Category II. Non-accredited perfusion meetings and other medical meetings, including all the following:
1. ~~Perfusion Attendance at international, national, regional, or state perfusion~~ or medical meetings, programs, and seminars ~~in not approved by ABCP, at~~ which a minimum of 75% of the contact hours consist of perfusion related material; ~~including international, national, state or regional perfusion meetings;~~ One-half of a continuing education unit may be claimed for each contact hour, subject to a ~~maximum limit~~ maximum limit of 10 continuing education units in any given renewal period.
  2. Manufacturer-specific and company-sponsored educational activities; + One continuing education unit may be claimed for each contact hour.
- (c) ~~Category III~~ Category III. Individual education and other self-study activities, including all the following:
1. Serving as a clinical instructor in an accredited perfusion training program; 2 Two continuing education units per may be claimed for this service in each year of a renewal period.
  2. Serving as a didactic instructor in an accredited perfusion training program; + One continuing education unit per may be claimed for each contact hour, subject to a ~~maximum limit~~ maximum limit of 4 continuing education units in any given renewal period.
  3. Participation in an ABCP examination development workshop or survey; 2 Two continuing education units per may be claimed for each contact hour, subject to a ~~maximum limit~~ maximum limit of 4 continuing education units in any given renewal period.
  4. Self-learning activities and self-study modules, including use of audiovisual devices or electronic forums, reading scientific journals, and participation in degree-oriented, professionally related course work; ~~and self-study modules;~~ + One continuing education unit per may be claimed for each contact hour, subject to a ~~maximum limit~~ maximum limit of 10 continuing education units in any given renewal period.

5. Presentation at a non-approved international, national, regional, or state perfusion or medical meeting: ~~that is not approved by ABCP.~~ 1 One continuing education unit may be claimed for each hour of presentation.
  6. ~~Grand Participation in a grand~~ round: 1 One continuing education unit ~~per~~ may be claimed for each contact hour, subject to a ~~maximum~~ limit of 2 continuing education units in any given renewal period.
  7. Completion of Advanced ~~cardiac life support~~ Cardiac Life Support training: ~~2 Two~~ Two continuing education units may be claimed for completion of this training.
- (5) An applicant for renewal shall certify ~~his or her attendance at~~ completion of required continuing education. The board ~~may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements, and~~ shall audit for compliance with the continuing education requirements any licensee who is under investigation by the board for alleged misconduct.

on which the petition and proposed rule were submitted to the committee.

3. Following receipt of the petition and proposed rule submitted by the legislative council staff under subd. 2., the joint committee for review of administrative rules shall review the petition and proposed rule and may do any of the following:

a. Approve the agency's petition if the committee determines that the proposed rule would repeal an unauthorized rule.

b. Deny the agency's petition.

c. Request that the agency make changes to the proposed rule and resubmit the petition and proposed rule under subd. 1.

4. The committee shall inform the agency in writing of its decision as to the petition.

(c) If the joint committee for review of administrative rules approves a petition to repeal an unauthorized rule as provided in par. (b) 3. a., the agency shall promulgate the proposed rule by filing a certified copy of the rule with the legislative reference bureau under s. 227.20, together with a copy of the committee's decision.

**SECTION 7.** 227.29 of the statutes is created to read:

**227.29 Agency review of rules and enactments.** (1)

By March 31 of each odd-numbered year, each agency with any rules published in the code shall submit a report to the joint committee for review of administrative rules listing all of the following rules promulgated or otherwise administered by that agency:

(a) Unauthorized rules, as defined in s. 227.26 (4) (a), together with a description of the legislation that eliminated the agency's authority to promulgate any such rule.

(b) Rules for which the authority to promulgate has been restricted, together with a description of the legislation that restricted that authority.

(c) Rules that are obsolete or that have been rendered unnecessary, together with a description of why those rules are obsolete or have been rendered unnecessary.

(d) Rules that are duplicative of, superseded by, or in conflict with another rule, a state statute, a federal statute or regulation, or a ruling of a court of competent jurisdiction, together with a citation to or the text of any such statute, regulation, or ruling.

(e) Rules that the agency determines are economically burdensome.

(2) The report under sub. (1) shall also include all of the following:

(a) A description of the agency's actions, if any, to address each rule listed in the report. If the agency has not taken any action to address a rule listed in the report, the agency shall include an explanation for not taking action.

(b) A description of the status of each rule listed in the previous year's report not otherwise listed.

(c) If the agency determines that there is no rule as described under sub. (1) (a), (b), (c), (d), or (e), a statement of that determination.

(3) If an agency identifies an unauthorized rule under sub. (1) (a) and is not otherwise in the process of promulgating a rule that repeals the unauthorized rule, the agency shall, within 30 days after the agency submits the report, submit a petition to the legislative council staff under s. 227.26 (4) (b) 1. to repeal the unauthorized rule if the agency has not previously done so.

(4) (a) In this subsection, "enactment" means an act or a portion of an act that is required to be published under s. 35.095 (3) (a).

(b) Each agency shall review enactments to determine whether any part of an enactment does any of the following:

1. Eliminates or restricts the agency's authority to promulgate any rules promulgated or otherwise administered by that agency.

2. Renders any rules promulgated or otherwise administered by that agency obsolete or unnecessary.

3. Renders, for any reason, any rules promulgated or otherwise administered by that agency not in conformity with or superseded by a state statute, including due to statutory numbering or terminology changes in the enactment.

4. Requires or otherwise necessitates rule making by the agency.

(c) If an agency determines that any consequence specified in par. (b) 1. to 4. results from an enactment or part of an enactment, within 6 months after the applicable effective date for the enactment or part of the enactment, the agency shall do one or more of the following, as applicable, to address the consequence identified by the agency and notify the joint committee for review of administrative rules of its action:

1. Submit a statement of the scope of a proposed rule under s. 227.135 (2), unless the enactment requires otherwise or unless the agency submits a notice to the committee explaining why it is unable to submit the statement of scope within that time period and an estimate of when the agency plans to submit the statement of scope.

2. In the case of an affected rule that the agency determines is an unauthorized rule, as defined in s. 227.26 (4) (a), submit a petition to the legislative council staff under s. 227.26 (4) (b) 1.

3. In the case of a consequence specified under par. (b) 3. that can be addressed by the legislative reference bureau using its authority under s. 13.92 (4) (b), submit a request to the legislative reference bureau to use that authority.

**SECTION 8. Initial applicability.**

(1) The treatment of section 227.29 (4) of the statutes first applies to enactments published by the legislative

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

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  Pete Schramm, Continuing Education Specialist		<b>2) Date When Request Submitted:</b>  8/2/2018  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b>  Medical Examining Board			
<b>4) Meeting Date:</b>  8/15/2018	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  CME Audit Compliance Report	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  Presentation of report following conclusion of the 2018 CME Audit; make motion to refer non-complaint license holders to DLSC.			
<b>11) Authorization</b>			
<b>Peter Schramm</b>		<b>8/2/2018</b>	
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	
<b>Directions for including supporting documents:</b> 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.			

# Physician CME Audit Compliance Report (M.D. 2015-2017, D.O. 2016-2018)

## **Physician M.D. (Reg Type 20) Audit**

Of 1,169 licensees audited, 144 were not in compliance representing a 87.76 % compliance rate; following are reasons for noncompliance:

- 28 licensees did not submit an opioid course
- 27 licensees submitted an opioid course that occurred after the acceptable time period of 1/1/2016-12/31/2017
- 20 licensees had their final notices returned as 'undeliverable' by the post office
- 19 licensees returned the certified mail receipt, but did not submit any of the requested audit materials
- 16 licensees submitted an opioid course that had not been approved by the Medical Examining Board
- 14 licensees submitted less than 30 hours of acceptable CME
- Six (6) licensees submitted CME hours that occurred outside of the acceptable time period of 1/1/2016-12/31/2017
- Four (4) licensees submitted a table that listed the required CME, but submitted no supporting documentation to verify it
- Four (4) stated they were no longer practicing
- Four (4) licensees claimed retirement
- One (1) licensee requested an extension to submit materials but never submitted anything further
- One (1) licensee stated they could not complete hours because they were in seminary

## **Physician D.O. (Reg Type 21) Audit**

Of 110 licensees audited, 10 were not in compliance representing a 90.91 % compliance rate; following are reasons for noncompliance:

- Three (3) licensees had their final notices returned as 'undeliverable' by the post office
- Three (3) licensees submitted less than 30 hours of acceptable CME
- Two (2) licensees submitted CME hours that occurred outside of the acceptable time period of 1/1/2016-12/31/2017
- One (1) licensee returned the certified mail receipt, but did not submit any of the requested audit materials
- One (1) licensee submitted an opioid course that had not been approved by the Medical Examining Board