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**MEDICAL EXAMINING BOARD**  
**Room N208, 4822 Madison Yards Way, Madison**  
**Contact: Tom Ryan (608) 266-2112**  
**October 17, 2018**

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

**AGENDA**

**8:00 A.M.**

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

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of September 19, 2018 (6-10)**
- C. Introductions, Announcements and Recognition**
- D. Conflicts of Interest**
- E. Administrative Matters (11)**
  - 1. Department and Staff Updates
  - 2. Introductions, Announcements, and Recognition – Resignation of Robert Zondag
  - 3. Appointment of Liaisons and Alternates
  - 4. Board Members – Term Expiration Dates
    - a. Alaa Abd-Elseyed – 07/01/2020
    - b. David Bryce – 07/01/2021
    - c. Mary Jo Capodice – 07/01/2018
    - d. Michael Carton – 07/01/2020
    - e. Padmaja Doniparthi – 07/01/2021
    - f. Rodney Erickson – 07/01/2019
    - g. Bradley Kudick – 07/01/2020
    - h. Lee Ann Lau – 07/01/2020
    - i. David Roelke – 07/01/2021
    - j. Kenneth Simons – 07/01/2018
    - k. Timothy Westlake – 07/01/2020
    - l. Robert Zoeller – 07/01/2019
    - m. Robert Zondag – 07/01/2018
  - 5. December/June – Screening Panel and Examination Panel Appointments
  - 6. Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- F. Legislation and Rule Matters – Discussion and Consideration (12-40)**
  - 1. Scope Statement for Med 10, Relating to Unprofessional Conduct

2. Review of Proposed Changes to MTBT 4, Relating to Requirements for Renewal and Reinstatement; MTBT 5, Relating to Unprofessional Conduct; and OT 4, Relating to Supervision and Practice of Occupational Therapy Assistants
  3. Update on Legislation and Pending or Possible Rulemaking Projects
- G. Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration (41-54)**
1. Updated Report Based on PDMP Data for Potential Referrals to Professional Licensing Boards  
**Updated Materials**
- H. Update on Re-Entry to Practice – Lee Ann Lau and Tom Ryan (55)**
1. Recommendations from the September 19, 2018 Re-Entry to Practice Committee Meeting for Full Board Consideration
- I. Speaking Engagement(s), Travel, or Public Relation Request(s), and Report(s)**
1. Travel Report from the Wisconsin Psychiatric Association Fall Conference in Wisconsin Dells, WI
- J. Appointments, Reappointments, Confirmations and Committee, Panel Liaison and Mentor Appointments (56-82)**
1. Consideration of Lois Connolly, M.D., for Reappointment as an Anesthesiologist Member on the Council on Anesthesiologist Assistants
- K. Federation of State Medical Boards (FSMB) Matters**
- L. Controlled Substances Board Report – Timothy Westlake**
- M. Governor’s Task Force on Opioid Abuse – Timothy Westlake**
- N. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners**
- O. Newsletter Matters**
- P. Screening Panel Report**
- Q. Informational Items (83)**
1. Centers for Disease Control Report, “Health, United States, 2017 with Special Feature on Mortality”
- R. 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

S. Future Agenda Items

T. **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.).**

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

**1. Monitoring (84-85)**

- a. Farid A. Ahmad, M.D. – Requesting Consideration of his Objection to the Denial of Full Licensure **(86-197)**
- b. Jennifer L. Fick (Nolden), P.A. – Requesting Reduction in Drug and Alcohol Screens and Termination of AA/NA Meetings **(198-242)**
- c. Abel A. Garibaldi, M.D. – Requesting Reinstatement of Full Licensure **(243-258)**

**2. Administrative Warnings**

- a. 15 MED 398 – S.J.C. **(259-261)**
- b. 16 MED 416 – D.S. **(262-263)**
- c. 16 MED 473 – T.E.N. **(264-265)**
- d. 17 MED 349 – T.A.S. **(266-267)**

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

- a. 16 MED 415 – Alissa Dries, M.D. **(268-273)**
- b. 17 MED 104 – John W. Murphy, M.D. **(274-279)**
- c. 18 MED 305 – Maud H. Regne- Karlsson, M.D. **(280-284)**

**4. Case Closings**

- a. 16 MED 029 – P.G. **(285-297)**
- b. 16 MED 127 – J.L.H. **(298-305)**
- c. 16 MED 217 – M.A.D. **(306-319)**
- d. 17 MED 101 – M.F.D. **(320-328)**
- e. 17 MED 243 – A.F. **(329-337)**
- f. 17 MED 322 – P.S. **(338-342)**

- g. 17 MED 481 – M.V. **(343-352)**
- h. 17 MED 543 – M.B. **(353-364)**
- i. 17 MED 549 – D.C.D. **(365-371)**
- j. 18 MED 073 – T.D.M. **(372-406)**
- k. 18 MED 088 – K.C. **(407-416)**
- l. 18 MED 231 – J.S. **(417-419)**

V. Open Cases

W. Consulting with Legal Counsel

X. Deliberation of Items Added After Preparation of the Agenda

- 1. Education and Examination Matters
- 2. Credentialing Matters
- 3. Disciplinary Matters
- 4. Monitoring Matters
- 5. Professional Assistance Procedure (PAP) Matters
- 6. Petition(s) for Summary Suspensions
- 7. Proposed Stipulations, Final Decisions and Orders
- 8. Administrative Warnings
- 9. Proposed Decisions
- 10. Matters Relating to Costs
- 11. Complaints
- 12. Case Closings
- 13. Case Status Report
- 14. Petition(s) for Extension of Time
- 15. Proposed Interim Orders
- 16. Petitions for Assessments and Evaluations
- 17. Petitions to Vacate Orders
- 18. Remedial Education Cases
- 19. Motions
- 20. Petitions for Re-Hearing
- 21. Appearances from Requests Received or Renewed

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

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

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

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

**ADJOURNMENT**

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE**

**ROOM N207**

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

**CLOSED SESSION** – Reviewing Applications and Conducting Oral Examination of one (1) (at time of agenda publication) Candidates for Licensure – Dr. Padmaja Doniparthi and Dr. David Roelke

**NEXT MEETING DATE: NOVEMBER 14, 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  
SEPTEMBER 19, 2018**

**PRESENT:** Alaa Abd-Elsayed, M.D.; David Bryce, M.D.; Mary Jo Capodice, D.O.; Michael Carton (*arrived at 8:31 a.m./via phone*); Padmaja Doniparthi, M.D. (*arrived at 8:03 a.m.*); Rodney Erickson, M.D. (*arrived at 8:03 a.m.*); Bradley Kudick, Lee Ann Lau, M.D.; Kenneth Simons, M.D.; Timothy Westlake, M.D.; Robert Zoeller, M.D. (*via phone*)

**EXCUSED:** David Roelke, M.D.; Robert Zondag

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

**CALL TO ORDER**

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

**ADOPTION OF AGENDA**

**Amendment to the Agenda**

- *Closed Session: REMOVE item "T. Deliberation on Division of Legal Services and Compliance Matters; 5. Case Closings; a. 15 MED 418"*

**MOTION:** Timothy Westlake moved, seconded by Alaa Abd-Elsayed, to adopt the agenda as amended. Motion carried unanimously.

*(Padmaja Doniparthi and Rodney Erickson arrived at 8:03 a.m.)*

**MINUTES OF AUGUST 15, 2018**

**MOTION:** Mary Jo Capodice moved, seconded by Bradley Kudick, to approve the minutes of August 15, 2018 as published. Motion carried unanimously.

*(Michael Carton was connected to the meeting by phone at 8:31 a.m.)*

**LEGISLATION AND RULE MATTERS**

**Review of Draft Proposed Permanent Rules for Med 20, Relating to Respiratory Care Practitioners; and Med 22, Relating to Perfusionists**

**MOTION:** David Bryce moved, seconded by Rodney Erickson, to approve the preliminary rule drafts for Med 20, relating to respiratory care practitioners with the additional revision approved at today's meeting to § Med 20.03(1)(f); and Med 22, relating to perfusionists, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

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

**MOTION:** Alaa Abd-Elsayed moved, seconded by Timothy Westlake, to designate Kenneth Simons to attend the FSMB Artificial Intelligence (AI) Summit. Motion carried unanimously.

### **CLOSED SESSION**

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

The Board convened into Closed Session at 9:35 a.m.

### **RECONVENE TO OPEN SESSION**

**MOTION:** Alaa Abd-Elsayed moved, seconded by Rodney Erickson reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:24 a.m.

### **VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION**

**MOTION:** Mary Jo Capodice moved, seconded by Michael Carton, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

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

### **CREDENTIALING MATTERS**

#### ***Tatjana Stevanovic, M.D. – Application Review***

**MOTION:** Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to deny the Medicine and Surgery application of Tatjana Stevanovic, M.D. Motion carried unanimously.

**MOTION:** David Bryce moved, seconded by Alaa Abd-Elsayed, to refer the recommending physicians P.K. and A.R., for Dr. Stevanovic to DLSC for screening. Motion carried unanimously.

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

**Monitoring**

***Farid A. Ahmad, M.D. – Requesting Consideration of His Objection to the Denial of Full Licensure***

**MOTION:** Lee Ann Lau moved, seconded by Rodney Erickson, to table the matter of Farid A. Ahmad, M.D. to a future meeting. Motion carried unanimously.

***Charles W. Mayo II, M.D. – Requesting Reinstatement of Full Licensure***

**MOTION:** Timothy Westlake moved, seconded by Padmaja Doniparthi, to grant the request of Charles W. Mayo II, M.D. for reinstatement of full licensure. Motion carried unanimously.

***LuAnn Moraski, D.O. – Requesting Reinstatement of Full Licensure***

**MOTION:** Timothy Westlake moved, seconded by Alaa Abd-Elseyed, to grant the request of LuAnn Moraski, D.O. for reinstatement of full licensure. Motion carried unanimously.

**Complaints**

***15 MED 374 – T.E.G.***

**MOTION:** Lee Ann Lau moved, seconded by David Bryce, to find probable cause to believe that T.E.G., DLSC Case Number 15 MED 374, 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.

*(Timothy Westlake recused himself and left the room for deliberation and voting in the matter concerning T.E.G., Respondent – DLSC Case Number 15 MED 374.)*

***16 MED 423 – J.D.C.***

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, 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. Timothy Westlake, Vice Chair, Chaired the meeting for the deliberation and voting.)*

**17 MED 412 – B.P.V.**

**MOTION:** Rodney Erickson moved, seconded by Padmaja Doniparthi, to find probable cause to believe that B.P.V., DLSC Case Number 17 MED 412, 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.

*(Timothy Westlake recused himself and left the room for deliberation and voting in the matter concerning B.P.V., Respondent – DLSC Case Number 17 MED 412.)*

**Stipulations, Final Decisions and Orders**

**16 MED 073 – Mark A. Nelson, M.D.**

**MOTION:** Timothy Westlake moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Mark A. Nelson, M.D., DLSC Case Number 16 MED 073. Motion carried unanimously.

**16 MED 389 – Adegboyega H. Lawal, M.D.**

**MOTION:** Timothy Westlake moved, seconded by Padmaja Doniparthi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Adegboyega H. Lawal, M.D., DLSC Case Number 16 MED 389. Motion carried.

*(Lee Ann Lau recused herself and left the room for deliberation and voting in the matter concerning Adegboyega H. Lawal, M.D., DLSC Case Number 16 MED 389.)*

**17 MED 340 – Garland W. Yarborough, M.D.**

**MOTION:** Alaa Abd-Elsayed moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Garland W. Yarborough, M.D., DLSC Case Number 17 MED 340. Motion carried unanimously.

**Case Closings**

**16 MED 375 – H.S.**

**MOTION:** David Bryce moved, seconded by Bradley Kudick, to close DLSC Case Number 16 MED 375, against H.S., for No Violation. Motion carried unanimously.

**16 MED 431 – M.K.B.**

**MOTION:** David Bryce moved, seconded by Rodney Erickson, to close DLSC Case Number 16 MED 431, against M.K.B., for Prosecutorial Discretion (P3). Motion carried unanimously.

**17 MED 182 – R.M.**

**MOTION:** Timothy Westlake moved, seconded by Lee Ann Lau, to close DLSC Case Number 17 MED 182, against R.M., for No Violation. Motion carried unanimously.

**17 MED 224 – R.D.**

**MOTION:** Timothy Westlake moved, seconded by Mary Jo Capodice, to close DLSC Case Number 17 MED 224, against R.D., for Prosecutorial Discretion (P7). Motion carried.

*(Lee Ann Lau recused herself and left the room for deliberation and voting in the matter concerning R.D., DLSC Case Number 17 MED 224.)*

**17 MED 332 – A.J.L.**

**MOTION:** Rodney Erickson moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 17 MED 332, against A.J.L., for No Violation. Motion carried unanimously.

**18 MED 117 – Unknown**

**MOTION:** Alaa Abd-Elsayed moved, seconded by David Bryce, to close DLSC Case Number 18 MED 117, against Unknown, for No Violation. Motion carried.

*(Mary Jo Capodice recused herself and left the room for deliberation and voting in the matter concerning DLSC Case Number 18 MED 117.)*

**18 MED 151 – R.S.**

**MOTION:** Lee Ann Lau moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 18 MED 151, against R.S., for No Violation. Motion carried unanimously.

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

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

**ADJOURNMENT**

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

The meeting adjourned at 11:25 a.m.

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  <b>Tom Ryan</b>		2) Date When Request Submitted:  <b>9/10/2018</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>10/17/2018</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Resignation of Robert Zondag</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>Public member Robert Zondag plans to resign from the Board on 10/31/2018. The Board will recognize his service and make re-appointments for his liaison and delegated duties as necessary.</b>			
11) <b>Authorization</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
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin  
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>10/5/18</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>  10/17/18	<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> <b>1. Scope Statement for Med 10, Relating to Unprofessional Conduct</b> <b>2. Review of Proposed Changes to MTBT 4, Relating to Requirements for Renewal and Reinstatement; MTBT 5, Relating to Unprofessional Conduct; and OT 4, Relating to Supervision and Practice of Occupational Therapy Assistants</b> <b>3. Update on Other Legislation and Pending or Possible Rulemaking Projects</b>	
<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>  2. Under s. 15.085 (5), Stats., the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board and the Occupational Therapists Affiliated Credentialing Board are required to submit a proposed rule to the Medical Examining Board for comment at least 60 days before the proposed rule is submitted to the Legislative Clearinghouse. Any comments on the proposed rule must be considered and included in the report on the proposed rule submitted to the Legislature.			
<b>11)</b> <i>Dale Kleven</i>		<b>Authorization</b>  <i>October 5, 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.			

# STATEMENT OF SCOPE

## Medical Examining Board

Rule No.: Med 10

Relating to: Unprofessional Conduct

Rule Type: Permanent

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

N/A

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

The objective of the proposed rule is to revise s. Med 10.03 (3) (h) to be consistent with the provisions of s. SPS 4.09 (2) concerning reporting a conviction.

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

Section Med 10.03 (3) (h) provides that unprofessional conduct includes “[f]ailing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.” This provision is inconsistent with s. SPS 4.09 (2), which requires a licensee who is convicted of a felony or misdemeanor in Wisconsin or elsewhere to “. . . notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction.” The proposed rule will revise s. Med 10.03 (3) (h) to be consistent with the provisions of s. SPS 4.09 (2).

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

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

Section 448.015 (4) (am), Stats., defines “unprofessional conduct” to mean all of the following:

- Those acts or attempted acts of commission or omission defined as unprofessional conduct by the board under the authority delegated to the board by s. 15.08 (5) (b), Stats.
- Any act by a physician or physician assistant in violation of ch. 450 or 961, Stats.
- Failure by a physician to report as required under s. 448.115, Stats.

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

60 hours

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

Physicians and other health care practitioners issued a license or certificate under ch. 448, Stats.

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

None.

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

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

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

Approved for publication:

Approved for implementation:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Submitted

STATE OF WISCONSIN  
MESSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING  
BOARD

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

An order of the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to repeal MTBT 4.04 (2) (a) and (b); to renumber and amend MTBT 4.04 (2) (intro.); to amend ch. MTBT 4 (title), 4.02, 4.03, and 4.04 (intro.) and (1) (intro.), (b), and (c); and to create MTBT 4.04 (1) (d) and (e) and 4.05, relating to requirements for renewal and reinstatement.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

**Statutes interpreted:**

Section 460.14 (3), Stats.

**Statutory authority:**

Sections 15.085 (5) (b), 440.08 (3) (b), and 460.10 (1) (a), Stats.

**Explanation of agency authority:**

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

Section 440.08 (3) (b), Stats., provides authority for the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, Stats., that the Board determines are necessary to protect the public health, safety, or welfare. The rules may not require the holder to complete educational requirements or pass examinations that are more extensive than the educational or examination requirements that must be completed to obtain an initial credential from the Board.

Section 460.10 (1) (a), Stats., provides the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board may promulgate rules establishing “[r]equirements and procedures for a license holder to complete continuing education programs or courses of study to qualify for renewal of his or her license. The rules promulgated under this paragraph may not require a license holder to complete more than 24 hours of continuing education programs or courses of study in order to qualify for renewal of his or her license.”

**Related statute or rule:**

Chapter MTBT 7 provides continuing education requirements for renewal of a license as a massage therapist or bodywork therapist.

**Plain language analysis:**

Sections MTBT 4.02 and 4.04 contain the provisions for renewal and late renewal of a license as a massage therapist or bodywork therapist. These provisions are not clear concerning educational and examination requirements for late renewal and do not specify the requirements for reinstatement when a licensee has unmet disciplinary requirements, or a license has been revoked or surrendered. In addition, s. MTBT 4.04 does not reflect the requirement under s. 460.07 (2) (d), Stats., that a renewal application include evidence satisfactory to the Board that the applicant has current proficiency in the use of an automated external defibrillator (AED).

The proposed rules clarify the requirements in ss. MTBT 4.02 and 4.04 for renewal and late renewal of a license and create s. MTBT 4.05 to specify the requirements for reinstatement of a license. The proposed rules also update provisions throughout ch. MTBT 4 for clarity and to conform with current drafting standards and applicable Wisconsin statutes.

**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 (IDFPR) specify requirements for renewal and restoration of a license to practice massage therapy in the state of Illinois (68 Ill. Adm. Code 1284.60 and 1284.80).

The holder of a license may renew the license during the month preceding the expiration date by paying the required fee and completing the continuing education requirements under 68 Ill. Adm. Code 1284.90.

A person seeking restoration of a license after it has expired or has been placed on inactive status for less than 5 years must file an application with the required fee and proof of 24 hours of continuing education as defined in 68 Ill. Adm. Code 1284.90 in the 2 years immediately preceding the restoration application.

A person seeking restoration of a license after it has expired or has been placed on inactive status for 5 years or more must file an application with the required fee, proof of 24 hours of continuing education as defined in 68 Ill. Adm. Code 1284.90 in the 2 years immediately preceding the restoration application, and one of the following:

- Certification of current licensure and proof of current active practice in another jurisdiction.
- An affidavit attesting to military service (any person seeking restoration of a license within 2 years after discharge from military service must pay the current renewal fee, but is not required to submit proof of meeting the continuing education requirements).

- Proof of successful completion of an exam approved by IDFPR within 2 years prior to the restoration application.

**Iowa:**

Rules of the Iowa Board of Massage Therapy specify requirements for renewal, reactivation, and reinstatement of a license to practice massage therapy in the state of Iowa (645 IAC 131.8, 131.14, and 131.15).

A licensee seeking renewal must submit a completed renewal application and renewal fee before the license expiration date, meet the continuing education requirements under 645 IAC 133.2, and certify completion of all training in child and dependent adult abuse identification and reporting required under 645 IAC 131.8(4).

To apply for reactivation of an inactive license, a licensee must submit all of the following:

- A completed reactivation application and reactivation fee
- Verification of completing 16 hours of continuing education within 2 years of application
- Verification of the status of the license from every jurisdiction in which the applicant practiced massage therapy during the time the Iowa license has been inactive
- If the license has been on inactive status for more than 5 years, verification of successful completion of a Board-approved examination within 2 years of application.

A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reactivation of the license as provided above and apply for and receive reinstatement of the license. The application for reinstatement must, as required under 645 IAC 11.31, be filed in accordance with any applicable terms and conditions of the order of revocation or suspension. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, the application may not be filed until one year from the date of the order or the date of voluntary surrender. The application must allege facts which, if established, will be sufficient to enable the board to reinstate the license.

**Michigan:**

Rules of the Michigan Board of Massage specify requirements for renewal of a license and relicensure to practice massage therapy in the state of Michigan (Mich Admin Code, R 338.719 and R 338.731).

An applicant for license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall accumulate not less than 18 hours of continuing education in activities approved by the Board during the 3 years immediately preceding the application for renewal. Submission of an application for renewal and required fee constitutes the applicant's certification of compliance with these requirements.

An applicant whose license has lapsed for less than 3 years preceding the date of application may be relicensed if the applicant submits a completed application and required fee along with verification of having completed at least 18 hours of Board-approved continuing education during the 3 years immediately preceding application.

An applicant whose license has lapsed for 3 years or more preceding the date of application may be relicensed if the applicant submits a completed application and required fee. In addition, the applicant must satisfy one of the following requirements:

- Successful completion of the Massage and Bodywork Licensing Examination (MBLEX) or the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB)
- Registration or licensure as a massage therapist in another state during the 3 years immediately preceding application.

### **Minnesota:**

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

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

The proposed rules clarify the requirements in ch. MTBT 4 for renewal and reinstatement of a license as a massage therapist or bodywork therapist. No additional factual data or analytical methodologies were used to develop the proposed rules.

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

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

### **Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis document is attached.

### **Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at [NathanielL.Ristow@wisconsin.gov](mailto:NathanielL.Ristow@wisconsin.gov), or by calling (608) 266-3445.

### **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).

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to [DSPSAdminRules@wisconsin.gov](mailto:DSPSAdminRules@wisconsin.gov). Comments must be received at or before the public hearing to be held [TBD], to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. Chapter MTBT 4 (title) is amended to read:

CHAPTER MTBT 4

REQUIREMENTS FOR RENEWAL AND REINSTATEMENT

SECTION 2. MTBT 4.02 and 4.03 are amended to read:

**MTBT 4.02 Renewal of license.** ~~In order to~~ To renew a license, ~~on or before the renewal date, the license holder~~ a licensee shall, by the renewal date under s. 440.08 (2) (a) 46r., Stats., and s. MTBT 4.01, submit all of the following to the board:

(1) ~~A renewal~~ An application for renewal on a form provided by the board.

(2) The renewal fee required under s. 440.08 (2) ~~(a) 46r. (c),~~ Stats.

(3) Evidence satisfactory to the board ~~that he or she~~ the licensee has in effect as a policyholder and insured, malpractice liability insurance coverage in an amount ~~that is~~ not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

(4) Evidence satisfactory to the board ~~that he or she~~ the licensee has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38), Stats., to provide the instruction.

(5) ~~Beginning with the biennial registration period commencing on March 1, 2015, unless granted a waiver under s. MTBT 7.02 (4), each licensee is required to complete 24 hours of continuing education prior to renewal of a license to practice as a massage therapist or bodywork therapist, except that, a new licensee shall not be required to comply with the continuing education requirements for the first renewal of a license. The signed statement required under s. MTBT 7.02 (3).~~

**4.03 Failure to renew.** A ~~license holder~~ licensee who fails to renew a license by the applicable renewal date may not use any title or description that implies that he or she is credentialed by the board as a massage therapist or bodywork therapist until ~~his or her~~ the license is renewed under s. MTBT 4.04 or reinstated under s. MTBT 4.05.

SECTION 3. MTBT 4.04 (intro.) and (1) (intro.), (b), and (c) are amended to read:

**MTBT 4.04 (intro.) Late renewal.** A massage therapist or bodywork therapist who fails to renew ~~his or her~~ a license by the renewal date may renew the license by satisfying ~~all~~ one of the following requirements:

(1) (intro.) If applying ~~less than~~ within 5 years ~~after~~ of the renewal date, submitting to the board all of the following:

(b) The ~~applicable~~ renewal ~~fees~~ fee and late fee required under s. 440.08 (2) (a) (c) and (3), Stats.

(c) Evidence satisfactory to the board that ~~he or she~~ the applicant has in effect as a policyholder and insured, malpractice liability insurance coverage in an amount ~~that is~~ not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

SECTION 4. MTBT 4.04 (1) (d) and (e) are created to read:

**MTBT 4.04 (1) (d)** Evidence satisfactory to the board the applicant has current proficiency in the use of an automated external defibrillator achieved through instruction provided by an individual, organization, or institution of higher education approved under s. 46.03 (38), Stats., to provide the instruction.

(e) The signed statement required under s. MTBT 7.02 (3).

SECTION 5. MTBT 4.04 (2) (intro.) is renumbered MTBT 4.04 (2) and amended to read:

**MTBT 4.04 (2)** If applying ~~5 years or more~~ than 5 years after the renewal date, satisfying the requirements ~~in~~ under sub. (1); and submitting ~~proof evidence of all of the following:~~ successful completion of educational coursework or an examination required by the board to ensure protection of the public health, safety, and welfare. Except as provided under s. MTBT 4.05 (1), this subsection does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

SECTION 6. MTBT 4.04 (2) (a) and (b) are repealed.

SECTION 7. MTBT 4.05 is created to read:

**MTBT 4.05 Reinstatement.** A massage therapist or bodywork therapist who has unmet disciplinary requirements and has failed to renew a license within 5 years of the renewal date or whose license has been surrendered or revoked may apply for reinstatement of the license by submitting all of the following:

(1) Evidence of completion of the requirements under s. MTBT 4.04 (2).

(2) Evidence of completion of disciplinary requirements, if applicable.

(3) Evidence of rehabilitation or change in circumstances warranting reinstatement of the license.

SECTION 8. 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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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

<b>1. Type of Estimate and Analysis</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	<b>2. Date</b> September 20, 2018
<b>3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)</b> MTBT 4	
<b>4. Subject</b> Requirements for renewal and reinstatement	
<b>5. Fund Sources Affected</b> <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	<b>6. Chapter 20, Stats. Appropriations Affected</b> 20.165(1)(g)
<b>7. Fiscal Effect of Implementing the Rule</b> <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input checked="" type="checkbox"/> Could Absorb Within Agency's Budget	
<b>8. The Rule Will Impact the Following (Check All That Apply)</b> <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses <b>(if checked, complete Attachment A)</b>	
<b>9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).</b> \$0	
<b>10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>11. Policy Problem Addressed by the Rule</b> Sections MTBT 4.02 and 4.04 contain the provisions for renewal and late renewal of a license as a massage therapist or bodywork therapist. These provisions are not clear concerning educational and examination requirements for late renewal and do not specify the requirements for reinstatement when a licensee has unmet disciplinary requirements, or a license has been revoked or surrendered. In addition, s. MTBT 4.04 does not reflect the requirement under s. 460.07 (2) (d), Stats., that a renewal application include evidence satisfactory to the Board that the applicant has current proficiency in the use of an automated external defibrillator (AED).  The proposed rules clarify the requirements in ss. MTBT 4.02 and 4.04 for renewal and late renewal of a license and create s. MTBT 4.05 to specify the requirements for reinstatement of a license. The proposed rules also update provisions throughout ch. MTBT 4 for clarity and to conform with current drafting standards and applicable Wisconsin statutes.	
<b>12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.</b> The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.	
<b>13. Identify the Local Governmental Units that Participated in the Development of this EIA.</b> No local governmental units participated in the development of this EIA.	
<b>14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)</b> The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole. The Department estimates one-time administrative costs of \$249.53. These costs may be absorbed in the agency budget.	

## ADMINISTRATIVE RULES

### Fiscal Estimate & Economic Impact Analysis

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

The benefit to implementing the rule is providing clear requirements for renewal and reinstatement of a license. If the rule is not implemented, the requirements will remain unclear.

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16. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is clarity concerning the requirements for renewal and reinstatement of a license.

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17. Compare With Approaches Being Used by Federal Government

None

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

Illinois:

Rules of the Illinois Department of Financial and Professional Regulation (IDFPR) specify requirements for renewal and restoration of a license to practice massage therapy in the state of Illinois (68 Ill. Adm. Code 1284.60 and 1284.80).

The holder of a license may renew the license during the month preceding the expiration date by paying the required fee and completing the continuing education requirements under 68 Ill. Adm. Code 1284.90.

A person seeking restoration of a license after it has expired or has been placed on inactive status for less than 5 years must file an application with the required fee and proof of 24 hours of continuing education as defined in 68 Ill. Adm. Code 1284.90 in the 2 years immediately preceding the restoration application.

A person seeking restoration of a license after it has expired or has been placed on inactive status for 5 years or more must file an application with the required fee, proof of 24 hours of continuing education as defined in 68 Ill. Adm. Code 1284.90 in the 2 years immediately preceding the restoration application, and one of the following:

- Certification of current licensure and proof of current active practice in another jurisdiction.
- An affidavit attesting to military service (any person seeking restoration of a license within 2 years after discharge from military service must pay the current renewal fee, but is not required to submit proof of meeting the continuing education requirements).
- Proof of successful completion of an exam approved by IDFPR within 2 years prior to the restoration application.

Iowa:

Rules of the Iowa Board of Massage Therapy specify requirements for renewal, reactivation, and reinstatement of a license to practice massage therapy in the state of Iowa (645 IAC 131.8, 131.14, and 131.15).

A licensee seeking renewal must submit a completed renewal application and renewal fee before the license expiration date, meet the continuing education requirements under 645 IAC 133.2, and certify completion of all training in child and dependent adult abuse identification and reporting required under 645 IAC 131.8(4).

To apply for reactivation of an inactive license, a licensee must submit all of the following:

- A completed reactivation application and reactivation fee
- Verification of completing 16 hours of continuing education within 2 years of application
- Verification of the status of the license from every jurisdiction in which the applicant practiced massage therapy during the time the Iowa license has been inactive
- If the license has been on inactive status for more than 5 years, verification of successful completion of a Board-approved examination within 2 years of application.

A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reactivation of the license as provided above and apply for and receive reinstatement of the license. The application for reinstatement must, as required under 645 IAC 11.31, be filed in accordance with any applicable terms and conditions of the order of revocation or suspension. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, the application may not be filed until one year from the date of the order or the date of voluntary surrender. The application must allege facts which, if established, will be sufficient to enable the board to reinstate the license.

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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

### Michigan:

Rules of the Michigan Board of Massage specify requirements for renewal of a license and relicensure to practice massage therapy in the state of Michigan (Mich Admin Code, R 338.719 and R 338.731).

An applicant for license renewal who has been licensed for the 3-year period immediately preceding the expiration date of the license shall accumulate not less than 18 hours of continuing education in activities approved by the Board during the 3 years immediately preceding the application for renewal. Submission of an application for renewal and required fee constitutes the applicant's certification of compliance with these requirements.

An applicant whose license has lapsed for less than 3 years preceding the date of application may be relicensed if the applicant submits a completed application and required fee along with verification of having completed at least 18 hours of Board-approved continuing education during the 3 years immediately preceding application.

An applicant whose license has lapsed for 3 years or more preceding the date of application may be relicensed if the applicant submits a completed application and required fee. In addition, the applicant must satisfy one of the following requirements:

- Successful completion of the Massage and Bodywork Licensing Examination (MBLEX) or the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB)
- Registration or licensure as a massage therapist in another state during the 3 years immediately preceding application.

### Minnesota:

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

19. Contact Name Dale Kleven	20. Contact Phone Number (608) 261-4472
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This document can be made available in alternate formats to individuals with disabilities upon request.

**ADMINISTRATIVE RULES**  
**Fiscal Estimate & Economic Impact Analysis**

**ATTACHMENT A**

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

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

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3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
  - Less Stringent Schedules or Deadlines for Compliance or Reporting
  - Consolidation or Simplification of Reporting Requirements
  - Establishment of performance standards in lieu of Design or Operational Standards
  - Exemption of Small Businesses from some or all requirements
  - Other, describe:
- 

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

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5. Describe the Rule's Enforcement Provisions

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6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes    No
-

STATE OF WISCONSIN  
MESSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING  
BOARD

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

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PROPOSED ORDER

An order of the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board to repeal MTBT 5.03 (2) (intro.); to renumber and amend MTBT 5.03 (1) and (2) (a) to (c); and to amend MTBT 5.02 (2), (6), (11), (14), (15) (intro.) and (c), (20), (24), (25), (26) (intro.), (a), and (b), (28), and (29), 5.03 (3) and (Note), and 5.04, relating to unprofessional conduct.

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 15.085 (5) (b) and 460.10 (1) (a), Stats.

**Explanation of agency authority:**

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

Section 460.10 (1) (a), Stats., provides the Massage Therapy and Bodywork Therapy Affiliated Credentialing Board may promulgate rules establishing “[r]equirements and procedures for a license holder to complete continuing education programs or courses of study to qualify for renewal of his or her license.”

**Related statute or rule:**

Chapter MTBT 7 provides continuing education requirements for renewal of a license as a massage therapist or bodywork therapist. As provided under s. MTBT 5.02 (24), failing to complete these requirements is considered unprofessional conduct.

**Plain language analysis:**

Section MTBT 5.04 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. MTBT 5 have been revised to ensure consistency with current standards for drafting style and format and applicable Wisconsin statutes.

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

None.

**Comparison with rules in adjacent states:**

**Illinois:**

Illinois' continuing education requirements include provisions for retention and production of evidence of compliance [68 Ill. Admin. Code 1284.90 d) 2)]. The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation may require additional evidence demonstrating compliance with the continuing education requirements. It is the responsibility of each applicant for renewal to retain or otherwise produce evidence of such compliance. Such additional evidence is required in the context of the Division's random audit.

**Iowa:**

Iowa's continuing education requirements include provisions for retention and production of evidence of compliance (645 IAC 4.11). The Iowa Board of Massage Therapy may select licensees for audit following license renewal. Upon audit, a licensee is required to provide an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor. All licensees must retain documentation of compliance with the continuing education requirements for two years following license renewal.

**Michigan:**

Michigan's continuing education requirements include provisions for certification of compliance and retention of evidence of compliance [Mich Admin Code, R 338.731 (3)]. Submission of an application for renewal constitutes an applicant's certification of compliance with the continuing education requirements, and all licensees are required to retain documentation of meeting the requirements for a period of 4 years from the date of applying for license renewal.

**Minnesota:**

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

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

The proposed rules were developed by reviewing the provisions of ch. MTBT 5 to ensure consistency with current standards for drafting style and format and applicable Wisconsin statutes. No additional factual data or analytical methodologies were used to develop the proposed rules.

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

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

## Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

## Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at NathanielL.Ristow@wisconsin.gov, or by calling (608) 266-3445.

## 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.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held [TBD], to be included in the record of rule-making proceedings.

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## TEXT OF RULE

SECTION 1. MTBT 5.02 (2), (6), (11), (14), (15) (intro.) and (c), (20), (24), (25), (26) (intro.), (a), and (b), (28), and (29) are amended to read:

**MTBT 5.02 (2)** Being convicted of ~~any of the following: ss.~~ an offense under s. 940.22, 940.225, 944.15, 944.17, 944.30 (1m), 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.085, 948.09, 948.095, and or 948.10, Stats.

**(6)** Knowingly, negligently, or recklessly making any written or oral statement, ~~written or oral, in the course of while~~ practicing massage therapy, ~~which that~~ is likely to deceive, defraud, mislead, or create an unacceptable risk of harm to a client, the public, or both.

**(11)** Practicing as a massage therapist or bodywork therapist when physical or mental abilities are impaired by the use of controlled substances or other drugs, chemicals, or alcohol, or by other causes.

**(14)** ~~Divulging any information that a client gives in confidence to the licensee or any other information that the licensee obtains about a client in the course of practicing massage therapy or bodywork therapy that a reasonable person in the client's position would want kept confidential unless the information is otherwise required by law to be disclosed or the client specifically authorizes the disclosure of the information is required under s. 460.11 (2), Stats., to be kept confidential.~~

**(15) (intro.)** Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a client, a client's immediate family member, or a person responsible for the client's welfare. For ~~the~~ purposes of this subsection, all of the following shall apply:

(c) ~~If a~~ A client who is a minor, ~~he or she~~ shall continue to be considered a client for 2 years after the termination of services or for 2 years after the client reaches the age of majority, whichever is longer.

(20) Failing to provide clean clothing, linens, ~~and~~ or equipment.

(24) Failing to complete the continuing education requirements ~~within the time period established by~~ under s. MTBT 7.02 (3).

(25) Having an adverse action against a credential pertaining to the practice of massage therapy or bodywork therapy by any agency of this or another state, or by an agency or authority within the federal government. This subsection applies whether the adverse action is accompanied by findings of negligence or unprofessional conduct or results in a temporary or permanent limitation, restriction, suspension, or revocation, ~~and whether or not the adverse action is accompanied by findings of negligence or unprofessional conduct.~~

(26) (intro.) ~~Conviction of any federal or state law or rule, including criminal law, Subject to ss. 111.321, 111.322, and 111.335, Stats., being convicted of an offense the circumstances of which is substantially related~~ relate to the practice of massage therapy or bodywork therapy. For ~~the~~ purposes of this subsection, all of the following shall apply:

(a) Except as otherwise provided by law, a certified copy of a ~~relevant~~ decision is conclusive evidence of the finding of facts and conclusions of law by a state or federal court or agency charged with making legal determinations relevant to ~~this paragraph is conclusive evidence of its findings of facts and conclusions of law~~ a conviction.

(b) ~~Under this paragraph, the~~ The board has the burden of proving proof that ~~the act a conviction~~ is substantially related to the practice of massage therapy or bodywork therapy.

(28) Failing to display ~~his or her~~ the license under ch. 460, Stats., in his or her the licensee's place of business or practice as required under s. 460.07 (1), Stats. so that it can easily be seen and read by the public. In the case of a mobile practice, a licensee ~~is required to~~ shall be able to present ~~his or her~~ the license for public display.

(29) Failing to maintain liability insurance coverage ~~in an amount not less than~~ of at least \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year, ~~pursuant to~~ as required under s. 460.05 (1) (g), Stats.

SECTION 2. MTBT 5.03 (1) is renumbered MTBT 5.03 (1) (intro.) and amended to read:

**MTBT 5.03 (1) (intro.)** ~~A license holder~~ licensee shall submit a report to the board if ~~he or she~~ the licensee has reasonable cause to believe ~~that another license holder~~ licensee has committed a crime relating to prostitution under ss. 944.30 to 944.34, Stats., or has had sexual contact or sexual intercourse with a client. ~~If the report relates to sexual contact or sexual intercourse with a client, the report may not identify the client unless the client has provided written consent for disclosure of this information.~~ For purposes of this subsection, a licensee shall be considered to have reasonable cause upon occurrence of any of the following:

SECTION 3. MTBT 5.03 (2) (intro.) is repealed.

SECTION 4. MTBT 5.03 (2) (a) to (c) are renumbered MTBT 5.03 (1) (a) to (c) and amended to read:

**MTBT 5.03 (1) (a)** ~~Being~~ The licensee is informed by a person that, he or she has while a client of another licensee, that person engaged in an act with another license holder prohibited by ss. 944.30 to 944.34, Stats., with that licensee.

**(b)** ~~Being~~ The licensee is informed by a person that he or she, while a client of another license holder licensee, that person engaged in nonmarital sexual contact or sexual intercourse with the other license holder that licensee.

**(c)** ~~Being~~ The licensee is informed by another license holder licensee that he or she has they engaged in nonmarital sexual contact, or sexual intercourse, with a client, or has done an act prohibited by ss. 944.30 to 944.34, Stats., with a client.

SECTION 5. MTBT 5.03 (3) and (Note) are amended to read:

**MTBT 5.03 (3)** The report shall be made on a complaint form provided by the board. If the report relates to sexual contact or sexual intercourse with a client, the report may not identify the client unless the client has provided written consent for disclosure of this information. The board may use the report as the basis for an investigation under s. 460.14 (1), Stats.

**(Note)** Complaint forms are available from the Department department of Safety safety and Professional Services, Division of Legal Services and Compliance, 1400 East Washington Avenue, P.O. Box 7190, Madison, Wisconsin 53707, professional services at (608) 266-2112 or from the department's website at: <http://dsps.wi.gov>.

SECTION 6. MTBT 5.04 is amended to read:

**MTBT 5.04 Audits.** ~~The~~ Any licensee who is under investigation by the board may conduct a random audit of any licensee on a biennial basis for alleged misconduct shall be audited by the board for compliance with the continuing education requirements set forth in under s. MTBT 7.02.

SECTION 7. 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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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

<b>1. Type of Estimate and Analysis</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	<b>2. Date</b> September 20, 2018
<b>3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable)</b> MTBT 5	
<b>4. Subject</b> Unprofessional conduct	
<b>5. Fund Sources Affected</b> <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	<b>6. Chapter 20, Stats. Appropriations Affected</b>
<b>7. Fiscal Effect of Implementing the Rule</b> <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
<b>8. The Rule Will Impact the Following (Check All That Apply)</b> <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses <b>(if checked, complete Attachment A)</b>	
<b>9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1).</b> \$0	
<b>10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>11. Policy Problem Addressed by the Rule</b> Section MTBT 5.04 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. MTBT 5 have been revised to ensure consistency with current standards for drafting style and format and applicable Wisconsin statutes.	
<b>12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments.</b> The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.	
<b>13. Identify the Local Governmental Units that Participated in the Development of this EIA.</b> No local governmental units participated in the development of this EIA.	
<b>14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)</b> The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole.	
<b>15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule</b> The benefit to implementing the rule is providing clarity, consistency, and conformity with the Wisconsin Statutes. If the rule is not implemented, it will continue to contain outdated references.	
<b>16. Long Range Implications of Implementing the Rule</b> The long range implication of implementing the rule is clarity, consistency, and conformity with the Wisconsin Statutes.	
<b>17. Compare With Approaches Being Used by Federal Government</b> None	

## ADMINISTRATIVE RULES

### Fiscal Estimate & Economic Impact Analysis

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

**Illinois:**

Illinois' continuing education requirements include provisions for retention and production of evidence of compliance [68 Ill. Admin. Code 1284.90 d) 2)]. The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation may require additional evidence demonstrating compliance with the continuing education requirements. It is the responsibility of each applicant for renewal to retain or otherwise produce evidence of such compliance. Such additional evidence is required in the context of the Division's random audit.

**Iowa:**

Iowa's continuing education requirements include provisions for retention and production of evidence of compliance (645 IAC 4.11). The Iowa Board of Massage Therapy may select licensees for audit following license renewal. Upon audit, a licensee is required to provide an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor. All licensees must retain documentation of compliance with the continuing education requirements for two years following license renewal.

**Michigan:**

Michigan's continuing education requirements include provisions for certification of compliance and retention of evidence of compliance [Mich Admin Code, R 338.731 (3)]. Submission of an application for renewal constitutes an applicant's certification of compliance with the continuing education requirements, and all licensees are required to retain documentation of meeting the requirements for a period of 4 years from the date of applying for license renewal.

**Minnesota:**

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

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19. Contact Name

Dale Kleven

20. Contact Phone Number

(608) 261-4472

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

**ADMINISTRATIVE RULES**  
**Fiscal Estimate & Economic Impact Analysis**

**ATTACHMENT A**

---

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

---

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

---

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
  - Less Stringent Schedules or Deadlines for Compliance or Reporting
  - Consolidation or Simplification of Reporting Requirements
  - Establishment of performance standards in lieu of Design or Operational Standards
  - Exemption of Small Businesses from some or all requirements
  - Other, describe:
- 

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

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5. Describe the Rule's Enforcement Provisions

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6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes    No
-

STATE OF WISCONSIN  
OCCUPATIONAL THERAPISTS  
AFFILIATED CREDENTIALING BOARD

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IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	OCCUPATIONAL THERAPISTS
OCCUPATIONAL THERAPISTS	:	AFFILIATED CREDENTIALING
AFFILIATED CREDENTIALING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE )

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PROPOSED ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to amend OT 4.04 (4) (a) and create OT 4.04 (4) (am), relating to supervision and practice of occupational therapy assistants.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

**Statutes interpreted:**

None.

**Statutory authority:**

Sections 15.085 (5) (b) and 448.965 (2), Stats.

**Explanation of agency authority:**

Section 15.085 (5) (b), Stats., provides an affiliated credentialing board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .” The proposed rule will provide guidance concerning the supervision and practice of occupational therapy assistants.

Section 448.965 (2), Stats., provides the Occupational Therapists Affiliated Credentialing Board “may promulgate rules that define the scope of practice of occupational therapy or the scope of assisting in the practice of occupational therapy.”

**Related statute or rule:**

None.

**Plain language analysis:**

Current rules provide that, when general supervision is allowed, the supervising occupational therapist must have direct contact with the occupational therapy assistant and face-to-face contact with the client by every tenth session of occupational therapy and no less than one time per calendar month. The proposed rules create an exception to

this requirement for circumstances, including those in the practice areas of home health and children from birth to 3 years old, when occupational therapy services are provided once per calendar month or less frequently than once per calendar month.

**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 specify the requirements for supervision of an occupational therapy assistant (68 Ill. Adm. Code 1315.163). The rules provide a minimum guideline of formal supervision as follows:

- An occupational therapy assistant who has less than one year of work experience or who is entering new practice environments or developing new skills must receive a minimum of 5 percent on-site face-to-face supervision from a registered occupational therapist per month. On-site supervision consists of direct, face-to-face collaboration in which the supervisor must be on the premises. The remaining work hours must be supervised by a combination of telephone, electronic communication, telecommunication, technology, or face-to-face consultation.
- An occupational therapy assistant with more than one year of experience in current practice must have a minimum of 5 percent direct supervision from a registered occupational therapist per month. The 5 percent direct supervision must consist of 2 percent direct, face-to-face collaboration. The remaining 3 percent of supervision must be a combination of telephone, electronic communication, telecommunication technology, or face-to-face consultation. The remaining work hours must be supervised in varying patterns as determined by the demands of the areas of service and the competency of the individual assistant.

**Iowa:** Rules of the Iowa Board of Physical and Occupational Therapy specify the requirements for supervision of an occupational therapy assistant (645 IAC 206.8). The rules provide that a licensed occupational therapist may provide on-site supervision or supervision by telecommunication of an occupational therapy assistant, as long as the supervising occupational therapist participates in treatment. Participation in treatment must include direct face-to-face patient contact every twelfth visit or 60 calendar days, whichever comes first, for all patients regardless of setting.

**Michigan:** Rules of the Michigan Department of Licensing and Regulatory Affairs specify the requirements for supervision of an occupational therapy assistant (Mich Admin Code, R 338.1229). The rules provide that an occupational therapist who delegates limited assessments, tasks, or interventions to an occupational therapy assistant must determine and provide the appropriate level of supervision. The appropriate level of supervision must be determined based on the occupational therapy assistant's education, training, and experience and includes general supervision or direct supervision.

“General supervision” means that the occupational therapist is not required to be physically present on site, but shall be continuously available at the time the limited assessment, task, or intervention is performed. Continuously available includes availability by telecommunication or other electronic device.

“Direct supervision” means that the occupational therapist is physically present with the occupational therapy assistant or immediately available for direction and onsite supervision at the time the limited assessment, task, or intervention is performed, and that the occupational therapist has direct contact in the physical presence of the patient or client during each visit.

**Minnesota:** The Minnesota Statutes specify the requirements for supervision of an occupational therapy assistant (Minnesota Statutes 2017, section 148.6432). The statutes provide that an occupational therapist must determine the frequency and manner of supervision of an occupational therapy assistant performing delegated treatment procedures based on the condition of the patient or client, the complexity of the treatment procedure, and the proficiencies of the occupational therapy assistant. Face-to-face collaboration between the occupational therapist and the occupational therapy assistant must occur, at a minimum, every two weeks, during which time the occupational therapist is responsible for all of the following:

- Planning and documenting an initial treatment plan and discharge from treatment.
- Reviewing treatment goals, therapy programs, and client progress.
- Supervising changes in the treatment plan.
- Conducting or observing treatment procedures for selected clients and documenting appropriateness of treatment procedures.
- Ensuring the service competency of the occupational therapy assistant in performing delegated treatment procedures.

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

The rules were developed using recommendations from the Wisconsin Occupational Therapy Association and input from the Occupational Therapists Affiliated Credentialing Board. No other factual data or analytical methodologies were used.

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

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

**Fiscal Estimate and Economic Impact Analysis:**

The Fiscal Estimate and Economic Impact Analysis document is attached.

**Effect on small business:**

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at NathanielL.Ristow@wisconsin.gov, or by calling (608) 266-3445.

**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.

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

Comments may be submitted to Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, WI 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received at or before the public hearing to be held [TBD], to be included in the record of rule-making proceedings.

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TEXT OF RULE

SECTION 1. OT 4.04 (4) (a) is amended to read:

**OT 4.04 (4) (a)** When general supervision is allowed, the supervising occupational therapist shall, except as provided under par. (am), have direct contact with the occupational therapy assistant and face-to-face contact with the client by every tenth session of occupational therapy and no less than ~~one time~~ once per calendar month. Direct contact with the occupational therapy assistant ~~is for the purpose of~~ shall include reviewing the progress and effectiveness of treatment, ~~and~~ Direct contact may occur simultaneously or separately from ~~the~~ face-to-face contact with the client.

SECTION 2. OT 4.04 (4) (am) is created to read:

**OT 4.04 (4) (am)** When general supervision is allowed, and occupational therapy services are provided to a client once per calendar month or less frequently than once per calendar month, the supervising occupational therapist shall have direct contact with the occupational therapy assistant and face-to-face contact with the client no less than every other session of occupational therapy.

SECTION 3. 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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## ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

<p>1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original   <input type="checkbox"/> Updated   <input type="checkbox"/> Corrected</p>	<p>2. Date September 24, 2018</p>
<p>3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) OT 4</p>	
<p>4. Subject Supervision and practice of occupational therapy assistants</p>	
<p>5. Fund Sources Affected <input type="checkbox"/> GPR   <input type="checkbox"/> FED   <input type="checkbox"/> PRO   <input type="checkbox"/> PRS   <input type="checkbox"/> SEG   <input type="checkbox"/> SEG-S</p>	<p>6. Chapter 20, Stats. Appropriations Affected</p>
<p>7. Fiscal Effect of Implementing the Rule <input checked="" type="checkbox"/> No Fiscal Effect   <input type="checkbox"/> Increase Existing Revenues   <input type="checkbox"/> Increase Costs   <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate   <input type="checkbox"/> Decrease Existing Revenues   <input type="checkbox"/> Could Absorb Within Agency's Budget</p>	
<p>8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy   <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units   <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses <b>(if checked, complete Attachment A)</b></p>	
<p>9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0</p>	
<p>10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>	
<p>11. Policy Problem Addressed by the Rule Current rules provide that, when general supervision is allowed, the supervising occupational therapist must have direct contact with the occupational therapy assistant and face-to-face contact with the client by every tenth session of occupational therapy and no less than one time per calendar month. The proposed rules create an exception to this requirement for circumstances, including those in the practice areas of home health and children from birth to 3 years old, when occupational therapy services are provided once per calendar month or less frequently than once per calendar month.</p>	
<p>12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The proposed rule was posted on the Department of Safety and Professional Services' website for 14 days in order to solicit comments from businesses, representative associations, local governmental units, and individuals that may be affected by the rule. No comments were received.</p>	
<p>13. Identify the Local Governmental Units that Participated in the Development of this EIA. No local governmental units participated in the development of this EIA.</p>	
<p>14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) The proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units, or the state's economy as a whole.</p>	
<p>15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is providing updated requirements for the supervision of occupational therapy assistants. If the rule is not implemented, the requirements will remain outdated.</p>	
<p>16. Long Range Implications of Implementing the Rule The long range implication of implementing the rule is updated requirements for the supervision of occupational therapy assistants.</p>	

## ADMINISTRATIVE RULES

### Fiscal Estimate & Economic Impact Analysis

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17. Compare With Approaches Being Used by Federal Government  
None

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

Illinois: Rules of the Illinois Department of Financial and Professional Regulation specify the requirements for supervision of an occupational therapy assistant (68 Ill. Adm. Code 1315.163). The rules provide a minimum guideline of formal supervision as follows:

- An occupational therapy assistant who has less than one year of work experience or who is entering new practice environments or developing new skills must receive a minimum of 5 percent on-site face to-face supervision from a registered occupational therapist per month. On-site supervision consists of direct, face-to-face collaboration in which the supervisor must be on the premises. The remaining work hours must be supervised by a combination of telephone, electronic communication, telecommunication, technology, or face-to-face consultation.
- An occupational therapy assistant with more than one year of experience in current practice must have a minimum of 5 percent direct supervision from a registered occupational therapist per month. The 5 percent direct supervision must consist of 2 percent direct, face-to-face collaboration. The remaining 3 percent of supervision must be a combination of telephone, electronic communication, telecommunication technology, or face-to-face consultation. The remaining work hours must be supervised in varying patterns as determined by the demands of the areas of service and the competency of the individual assistant.

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“General supervision” means that the occupational therapist is not required to be physically present on site, but shall be continuously available at the time the limited assessment, task, or intervention is performed. Continuously available includes availability by telecommunication or other electronic device.

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Minnesota: The Minnesota Statutes specify the requirements for supervision of an occupational therapy assistant (Minnesota Statutes 2017, section 148.6432). The statutes provide that an occupational therapist must determine the frequency and manner of supervision of an occupational therapy assistant performing delegated treatment procedures based on the condition of the patient or client, the complexity of the treatment procedure, and the proficiencies of the occupational therapy assistant. Face-to-face collaboration between the occupational therapist and the occupational therapy assistant must occur, at a minimum, every two weeks, during which time the occupational therapist is responsible for all of the following:

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## ADMINISTRATIVE RULES

### Fiscal Estimate & Economic Impact Analysis

- Planning and documenting an initial treatment plan and discharge from treatment.
- Reviewing treatment goals, therapy programs, and client progress.
- Supervising changes in the treatment plan.
- Conducting or observing treatment procedures for selected clients and documenting appropriateness of treatment procedures.
- Ensuring the service competency of the occupational therapy assistant in performing delegated treatment procedures.

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19. Contact Name Dale Kleven	20. Contact Phone Number (608) 261-4472
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This document can be made available in alternate formats to individuals with disabilities upon request.

**ADMINISTRATIVE RULES**  
**Fiscal Estimate & Economic Impact Analysis**

**ATTACHMENT A**

---

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

---

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

---

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
  - Less Stringent Schedules or Deadlines for Compliance or Reporting
  - Consolidation or Simplification of Reporting Requirements
  - Establishment of performance standards in lieu of Design or Operational Standards
  - Exemption of Small Businesses from some or all requirements
  - Other, describe:
- 

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

---

5. Describe the Rule's Enforcement Provisions

---

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes    No
-

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  Andrea Magermans		<b>2) Date When Request Submitted:</b>  10/05/2018 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> 10/17/18	<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>  Prescription Drug Monitoring Program (PDMP) Update – 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>  <ul style="list-style-type: none"> <li>• Updated report based on PDMP data for potential referrals to professional licensing boards</li> </ul>			
<b>11) Signature of person making this request</b>  Andrea Magermans 10/05/18		<b>Authorization</b>	<b>Date</b>
<b>Supervisor (if required)</b>			<b>Date</b>
<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.			



WISCONSIN | ePDMP

# Analysis of Monitored Prescription Drug Dispensings: MD/DO/PA

Prepared for:

Medical Examining Board October 2018 Meeting

The following report, prepared by the Wisconsin Department of Safety and Professional Services, is being provided as the result of the Controlled Substances Board Workgroup's effort to identify potentially suspicious or critically dangerous conduct or practices of a practitioner prescribing monitored prescription drugs. *An initial report provided to the Medical Examining Board in August of 2018 did not include PAs in the analysis. This amended report includes 2,581 PAs in the MD/DO analysis.*

Unless otherwise stated, the data in the report covers dispensing data submitted to the Wisconsin Prescription Drug Monitoring Program (PDMP) from December 1, 2017 – May 31, 2018.

## Section 1: Prescribing of Opioids, MD/DO/PA

Profession: Physician - MD and DO, PA	
Total Number of Monitored Prescription Drugs Dispensed:	3,225,919
Total Number of Opioid Dispensings:	1,313,876
Total Number of Unique DEA Numbers Associated with Opioid Dispensings:	18,102

Figure 1: Opioid Prescribing Distribution - MD,DO and PA

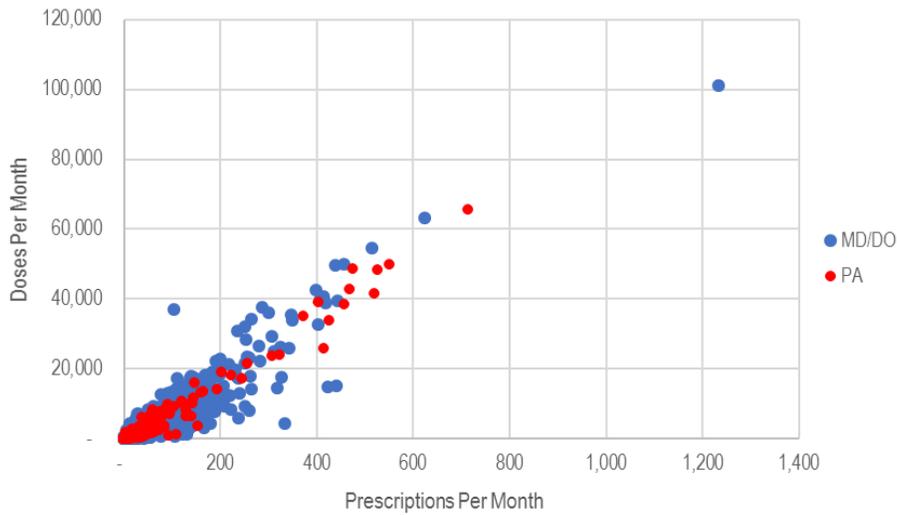
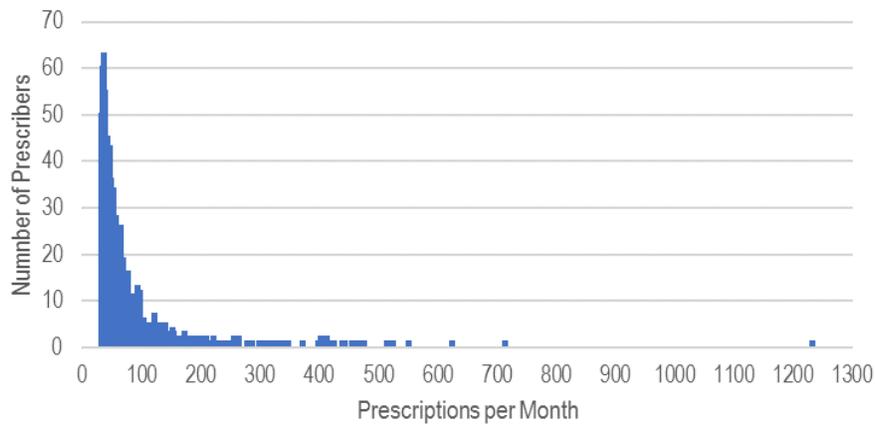


Figure 2: 90th Percentile Opioid Prescribing - MD,DO and PA\*



\*Top 10% of MD/DO/PA prescribers, based on average number of prescriptions filled/month. n = 1,809. Average of  $\geq 31.5$  opioid prescription dispensings/month.

## Section 2: Detail on Top Percentile (MD/DO—previously provided)

Top 23 MD/DO prescribers based on opioid prescriptions filled per month, December 1<sup>st</sup>, 2017 to May 31<sup>st</sup>, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month. Highlighted rows indicate prescriber referrals from August 2018 meeting.

Table 1: Top Percentile MD/DO							
	Prescriber Detail		Monthly Average				Avg Doses/ Opioid Script
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	100.00%	82.0
2.	MD	Physical Medicine/Rehabilitation	623.3	99.99%	63,150.2	99.99%	101.3
3.	MD	Pain Management	514.8	99.98%	54,592.2	99.98%	106.0
4.	MD	Pain Management	456.2	99.98%	50,098.5	99.98%	109.8
5.	MD	Pain Management	442.5	99.97%	39,627.3	99.94%	89.6
6.	MD	Family Practice	440.3	99.96%	15,348.2	99.60%	34.9
7.	MD	Physical Medicine/Rehabilitation	438.7	99.96%	49,663.7	99.97%	113.2
8.	DO	Pain Management	421.5	99.95%	15,055.2	99.56%	35.7
9.	MD	Pain Management	417.0	99.94%	38,839.7	99.94%	93.1
10.	MD	Surgery- Neurological	413.3	99.94%	40,682.0	99.96%	98.4
11.	MD	Family Practice	406.5	99.93%	39,923.8	99.95%	98.2
12.	MD	Orthopedics	402.2	99.92%	32,736.0	99.89%	81.4
13.	MD	Physical Medicine/Rehabilitation	398.3	99.92%	42,638.3	99.96%	107.0
14.	MD	Pain Management	348.3	99.91%	33,982.0	99.90%	97.6
15.	MD	Orthopedics	347.3	99.90%	35,618.5	99.91%	102.5
16.	MD	Internal Medicine	341.7	99.90%	25,854.2	99.85%	75.7
17.	MD	Internal Medicine	333.2	99.89%	4,552.5	95.93%	13.7
18.	MD	Addiction Medicine	326.8	99.89%	17,575.0	99.67%	53.8
19.	MD	Pain Management	324.2	99.88%	26,292.2	99.85%	81.1
20.	MD	Oncology (including radiation oncology)	316.7	99.87%	14,533.5	99.53%	45.9
21.	MD	Rheumatology	311.7	99.87%	25,119.7	99.84%	80.6
22.	MD	Pain Management	305.5	99.86%	29,228.7	99.87%	95.7
23.	MD	Physical Medicine/Rehabilitation	298.5	99.85%	36,065.5	99.92%	120.8

## Section 2: Detail on Top Percentile (including PA)

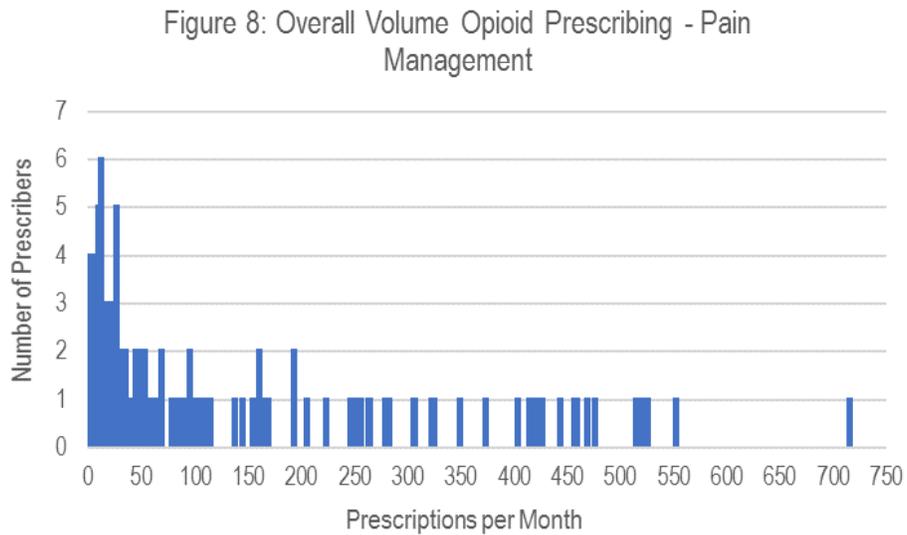
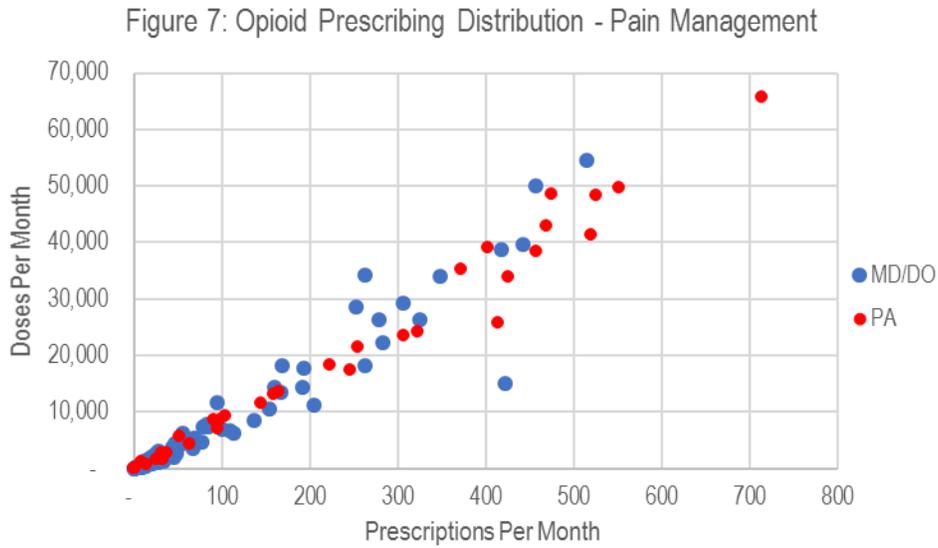
Top 36 MD/DO/PA prescribers based on opioid prescriptions filled per month, December 1<sup>st</sup>, 2017 to May 31<sup>st</sup>, 2018, cutoff at average of approximately 300 opioid prescription dispensings/month.

Highlighted rows indicate prescriber referrals from August 2018 meeting.

Table 1: Top Percentile MD/DO							
	Prescriber Detail		Monthly Average				Avg Doses/ Opioid Script
	Profession	Specialty	Opioid Orders	Percentile	Opioid Doses	Percentile	
1.	MD	Anesthesiology	1,233.7	100.00%	101,137.5	99.99%	82.0
2.	PA	Pain Management	714.3	99.99%	65,637.3	99.98%	91.9
3.	MD	Physical Medicine/Rehabilitation	623.3	99.98%	63,150.2	99.98%	101.3
4.	PA	Pain Management	551.3	99.98%	49,805.0	99.96%	90.3
5.	PA	Pain Management	525.3	99.97%	48,408.3	99.95%	92.1
6.	PA	Pain Management	519.3	99.97%	41,449.2	99.93%	79.8
7.	MD	Pain Management	514.8	99.96%	54,592.2	99.97%	106.0
8.	PA	Pain Management	475.0	99.96%	48,499.0	99.95%	102.1
9.	PA	Pain Management	468.8	99.95%	42,907.0	99.94%	91.5
10.	PA	Pain Management	458.0	99.95%	38,526.2	99.90%	84.1
11.	MD	Pain Management	456.2	99.94%	50,098.5	99.97%	109.8
12.	MD	Pain Management	442.5	99.93%	39,627.3	99.91%	89.6
13.	MD	Family Practice	440.3	99.93%	15,348.2	99.55%	34.9
14.	MD	Physical Medicine/Rehabilitation	438.7	99.92%	49,663.7	99.96%	113.2
15.	PA	Pain Management	425.3	99.92%	33,868.8	99.85%	79.6
16.	DO	Pain Management	421.5	99.91%	15,055.2	99.51%	35.7
17.	MD	Pain Management	417.0	99.91%	38,839.7	99.90%	93.1
18.	PA	Pain Management	413.7	99.90%	25,714.3	99.80%	62.2
19.	MD	Surgery- Neurological	413.3	99.90%	40,682.0	99.92%	98.4
20.	MD	Family Practice	406.5	99.89%	39,923.8	99.92%	98.2
21.	PA	Pain Management	402.5	99.88%	39,095.7	99.91%	97.1
22.	MD	Orthopedics	402.2	99.88%	32,736.0	99.85%	81.4
23.	MD	Physical Medicine/Rehabilitation	398.3	99.87%	42,638.3	99.93%	107.0
24.	PA	Pain Management	372.3	99.87%	35,174.8	99.87%	94.5
25.	MD	Pain Management	348.3	99.86%	33,982.0	99.86%	97.6
26.	MD	Orthopedics	347.3	99.86%	35,618.5	99.87%	102.5
27.	MD	Internal Medicine	341.7	99.85%	25,854.2	99.81%	75.7
28.	MD	Internal Medicine	333.2	99.85%	4,552.5	96.23%	13.7
29.	MD	Addiction Medicine	326.8	99.84%	17,575.0	99.62%	53.8
30.	MD	Pain Management	324.2	99.83%	26,292.2	99.81%	81.1
31.	PA	Pain Management	322.0	99.83%	24,108.5	99.79%	74.9
32.	MD	Oncology (including radiation oncology)	316.7	99.82%	14,533.5	99.49%	45.9
33.	MD	Rheumatology	311.7	99.82%	25,119.7	99.80%	80.6
34.	PA	Pain Management	306.5	99.81%	23,632.0	99.78%	77.1
35.	MD	Pain Management	305.5	99.81%	29,228.7	99.83%	95.7
36.	MD	Physical Medicine/Rehabilitation	298.5	99.80%	36,065.5	99.88%	120.8

### Section 3: Pain Management Specialty Detail

MD/DO/PA opioid prescribers with Pain Management specialty, n = 132. State truncated mean for specialty = 120.1 prescriptions/month. State median for specialty = 45.8 prescriptions/month.



<b>MD/DO/PA: Pain Management</b>						
	<b>Profession</b>	<b>Prescription/Month</b>		<b>Doses/Month</b>		<b>Doses/Prescription</b>
<b>State Median</b>	<b>MD/DO/PA</b>	<b>45.8</b>		<b>2,981.5</b>		
<b>State Mean Truncated</b>	<b>MD/DO/PA</b>	<b>120.1</b>		<b>10,017.2</b>		
<b>State-Level Dose/Prescription Ratio</b>	<b>MD/DO/PA</b>					<b>85.1</b>
<b>Prescriber Detail</b>	<b>Profession</b>	<b>Prescription/Month</b>	<b>Percentile</b>	<b>Doses/Month</b>	<b>Percentile</b>	<b>Doses/Prescription</b>
1	PA	714.3	100.00%	65,637.3	100.00%	91.9
2	PA	551.3	99.23%	49,805.0	97.70%	90.3
3	PA	525.3	98.47%	48,408.3	96.18%	92.1
4	PA	519.3	97.70%	41,449.2	94.65%	79.8
5	MD	514.8	96.94%	54,592.2	99.23%	106.0
6	PA	475.0	96.18%	48,499.0	96.94%	102.1
7	PA	468.8	95.41%	42,907.0	95.41%	91.5
8	PA	458.0	94.65%	38,526.2	91.60%	84.1
9	MD	456.2	93.89%	50,098.5	98.47%	109.8
10	MD	442.5	93.12%	39,627.3	93.89%	89.6

NOTE: Including PAs in the analysis impacts the statewide comparison within specialty that was included in the August 2018 report. The table below summarizes the impact when PAs are included in the statewide analysis for Pain Management, and the tables on the following pages provide additional detail on the 7 PAs listed above.

<b>Pain Management</b>						
	<b>MD/DO</b>			<b>MD/DO/PA</b>		
	<b>Prescription/ Month</b>	<b>Doses/ Month</b>	<b>Doses/ Prescription</b>	<b>Prescription/ Month</b>	<b>Doses/ Month</b>	<b>Doses/ Prescription</b>
<b>State Median</b>	<b>28.33</b>	<b>2,211.9</b>		<b>45.8</b>	<b>2,981.5</b>	
<b>State Mean Truncated</b>	<b>80.06</b>	<b>6,666.73</b>		<b>120.1</b>	<b>10,017.2</b>	
<b>State-Level Dose/Prescription Ratio</b>			<b>84.69</b>			<b>85.1</b>

Prescriber 1					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	62.3%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	4,526	90.16%	Number of Patients Prescribed Opioids by Prescriber:	1,617	
Stimulants	0	0%			
Benzodiazepines	45	0.90%			
Other	449	8.94%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	714.3	100%	45.8	120.1	
Avg. Opioid Doses/Month	65,637.3	100%	2,981.5	10,017.2	
Avg. Doses/Prescription	91.9				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	3	23	4,493	7	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing		
	Oxycodone HCl	2,830	56.37%		
	Morphine Sulfate	427	8.51%		
	Tramadol HCl	270	5.38%		
	Oxycodone w/ Acetaminophen	233	4.64%		
	Methadone HCl	212	4.22%		
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			207	
	High MME			866	

Prescriber 2					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	100%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,489	97.13%	Number of Patients Prescribed Opioids by Prescriber:	595	
Stimulants	0	0%			
Benzodiazepines	0	0%			
Other	103	2.87%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	551.3	99.23%	45.8	120.1	
Avg. Opioid Doses/Month	49,805	97.70%	2,981.5	10,017.2	
Avg. Doses/Prescription	90.3				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	4	137	3,345	3	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		2,248	62.58%	
	Morphine Sulfate		376	10.47%	
	Oxycodone w/ Acetaminophen		344	9.58%	
	Hydrocodone-Acetaminophen		189	5.26%	
	Methadone HCl		125	3.48%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			42	
	High MME			341	

Prescriber 3					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	49.2%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,422	89.14%	Number of Patients Prescribed Opioids by Prescriber:	564	
Stimulants	45	1.17%			
Benzodiazepines	76	1.98%			
Other	296	7.71%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	525.3	98.47%	45.8	120.1	
Avg. Opioid Doses/Month	48,408.3	96.18%	2,981.5	10,017.2	
Avg. Doses/Prescription	92.1				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	4	39	2,841	538	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		828	21.57%	
	Oxycodone w/ Acetaminophen		656	17.09%	
	Morphine Sulfate		543	14.14%	
	Hydrocodone-Acetaminophen		447	11.64%	
	Hydromorphone HCl		364	9.48%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			142	
	High MME			217	

Prescriber 4					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	100%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,364	90.72%	Number of Patients Prescribed Opioids by Prescriber:	683	
Stimulants	8	0.22%			
Benzodiazepines	151	4.07%			
Other	185	4.99%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	519.3	97.70%	45.8	120.1	
Avg. Opioid Doses/Month	41,449.2	94.65%	2,981.5	10,017.2	
Avg. Doses/Prescription	79.8				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	24	470	2,815	55	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name	Number of Dispensing	% of all Dispensing		
	Hydrocodone-Acetaminophen	842	22.71%		
	Morphine Sulfate	740	19.96%		
	Oxycodone HCl	567	15.29%		
	Oxycodone w/ Acetaminophen	396	10.68%		
	Tramadol HCl	256	6.90%		
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			152	
	High MME			305	

Prescriber 6					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	55.6%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,089	92.71%	Number of Patients Prescribed Opioids by Prescriber:	1,194	
Stimulants	1	0.03%			
Benzodiazepines	30	0.90%			
Other	212	6.36%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	475.0	96.18%	45.8	120.1	
Avg. Opioid Doses/Month	48,499.0	96.94%	2,981.5	10,017.2	
Avg. Doses/Prescription	102.1				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	26	153	2,870	40	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone w/ Acetaminophen		923	27.70%	
	Hydrocodone-Acetaminophen		707	21.22%	
	Oxycodone HCl		484	14.53%	
	Morphine Sulfate		311	9.33%	
	Tramadol HCl		204	6.12%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			190	
	High MME			242	

<b>Prescriber 7</b>					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	27.4%		
<b>Prescribing Summary: 12/1/2017 - 5/31/2018</b>					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	3,041	92.77%	Number of Patients Prescribed Opioids by Prescriber:	1,248	
Stimulants	0	0%			
Benzodiazepines	4	0.12%			
Other	233	7.11%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	468.8	95.41%	45.8	120.1	
Avg. Opioid Doses/Month	42,907.0	95.41%	2,981.5	10,017.2	
Avg. Doses/Prescription	91.5				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	0	3	3,030	8	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		1,965	59.95%	
	Morphine Sulfate		297	9.06%	
	Oxycodone w/ Acetaminophen		176	5.37%	
	Methadone HCl		160	4.88%	
	Tramadol HCl		139	4.24%	
<b>Data Driven Alerts: As of 6/1/2018 (preceding 100 days)</b>					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			158	
	High MME			686	

Prescriber 8					
Profession:	PA	Registered with the WI ePDMP:	Yes		
Specialty (self-reported):	Pain Management	Estimated ePDMP Usage:	73.8%		
Prescribing Summary: 12/1/2017 - 5/31/2018					
Dispensing Data	# of scripts	% of overall			
Opioids (includes buprenorphine)	2,960	93.20%	Number of Patients Prescribed Opioids by Prescriber:	493	
Stimulants	12	0.38%			
Benzodiazepines	12	0.38%			
Other	192	6.05%			
Opioid Dispensing	Prescriber	Peer %	State Median	State Mean (Truncated)	Doses/ Prescription
Avg. Opioid Orders/Month	458.0	94.65%	45.8	120.1	
Avg. Opioid Doses/Month	38,526.2	91.60%	2,981.5	10,017.2	
Avg. Doses/Prescription	84.1				85.1
	3 days or less	More than 3 days ≤ 10 days	More than 10 days ≤ 30 days	More than 30 days	
Days Supply Opioid Orders	2	95	2,824	39	
Top 5 Monitored Prescription Drugs Ordered by Prescriber (All Drug Classes)	Drug Name		Number of Dispensing	% of all Dispensing	
	Oxycodone HCl		665	20.94%	
	Hydrocodone-Acetaminophen		584	18.39%	
	Oxycodone w/ Acetaminophen		531	16.72%	
	Morphine Sulfate		398	12.53%	
	Tramadol HCl		192	6.05%	
Data Driven Alerts: As of 6/1/2018 (preceding 100 days)					
	Alert Type			Number of Alerts	
Concerning Patient History	Concurrent Opioid/Benzo			126	
	High MME			182	

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  Re-Entry to Practice Committee		2) Date When Request Submitted:  9/28/2018 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  10/17/2018	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  Recommendations from 9/19/18 Re-Entry to Practice Committee for full Board Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  The Re-Entry to Practice Committee submits the following recommendations to the full Board for consideration:  <div style="margin-left: 40px;"> <p><b>MOTION:</b> David Bryce moved, seconded by Rodney Erickson, to recommend that the Board initiate legislation to reduce the late renewal time period specified in 440.08(3)(b), from 5 years to 1 year. Motion carried unanimously.</p> <p><b>MOTION:</b> Mary Jo Capodice moved, seconded by David Bryce, to check in with the Board regarding future directions for the Re-Entry to Practice Committee. Motion carried unanimously.</p> </div>			
11) <b>Authorization</b>			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

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

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b> Kimberly Wood, Program Assistant Supervisor Adv.		<b>2) Date When Request Submitted:</b> 10/1/2018 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> 10/17/2018	<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> Appointments, Reappointments, Confirmations and Committee, Panel Liaison and Mentor Appointments <ul style="list-style-type: none"> <li>Consideration of Lois Connolly, M.D., for Reappointment as an Anesthesiologist Member on the Council on Anesthesiologist Assistants</li> </ul>	
<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 <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> The Board should review the information below and attached materials and consider whether to reappoint Lois Connolly, M.D., as an Anesthesiologist Member on the Council on Anesthesiologist Assistants. Should the Board choose to reappoint Lois Connolly, see the standard motion language:  Motion Language: ___ moved, seconded by ___, to reappoint Lois Connolly, M.D., to the Council on Anesthesiologists Assistants as an Anesthesiologist member, for a term to expire on 7/1/2021.			
<b>11) Authorization</b>			
<i>Kimberly Wood</i>		<i>10/1/2018</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.			

August 7, 2018

**CURRICULUM VITAE**

**Lois Ann Connolly, M.D., FASA™**  
**Professor of Anesthesiology**  
**Froedtert Hospital/Medical College of Wisconsin**  
**Milwaukee, WI 53226**

**HOME ADDRESS:**

██  
 Waukesha, WI ██████████  
 ██████████

**OFFICE ADDRESS:**

Froedtert Memorial Lutheran Hospital  
 Department of Anesthesiology  
 9200 West Wisconsin Avenue  
 Milwaukee, WI 53226  
 Phone: ██████████  
 FAX: ██████████  
 E-Mail: ██████████

**BIRTHPLACE:**

██

**CITIZENSHIP:**

USA

**EDUCATION:**

08/1976-05/1980	B.S., Microbiology, University of Wisconsin-LaCrosse, LaCrosse, WI
08/1980-05/1984	M.D., Medical College of Wisconsin Milwaukee, WI

**POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS:**

07/1984-06/1985	Internship, Anesthesiology Medical College of Wisconsin Affiliated Hospitals Milwaukee, WI
07/1985-06/1987	Residency, Anesthesiology Medical College of Wisconsin Affiliated Hospitals Milwaukee, WI
03/2001	Capstone for <b>Certificate in Medical Management</b> American College of Physician Executives Carnegie Mellon University Pittsburgh, PA
8/2017	Fellow of the American Society of Anesthesiologist (FASA™)

**FACULTY APPOINTMENTS:**

07/1987-07/1998	Assistant Professor, Department of Anesthesiology Medical College of Wisconsin, Milwaukee, WI
07/1998- 7/2007	Associate Professor, Department of Anesthesiology Medical College of Wisconsin, Milwaukee, WI
07/2007-present	Professor, Department of Anesthesiology Medical College of Wisconsin, Milwaukee, WI

**ADMINISTRATIVE APPOINTMENTS:**

11/1997- 03/2003	<b>Clinical Director, West OR</b> Department of Anesthesiology Froedtert Memorial Lutheran Hospital Milwaukee, WI This administrative position was site specific to the West OR suite at Froedtert Hospital
03/2003- 7/2017	<b>Chief of Anesthesiology Services</b> Froedtert Memorial Lutheran Hospital Milwaukee, WI This administrative appointment provides management of all the Anesthesiology Services throughout Froedtert Hospital. <b>See Appendix 1 for Job description and achievements.</b>
04/2015- present	<b>Medical Director – Master of Science in Anesthesia: Anesthesiologist Assistant program</b> This is an innovative educational program dedicated to advancing health in Wisconsin. It will increase the numbers of a new set of physician assistants that have special expertise in anesthesia, anesthesiologist assistants.
7/2017 - present	<b>Vice Chair- Advanced Practice Providers</b>  Strategic deployment and oversight of recruitment and development of Advanced Practice Providers workforce in the Department of Anesthesiology, MCW

**EDUCATIONAL ADMINISTRATIVE POSITIONS:**

07/1997- 2016	Course Director, Senior Medical Student Anesthesiology Elective Froedtert Memorial Lutheran Hospital Medical College of Wisconsin This Medical College of Wisconsin SMS elective was designed to give SMS who are interested in Anesthesiology as a career, more exposure to the vast practices of Anesthesiology. I have provided education and mentoring to the students who are on this rotation.
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**HOSPITAL STAFF PRIVILEGES:**

07/1987-present	Froedtert Memorial Lutheran Hospital Milwaukee, WI
07/1987-07/2004	Zablocki VA Medical Center, WOC Milwaukee, WI
01/1988-12/1988	St. Mary's Hospital, Courtesy Staff Milwaukee, WI
07/1988-07/1993	Children's Hospital of Wisconsin, Courtesy Staff Milwaukee, WI
05/2005-present	Froedtert Surgery Center Milwaukee, WI

**SPECIALTY BOARDS AND CERTIFICATION:**

<u>Board Certification</u>	<u>Issue Date</u>	<u>Expiration</u>	
American Board of Anesthesiologists 3583-9463	09/ 1989	None	
<u>Recertification Exam</u>			
American Board of Anesthesiologists	01/2009	12/31/2019	
<u>Licensure</u>	<u>Number</u>	<u>Issue Date</u>	<u>Expiration</u>
State of Wisconsin	#26949	1985	10/31/17

**HONORS AND AWARDS:**

1978-1979	Phi Beta Kappa
1983-1984	Alpha Omega Alpha- National Medical Honor Society
12/1990	Educational Award- Postgraduate Assembly, New York
2005 – 2016, 2017, 2018	“Best Doctors” Award <a href="http://www.bestdoctors.com/bd/bdamerica.htm">www.bestdoctors.com/bd/bdamerica.htm</a>
2004-2005, 2010, 2016 2016	“America’s Top Physicians” <a href="http://www.consumersresearchcncl.org">www.consumersresearchcncl.org</a> Wisconsin Society of Anesthesiologist Distinguished Service Award

**MEMBERSHIPS IN HONORARY AND PROFESSIONAL SOCIETIES:**

1984- present	Alpha Omega Alpha
1987-present	International Anesthesia Research Society
1987-present	American Society of Anesthesiologists
1987-present	Wisconsin Society of Anesthesiologists
1987-present 9/1993-9/1994	Milwaukee Society of Anesthesiologists Secretary
1998-present	American Association of Physician Leadership (American College of Physician Executives)
2003-2008, 2010- present	American Medical Association

**EDITORSHIPS/EDITORIAL BOARDS/JOURNAL REVIEWS:**

Editorships:	1992	Advanced Airway Techniques Part I, II, III, CME-TV
Consulting Editor		
Journal Reviews:		Journal of Clinical Anesthesiology
Invited Reviewer		

**LOCAL/REGIONAL APPOINTED LEADERSHIP AND COMMITTEE POSITIONS**

2000-present	<b>Wisconsin Society of Anesthesiologist</b>
2001-2002	Alternate delegate to the ASA
2010-present	<b>ASA Delegate</b>
2002-2009	Board of Directors of WSA Chair of Education Committee
09/2009-9/2011	President- Elect
09/2011-09/2013	<b>President</b>
09/2013- 09/2015	Immediate Past President
2002, 2003, 2007- 2017	Legislative Conference Representative
04/2013- present	<b>Alternate ASA District Director, WI, ASA Board of Directors</b>

**NATIONAL ELECTED/APPOINTED LEADERSHIP AND COMMITTEE POSITIONS**

2005- present	<b>Reviewer, ASA (American Society of Anesthesiologists) Closed Claims</b> <b>Member, Professional Liability Committee, ASA</b> Reviews law claims that were settled on behalf of anesthesiologist (groups) for factors involved in the claims reports to Anesthesia Quality Institute
2012- 2014	<b>Adjunct Committee Member, ASA (American Society of Anesthesiologists), Committee on Transplant Anesthesia</b>
2015-2017	<b>Adjunct Committee Member, ASA, Committee on Quality Management and Departmental Administration</b>
10/2017- present	<b>Chair, ASA, Committee on Quality Management and Departmental Administration</b>
8/2017-10/2018	<b>ASA Liaison to CIHQ (Center for Improvement in Health Care Quality)</b>
10/2017-present	<b>Ex-officio Committee Member, ASA Committee on Practice Management</b>
10/2017-present	<b>Committee Member, ASA Ad Hoc Committee on Payment reform</b>
8/2017-11/2017	<b>ASA Representative to TJC Healthcare Facilities Accreditation Program (HFAP) – TJC Formally dissolved HFAP 11/2017</b>
2015-2018	<b>ASA, Committee on Anesthesia Care Team</b>
2017-2018	<b>ASA, Committee, Women in Anesthesia</b>
2017- present	<b>Member, State of Wisconsin, Medical Examining Board Anesthesiologists Assistant State Advisory Council</b>
2018- present	<b>Commissioner, National Commission for Certification of Anesthesiologist Assistants</b>

**RESEARCH GRANTS/AWARDS/CONTRACTS/PROJECTS:****Current:****Peer Reviewed**

Title:	Developing an Anesthesiologist Assistant Program at MCW
Source:	Advancing a Healthier Wisconsin Endowment
Role:	Co-PI through 2017 PI 2018
Dates:	4/1/2015- 4/1/2018: one year extension 4/1/2019
Funds:	\$990,876

**Prior:****Non-peer Reviewed**

Title: Investigation of interference effect of volatile anesthetics on blood gas analysis using a fluorescent optical sensor  
 Source: Optical Sensors Inc., Minneapolis, MN  
 Role: Co-investigator  
 Dates: 1995  
 Direct Funds: \$0

Title: Evaluation of pulse oximetry systems during low perfusion and motion artifact.  
 Source: BCI International, Waukesha, WI  
 Role: Co-investigator  
 Dates: 1995  
 Direct Funds: \$1100

Title: A clinical evaluation of OnlineABG™ point of care arterial blood gas monitoring  
 Source: Marquette Electronics, Inc. Milwaukee, WI  
 Role: Principal Investigator  
 Dates: 1996  
 Direct Funds: \$6000

Title: A clinical evaluation of the BCI Vital signs Monitor  
 Source: BCI International, Waukesha, WI  
 Role: Principal Investigator  
 Dates: 1998  
 Direct Funds: \$2850

Title: Marquette Medical Systems Solar 9500 Clinical Evaluation Protocol  
 Source: Marquette Medical Systems, Milwaukee, WI  
 Role: Principal Investigator  
 Dates: 1998  
 Direct Funds: \$500

Title: Marquette Medical Systems Unity Monitoring System Clinical Evaluation Protocol  
 Source: Marquette Medical Systems, Milwaukee, WI

Role: Principal Investigator  
 Dates: 1998  
 Direct Funds: \$350

Title: A clinical evaluation of the BCI 3400 Capnocheck II  
 Source: BCI International, Waukesha, WI  
 Role: Principal Investigator  
 Dates: 1999  
 Direct Funds: \$1250

Title: A clinical evaluation of the BCI Vital signs Monitor  
 Source: BCI International, Waukesha, WI  
 Role: Principal Investigator  
 Dates: 1999  
 Direct Funds: \$1100

Title: Marquette Medical Systems Unity Monitoring System  
 Clinical Evaluation Protocol Amendment  
 Source: Marquette Medical Systems, Milwaukee, WI  
 Role: Principal Investigator  
 Dates: 2000  
 Direct Funds: \$200

Title: Clinical Evaluation of CARESCAPE Monitor B850  
 Source: GE Healthcare, Milwaukee, WI  
 Role: Consultant  
 Dates: July 2009  
 Direct Funds: \$600

#### **INVITED LECTURES/WORKSHOPS/PRESENTATIONS:**

##### **National:**

**Connolly, LA, "Recovery and Pain Management of the Morbidly Obese Patient", Postgraduate Assembly, New York State Society of Anesthesiologists Meeting, December 10, 2006**

**Connolly, LA, Moderator "Advocacy Skills Panel and Interactive Session" ASA Legislative Conference, May 15, 2017, Washington DC**

##### **Regional:**

**Connolly, LA "Anesthetic management of sleep apnea patients." Annual Dr. Lehman lecture for ENT physicians, CME lecture, Medical College of Wisconsin, Milwaukee, WI, June 1990.**

**Connolly, LA, "Sleep Apnea: Surgical and Anesthetic Considerations." Wisconsin Society Post**

**Anesthesia Nurses. Embassy Suites, Milwaukee, WI, September 1993.**

**Connolly, LA, “Anesthetic Risks for the Patient with Sleep Apnea”, 34<sup>th</sup> Annual Winter Refresher Course for Family Practice, Country Inn Hotel and Conference Center, Waukesha, WI, CME program, January 28, 2004.**

**Connolly, LA, “Fiberoptic Methods and Positioning” American Society of Anesthesia Technologists and Technicians Education Seminar, Froedtert Hospital, Milwaukee, WI, March 12, 2011**

**Local:**

**Connolly, LA, ACLS didactic lectures and teaching station, Medical College of Wisconsin, 1988 to 1992**

**Connolly, LA, Evaluation of the Airway, Fiberoptic Workshop. Medical College of Wisconsin CME workshop for Wisconsin physicians, Medical College of Wisconsin, Milwaukee, WI, April 1990.**

**Connolly, LA, Evaluation of the Airway, Fiberoptic Workshop. Medical College of Wisconsin CME workshop for Wisconsin physicians, Medical College of Wisconsin, Milwaukee WI, November 1990.**

**Connolly, LA, Airway Assessment. Airway Assessment and Intubation Techniques Workshop. Medical College of Wisconsin CME workshop for Wisconsin physicians, Froedtert Memorial Lutheran Hospital, Milwaukee, WI, May 1994.**

**Connolly, LA, "Blood Gas Interpretation" Skills Fair for Froedtert Memorial Lutheran Hospital Nursing Staff, Froedtert Memorial Lutheran Hospital, Milwaukee, WI, April 3, 1996.**

**Connolly, LA, Unstable C-Spine . CME credited clinical case conference targeted at anesthesiologist in community, anesthesiology residents and faculty at MCW. November 1, 1997.**

**Connolly, LA, “OR Management: The impact of time on cost” Froedtert Hospital OR Nurses and Techs Education Forum, September 25, 2002.**

**Connolly, LA, “Fluid Management in the Trauma Patient” Medical College of Wisconsin/Froedtert Memorial Lutheran Hospital Trauma Workshop, CME credited, January 11, 2003**

**Connolly, LA, “CRNA and CAA Education and Practice”, Wisconsin Society of Anesthesiologists Annual Meeting, Lake Geneva, WI, September 10, 2016**

**Connolly, LA, “Coagulation and Liver Failure: Use of TEG to Guide Component Therapy” Medical College of Wisconsin/Froedtert Hospital – Division of Transplant Surgery CME credited, December 6, 2016**

**Connolly, LA, “Anesthesia for Hepatic Transplantation” Organ Allocation and Operative Phase, Medical College of Wisconsin, Abdominal Transplant Program Retreat: A Transplantation Journey. July 26, 2018**

**PEER REVIEWED WORKSHOPS/PRESENTATIONS:****National:**

Koebert R, **Connolly LA**: Continuous axillary brachial plexus catheters: use and placement. American Society of Anesthesiologists annual meeting, San Francisco, CA, 1988.

Koebert R, **Connolly LA**: Continuous axillary brachial plexus catheters: use and placement. Postgraduate Assembly, New York, NY, 1988.

Koebert R, **Connolly LA**: Continuous axillary brachial plexus catheters: use and placement. International Anesthesia Research Society, Lake Buena Vista, FL, 1988.

**Connolly LA**, Arfman RC, Cheng EY: Anesthetic management for endoscopic laser surgery. American Society of Anesthesiologists annual meeting, New Orleans, LA, 1990.

**Connolly LA**, Arfman RC, Cheng EY: Anesthetic management for endoscopic laser surgery. Postgraduate Assembly (Educational Award received), New York, NY, 1990.

**Connolly LA**, Arfman RC, Cheng EY: Anesthetic management for endoscopic laser surgery. International Anesthesia Research Society, Honolulu, Hawaii, 1990.

**Connolly L**, Arfman R, Beste D: Flammability of various endotracheal tubes subjected to CO<sub>2</sub> laser. American Society of Anesthesiologists annual meeting, San Francisco, CA, 1991.

Feroah TR, Woodson T, **Connolly L**. “Measures of static upper airway characteristics during sedated sleep: initial results from dental splints in obstructive sleep apnea patients.” **The Fourth World Congress on Sleep Apnea, San Francisco, CA, October, 1994.**

Woodson BT, Feroah T, **Connolly LA**, Toohill R. “A procedure to evaluate upper airway mechanics following intervention for OSAS.” **American Triological Society, Omaha, NE, 1995.**

Otterson, MF, Woehlck, H, **Connolly, LA**, et al “Acetazolamide Decreases Post-Laparoscopy Pain but not Post-Operative Nausea and Vomiting” Association of VA Surgeons, Nashville, TN, May 3-5, 2003

Amorde, R, Woehlck, H, **Connolly, LA** “Acetazolamide in the Treatment of Post Laparoscopic Referred Shoulder Pain” Postgraduate Assembly, New York, NY, 2010.

**Regional:**

**Connolly LA**, Gandhi S: Effects of combination of D-turbocurarine and pancuronium on heart rate, blood pressure and rate pressure products. Midwest Anesthesiology Resident's Conference, Rochester, MN. March 1986.

Diaz, C.D., **Connolly, LA** “ Case report: MoyaMoya disease in two adults and a review of the anesthetic considerations” Midwest Anesthesiology Residents Conference, March 2005

Merritt, N.H., **Connolly LA**: “Use of thromboelastography to correct coagulopathy intraoperatively during liver transplant : A case report” Midwest Anesthesiology Residents Conference, April 2009- received award for “Best Presentation” in the Transplant group.

Peterson, S., **Connolly, LA**: “ Management of SAM in Liver Transplantation”, Midwest Anesthesiology Residents Conference, February 2010

Voigt, M. **Connolly, LA**: “Cardiac Injury Following Blunt Chest Trauma”, Midwest Anesthesiology Residents Conference, April 2011 1st place award

Amorde, R, Woehlk, H, **Connolly, LA** “Acetazolamide in the Treatment of Post Laparoscopic Referred Shoulder Pain”, Midwest Anesthesiology Residents Conference, April 2011 1st place award

Smeltzer, MJ, **Connolly, LA**: “Anesthetic concerns in a patient with Mitochondrial Myopathy” , Midwest Anesthesiology Residents Conference, April 2013

Zimmanck, RJ, **Connolly, LA**, Riess,M, “Venous Air Embolism during Routine Laparoscopic Cholecystectomy”, Midwest Anesthesiology Residents Conference 2013

\* Muravyeva, MY, **Connolly, LA**, “Perioperative Management of Severe Pulmonary Hypertension for Noncardiac Surgery in Patient with DNR status”, Midwest Anesthesiology Residents Conference, 2014

Claypool, D, **Connolly, LA**, “An Unexpected Aspiration”, Midwest Anesthesiology Residents Conference, 2015

Adams, JD , **Connolly, LA**, “Emergent Resection of Pituitary Macroadenoma Causing Dense Ophthalmoplegia”, Midwest Anesthesiology Residents Conference, 2016

**\*Designates resident**

#### **COMMITTEE SERVICE:**

##### **Medical College of Wisconsin Committees:**

1991-10/97

Member, Institutional Research Committee:

Human subjects research protocol review for Froedtert Memorial Lutheran Hospital and Medical College of Wisconsin, Milwaukee, WI

1996- 1999

Member, Admissions Committee:

This committee interviews and selects candidates for admission to the Medical College of Wisconsin, Milwaukee, WI

Member, Subcommittee on Quantification of Interview

Member, Subcommittee on Validity of Tapescore in Initial Screening of Applicant

1999-2005

Member, Committee on Academic Standing: Medical College of Wisconsin, This committee maintains the standards for academic progression of medical students, reviews academic progress and takes action to maintain standards.

2001-2002

Member, Search Committee , MCW Chair Department of Plastic and Reconstructive Surgery

12/2004 – 2009	Alternate, Peer Review Committee
	Identifies, reviews, and acts to change behaviors or practices of MCW faculty physicians that fall below the Medical College’s expectations of professional excellence in patient care or performance of research involving human subjects.
2004-2008	Alternate, Faculty Council, Medical College of Wisconsin
2008- 2011 2014-2017	Member- Faculty Council, Medical College of Wisconsin
2007 -2008	Member- Dean’s Appointee Search Committee for Chairman Department of Obstetrics and Gynecology
2010- present	Disclosure Champion MCP Champion for the Department of Anesthesiology on Disclosure of adverse events to patients-
2014-2016	Medical College Physicians(MCP) Compensation Committee Identify best practices in MCP compensation, review practice trends, alignment and compliance of departmental compensation plans with MCP guidelines, review future payment models.
2016-2018	MCP Compensation, Recruitment and Retention Committee (previously MCP Compensation Committee). To make recommendations to the MCP Board on practice-wide principles of compensation that are appropriate to our local market and similar AMCs; are consistent with both institutional guidelines and with current and future payment models such as value-for-service and pay-for-performance; and rewards and incentivizes the outcomes we aspire to attain,. To review the alignment of departmental compensation plans with MCP guidelines and provide guidance for compliance with MCW compensation policies. To make recommendations to the MCP Board on practice-wide principles of clinical engagement that maximize engagement across our clinical faculty and staff. These principles must enhance and maximize retention of faculty and staff, and provide an environment that facilitates faculty and staff recruitment of diverse and talented individuals. In addition, these principles of engagement must support faculty and staff talent

development, encourage a smooth onboarding process, and help create a culture that is attractive to faculty and staff candidates that are being recruited.

2014-2017 Member-MCW Faculty Development Champion  
Lead faculty development initiatives from MCW to department of Anesthesiology

2016-present Member- MCW Presidents APP Task Force

**Froedtert Hospital Committees:**

1989-1992 Instructor, ACLS

1993-1996 Member, Quality Assurance Committee

1997-1998 Member, Operating Room Committee

1997- 2000 Obesity Group Committee Member

This committee consists of multidiscipline professions who prescreens, evaluates and directs care of morbidly obese individuals who presents for care at Froedtert Memorial Lutheran Hospital

2004 – present **Anesthesiology Consultant, Center of Excellence in Bariatric Surgery**

1998- 2013 **Member, Operating Room Management Group and Surgical Services Committee**

This management group is responsible for the daily administrative decisions, schedules and budget for the operating rooms at Froedtert Memorial Lutheran Hospital.

1999-2009 Member, Transfusion Committee

This committee reviews and recommends transfusion practices based on recommendations through the Southeastern Blood Bank for Froedtert Memorial Lutheran Hospital.

1999-2000	Member, Conscious Sedation Committee
2014- 2015	Ad Hoc member, Deep Sedation Initiative
2003	<p><b>Member, Orthopedic Initiative Group</b></p> <p>This group, consisting of FH support services as well as Anesthesiology, focused on optimizing services to the Orthopedic Surgical Patient. Strategize on “best practices” which lead to identification of Regional Anesthesia and Acute Pain Management team and recruitment of Anesthesiologists who specialize in regional techniques and identification of Orthopedic Anesthesiology Director.</p>
2003- current	Member, Trauma Committee
2004-2009	<p><b>Member, First Case Starts Committee</b></p> <p>A Six Sigma multidiscipline effort to increase on time starts of first case. Baseline on-time start of first cases started at 43 . After evaluation and intervention our current on time starts are consistently 80 .</p>
2006-present	<p><b>Member, Hospital Advisory Committee</b></p> <p>The Hospital Advisory Committee is responsible for providing a means whereby problems of a clinical administrative nature may be discussed between the Medical Staff and the Hospital Administration.</p>
2007-2013	<p>Member, Supply, Evaluation and Acquisition Committee: Surgical Services Subgroup</p> <p>SEAC role is to provide oversight and justification to all product additions and changes at Froedtert Hospital and develop a medical supply formulary through standardization efforts</p> <p>My role is to encourage staff to look at standardization opportunities and support policy that no decisions can be made without data within Surgical Services as well as approve new acquisitions and product changes within Surgical Services</p>
2007- 2009 2013	<p><b>Facilitator, Obstructive Sleep Apnea Initiative at Froedtert Hospital</b></p> <p>Along with Dr. Tucker Woodson (ENT and Sleep Lab Director) and Dr. Rose Franco (Pulmonary Medicine) develop an algorithm to screen patients admitted to Froedtert Hospital for obstructive sleep apnea. Develop a hospital wide policy to increase awareness of potential consequences of apnea and development of treatment plan for OSA patients .</p>

2007- 2008	Member, Interventional/Operative/Imaging Services  Provide anesthesia services input into Froedtert Hospital master facilities plan. Explore and develop an integrated and flexible space within OR Services for interventional/operative/imaging services.
2007- 2010	Member, Nominated At- Large <b>Medical Executive Committee</b> Review and provide input into Froedtert Hospital Policies and Procedures as related to Medical Staff, review hospital wide agendas.
2009-2012	The Quality Management System ( QMS): Surgery Business Process Committee Effectively and efficiently manage the design, measurement, and improvement of the surgical patient flow process in accordance with the strategic direction and goals for Froedtert Hospital and the Medical College of Wisconsin.
2011- 2013	Subspecialty Team Leader: Hepatobiliary/Oncology Surgery
2012 - present	<b>EPIC Optime - Epic Anesthesia Design group:</b> Roll out: Superuser Team – roll out August 2012 Steering Committee Member Epic Anesthesia Workgroup
2012-2016	<b>Facilities Planning FH OR</b> Hybrid OR#5 (2013) Neuro IR Suite (2013) Cath/EP Suite (2013) Cardiovascular Hybrid OR and Robotic Room (2013) OR Expansion – (2014) Relocating all OR into a single platform with Interventional and Cardiovascular Services. Center for Advanced Care (CFAC) Schematic Design and Staging Interventional and Surgical Integrative Platform (ISIP) design and evaluation (2014-present)

**Department of Anesthesiology Committees:**

1990-2017	Member, Clinical Competence Committee
1993-1996	Member, Quality Assurance Committee
08/2005-9/2008	<b>Chair, Quality Assurance Committee</b>
9/2008- present	<b>Member Quality Assurance Committee</b>
1993-1994,	Coordinator, Morbidity and Mortality Conferences

1990-2000	Coordinator, Coagulation/ Transfusion Academic Block
1997- 2000	Member, Resident Recruitment Committee
1997-present	Member, Executive Committee
12/2003 –2017	Member, Compensation Plan Committee
2008-2017	Member, Faculty Incentive Committee
11/2005- 2011	<b>Chair, Anesthesiology OR Management Team</b>
05/2006-2007	Member, Nonclinical Time Committee
09/2006-2007, 2010	Member, Call Committee
08/2012	Chair, Faculty Forward Focus Group Representatives from all areas of our department responded with action plan to AAMC faculty survey.
11/2012	<b>Chair, Request For Proposal</b> Anesthesia Services at Wheaton Franciscan Health Care (5 local hospitals)
12/2012- 3/2013	<b>Project Lead, Reproductive Medicine Center</b> First Office Based Anesthesia location – Led group of anesthesiologists to put together site and policies and procedures.
12/2012-7/2013	<b>Project Lead, Planning and Relocation of Anesthesiology Offices at FH</b>
5/2013	Member, Equipment Committee

9/2013- present	<b>Project Lead, Master of Science in Anesthesia:</b> Anesthesiologist Assistant Program, MCW start-up
2014-2015	<b>Project Lead, Expansion of Anesthesia Services to Moorland Reserve GI Center</b> (Pro Forma did not support expansion due to low volume)
2016- 10/2017	<b>Project Lead, Lake Country Surgery Center (JV Aspen Orthopedics and FH) Anesthesia Services and build</b>
2017-present	Promotion and Tenure Department Committee Reviews submissions from chair on promotions

#### **MEDICAL COLLEGE OF WISCONSIN TEACHING ACTIVITIES:**

##### Medical Student Education:

09/1987-09/2000	Fluid and Electrolyte Management, Hemostasis and Blood Transfusions. Medical College of Wisconsin Junior Medical Student Anesthesiology lecture series
January 4, 2005	“Professionalism Intersession” Medical College of Wisconsin, M3 Students
January 3, 2006	“Professionalism Intersession” Medical College of Wisconsin, M3 Students

##### Master of Science in Anesthesia (Anesthesiologist Assistants) Student Education:

	<b>Professionalism Series:</b>
November 16, 2016-ongoing	Professional Principles and Responsibilities
November 22, 2016-ongoing	Value-Based Care
January 19, 2017-ongoing	ASA Practice Guidelines
	<b>Neuroendocrine Series:</b>
April 13, 2017-ongoing	Hypothalamus- Pituitary Axis
April 13, 2017-ongoing	Endocrine Diseases- Acromegaly, Cushing Disease

April 18, 2017-ongoing	Disorders of Water Balance DI, SIADH and Cerebral Salt Wasting
April 18, 2017-ongoing	Endocrine Disorders of Adrenal Gland: Aldosteronism, Addison's Disease Pheochromocytoma
April 20, 2017-ongoing	Endocrine Diseases- PBLD

Resident & Fellow Education:

Outside Department of Anesthesiology:

November 12, 1997	Fluid Management During Surgery Medical College of Wisconsin Surgical Grand Rounds
January 13, 2000	“Anesthesiology: What the Otolaryngologist Needs to Know” Medical College of Wisconsin ENT academic lecture series
January 10, 2002	“Anesthesiology: What the Otolaryngologist Needs to Know” Medical College of Wisconsin ENT academic lecture series
January 22, 2004	“Anesthesiology: What the Otolaryngologist Needs to Know” Medical College of Wisconsin ENT academic lecture series
November 4, 2005	“Expectations from your Anesthesiologist” Medical College of Wisconsin Surgical Intern Retreat

Department of Anesthesiology:

12/1987	Postoperative Jaundice. Medical College of Wisconsin Anesthesia Lecture series, CME credited
1987	Idiopathic Hypertrophic Subaortic Stenosis, Morbidity and Mortality conference, CME credited, Froedtert Memorial Lutheran Hospital,
1988	Awareness and Recall Under Anesthesia. Morbidity and Mortality conference, CME credited, Froedtert Memorial Lutheran Hospital
1988	Massive Transfusions. Morbidity and Mortality conference, CME credited, Froedtert Memorial Lutheran Hospital
07/1989	Cardiac Risk. Medical College of Wisconsin Anesthesia Journal Club
04/1989	Reversal of Neuromuscular Block and Pharmacology of Anticholinesterases. Medical College of Wisconsin Anesthesia Lecture series, CME credited

- 02/1990 Massive Transfusion and Complications. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 04/1990 Anesthetic Concerns For Endoscopic Laser Surgery. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 09/1992 Reversal of Neuromuscular Block and Pharmacology of Anticholinesterases. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 02/1993 Inherited Coagulopathies. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 07/1994 Fluid Management and Blood Transfusion. Medical College of Wisconsin Anesthesia Lecture series
- 09/1994 Brain Protection. Medical College of Wisconsin Anesthesia Journal Club
- 10/1994 Anesthesia for Intracranial Vascular Surgery. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 05/1995 Reversal of Neuromuscular Block and Pharmacology of Anticholinesterases. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 07/ 1995 Fluid Management and Blood Transfusions Medical College of Wisconsin Anesthesia Lecture series
- 10/1995 **"The Morbidly Obese Patient: Metabolic, Endocrine and Cardiorespiratory Considerations" Medical College of Wisconsin Anesthesia Lecture series, CME credited**
- 07/1996 . Fluid Management and Blood Transfusions Medical College of Wisconsin Anesthesia Lecture series
- 07/1997 Fluid Management and Blood Transfusions Medical College of Wisconsin Anesthesia Lecture series
- 09/1997 Anesthesia for Intracranial Vascular Surgery. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 05/1998 Reversal of Neuromuscular Block and Pharmacology of Anticholinesterases. Medical College of Wisconsin Anesthesia Lecture series, CME credited
- 08/1998 Fluid Management and Blood Transfusions Medical College of Wisconsin Anesthesia Lecture series

12/1998	<b>"The Morbidly Obese Patient: Metabolic, Endocrine and Cardiorespiratory Considerations" Medical College of Wisconsin Anesthesia Lecture series, CME credited</b>
08/1999	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series
09/1999	<b>"OR Management: The impact of time on cost" Medical College of Wisconsin Anesthesia Lecture series, CME credited</b>
08/2000	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series
10/2000	Anesthesia for Intracranial Vascular Surgery. Medical College of Wisconsin Anesthesia Lecture series, CME credited
08/2001	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series
10/2001	"Fluid Management in OR" Medical College of Wisconsin Anesthesia Lecture series, CME credited
01/2002	<b>"The Morbidly Obese Patient: Metabolic, Endocrine and Cardiorespiratory Considerations" Medical College of Wisconsin Anesthesia Lecture series, CME credited</b>
08/2002	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series
09/2002	<b>"OR Management: The impact of time on cost" Medical College of Wisconsin Anesthesia Lecture series, CME credited</b>
08/2003	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series
10/2003	Anesthesia for Intracranial Vascular Surgery. Medical College of Wisconsin Anesthesia Lecture series, CME credited
08/2004	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series
10/2004	"Fluid Management in OR" Medical College of Wisconsin Anesthesia Lecture series, CME credited
08/2005	"Fluid Management and Blood Transfusions" Medical College of Wisconsin Anesthesia Lecture series

08/2006	“Fluid Management and Blood Transfusions” Medical College of Wisconsin Anesthesia Lecture series
09/2006	“Transsphenoidal Pituitary Surgery”, Medical College of Wisconsin Morbidity and Mortality
10/2006	Anesthesia for Intracranial Vascular Surgery. Medical College of Wisconsin Anesthesia Lecture series, CME credited
7/2007	“Fluid Management and Blood Transfusions” Medical College of Wisconsin Anesthesia Lecture series
10/2007	“Perioperative Fluid Management” Medical College of Wisconsin Anesthesia Lecture series
12/2007	“Obstructive Sleep Apnea” Medical College of Wisconsin Anesthesia Lecture series
8/2008	“Perioperative Fluid Management-Part 1” Medical College of Wisconsin Anesthesia Lecture series
11/19/2008	“Obstructive Sleep Apnea” Medical College of Wisconsin Anesthesia Lecture series
1/28/2009	“Perioperative Fluid Management- Part 2” Medical College of Wisconsin Anesthesia Lecture series
5/13/09	“Pheochromocytoma”, PBLD, CA3 Medical College of Wisconsin Anesthesia
7/15/09 - present	“Fluid Management in Neurosurgery”, Neuroanesthesia PBLD, Medical College of Wisconsin (every other month)
7/29/09	“Perioperative Fluid Management-Part 1” Medical College of Wisconsin Anesthesia Lecture series
8/12/09 - present	“Neuroendocrine PBLD” Neuroanesthesia PBLD, Medical College of Wisconsin (every other month)
9/9/09	“Perioperative Fluid Management” Post Anesthesia Recovery rotation, Medical College of Wisconsin
11/04/09	“Obstructive Sleep Apnea” Medical College of Wisconsin Anesthesia Lecture series
01/06/10	“Perioperative Fluid Management: Part 2” Post Anesthesia Recovery rotation, Medical College of Wisconsin

07/01/10 -2016	“Standards of Practice”-Introductory lecture for CA1, Medical College of Wisconsin (Annually)
08/04/10 - present	“Perioperative Fluid Management-Part 1” Medical College of Wisconsin Anesthesia Lecture series (Annually)
10/13/10 - present	“Perioperative Fluid Management-Part 2” Medical College of Wisconsin Anesthesia Lecture series (Annually)
12/09/10	“Time Out!”, Joint Grand Rounds with FH OR nursing teams, CRNAs anesthesia residents and faculty, Medical College of Wisconsin Department of Anesthesiology
02/04/11	“Disclosure Policy”, Grand Rounds, Medical College of Wisconsin Department of Anesthesiology
03/04/11	“Obstructive Sleep Apnea” Medical College of Wisconsin Anesthesia Lecture series
2015-present	Practice Management PBLD- “CMS, TJC, HCAPS, VBP, MACRA, P RS, APM, MIPS, etc.”- Regulatory overview for residents on practice management rotation-

**MEDICAL STUDENTS AND RESIDENTS MENTORED:**

**Medical Students:**

M4 students on elective rotation in Anesthesiology for which I am course director:

11/01/14-11/30/14	Joseph Leschke
09/01/14-09/30/14	Michelle Pequet
08/01/14-08/31/14	Evan C. Kung
07/01/14-07/31/14	Johnathan Timothy Seligman
04/01/14-04/25/14	Christopher Bender
02/01/14-02/28/14	Benedict Hui
09/01/13-09/29/13	Jennifer Raasch
08/01/13-08/31/13	Delara Bastani
07/01/13-07/31/13	Alexander Harrison
04/01/13-04/30/13	Christopher Ford
10/01/12-10/31/12	Sarah Wilson
08/01/12-08/31/12	Angie Geiger
07/01/12-07/31/12	Philip Sommer
03/01/12-03/31/12	Alaina Vidmar
11/07/11-12/04/11	Jason Santiago
10/01/11-10/31/11	Nicholas Meier
09/01/11-09/30/11	Shaun Irish
08/01/11-08/31/11	Gina Puckett

07/01/11-07/31/11	Patrick Leiter
06/01/11-06/30/11	Amy Pearson
03/01/11-03/31/11	Mark Splittgerber
11/01/10-11/30/10	Brent Boettcher
10/01/10-10/31/10	Shreema Sawlani
09/01/10-09/30/10	Kimberly Pollock
08/01/10-08/31/10	Spencer Russell
07/01/10-07/31/10	Jonathan Klinger
08/01/09-08/31/09	Daniel Francis
07/01/09-07/31/09	Melissa Miller
10/01/08- 10/31/08	Saratu Ibrahim
08/01/08-08/31/08	Katherine Welch
07/01/08-07/31/08	April Peterson
04/01/0804/30/08	Benjamin Orozco
10/1/07-10/31/07	Edgar Medina
10/1/07-10/31/07	Brian Ames
08/01/07-08/30/07	Michael Stoesz
08/01/07-08/30/07	Ashley Davis
07/01/07-07/31/07	Michael Kelm
09/05/06-09/30/06	Nathan Pitner
08/01/06-08/31/06	Kathyrn Lambourne
07/01/06-07/31/06	Kenneth Theroit
03/01/06-03/31/06	Christopher Nussbaum
10/1/05-10/30/05	Dave Tompa
09/01/05-09/30/05	Bridget Johnson
07/01/05-07/31/05	Natalie Kozlov
10/01/04-10/31/04	Spencer R. Havens
08/01/04-08/31/04	Corey L. Slominski
07/01/04-07/31/04	Jonathan O. Jones
05/01/04-05/20/04	Charles W. Todd
03/01/04-03/31/04	Rachel Greenup
11/1/03-11/30/03	David Sonetti
08/01/03-08/31/03	Jennifer A. Hickman
06/30/03-07/25/03	John Hennessee
02/01/03-02/28/03	Michelle R. Maxson
11/01/02-11/27/02	Philip Beaulieu
10/01/02-10/31/02	John J. Laur
08/26/02-09/20/02	Jonathan P. Roach
03/01/02-03/31/02	Diana L. Turner
02/04/02-02/28/02	Dylan Cooper
11/01/01-11/30/01	Andy Blint
10/01/01-10/31/01	Terry Roman
09/01/01-09/28/01	Michael Burt
08/01/01-08/31/01	Steven D. Flurry
06/14/01-06/27/01	Michelle C. Pesek
05/01/01-05/14/01	Patricia Kim
04/01/01-04/30/01	Andrew D. Neeb
02/01/01-02/28/01	Megan E. Hambrook
01/02/01-01/15/01	Monica George
11/01/00-11/30/00	Jennifer St.Croix
10/02/00-10/27/00	Sandra French
08/01/00-08/31/00	Stephanie L. Carroll
07/01/00-07/31/00	Keith A. Ryan
05/01/00-05/12/00	Amber E. Hildebrandt
03/01/00-03/31/00	Mary E. Bienemann
02/16/00-02/19/00	Natasha Wagner

10/18/99-10/29/99	Gene Gulliver
09/01/99-09/14/99	Jennifer Chang
07/01/99-07/31/99	Kevin D. Erlinder
06/14/99-06/25/99	Monica Meier
05/01/99-05/31/99	Colleen Fitzpatrick
05/01/99-05/20/99	Karel L. Isely
04/19/99-04/30/99	John Houle
03/01/99-03/12/99	Jennifer Dietrich
02/01/99-02/26/99	Dana Welsh
01/04/99-01/15/99	Pamela Rose
10/20/97-12/12/97	Wolfgang Zink

**Medical Students:**

2008-2009	Angie Geiger	Advising and mentoring
2011	Angie Geiger	Advising and mentoring
	Amy Pearson	Advising and mentoring

**Residents:**

07/2001-6/2004	Christopher Barth, MD	Advising and mentoring
7/2005-6/2008	Thomas Hansen, MD	Advising and mentoring
7/2008-6/2011	Brian Matysiak, MD	Advising and mentoring
7/2009-6/2012	Patrick Wagner, MD	Advising and mentoring
7/2014-present	Richard Deklotz, MD	Advising and mentoring
07/1987-present	Anesthesiology residents on rotation	Teaching

**MEDICAL COMMUNITY COMMITTEES:**

1993-present

Medical Advisory Committee:

Southeastern Wisconsin Regional Blood Bank.  
This committee analyzes and recommends  
guidelines for transfusion practices in SE WI.

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1. **Connolly LA:** Anesthetic management of obstructive sleep apnea patients. J Clin Anes 3(11,12):461-469, 1991. PMID: 1760169 (77 citations by 2017)
2. Yonker-Sell A, **Connolly LA.** "Twelve hours anesthesia in a patient with epidermolysis bullosa." Can J Anaesth 42(8):1-5, 1995. PMID: 7586115
3. Yonker-Sell A, **Connolly LA.** Mortality during transjugular intrahepatic portosystemic shunt placement. Anesthesiology 84(1):231-233, 1996. PMID: 8572341
4. Lauer K, **Connolly LA,** Schmeling W. Opioid sedation does not alter intracranial pressure in head injured patients. Can J Anaesth 44(9):1-5,1997. PMID: 9305555
5. Woehlck, H.J., Dunning, M.B., **Connolly, L.A.** Reduction in the incidence of carbon monoxide exposures in humans undergoing general anesthesia. Anesthesiology 87(2):228-234, 1997. PMID: 9286885

6. Woodson, B.T., Feroah, T., **Connolly, L.A.**, Toohill, R.J. “A method to evaluate upper airway mechanics following intervention in snorers.” American Journal of Otolaryngology 18(5):306-14,1997. PMID 9282246
7. Woehlck, H.J., **Connolly, L.A.**, Cinquegrani, M.P., Dunning, M.B. “Acute smoking increases ST depression in humans during general anesthesia.” Anesthesia and Analgesia 89:856-60, 1999. PMID: 10512255 (45 citations 2017)
8. Woehlck, H, Otterson, MF, Yun, H, **Connolly, LA**, et al “Acetazolamide Reduces Referred Postoperative Pain after Laparoscopy Surgery with Carbon Dioxide Insufflation”, Anesthesiology 99:924-8, 2003. PMID: 14508327
9. Sakai, EM, **Connolly, L.A.**, Klauck, JA “Inhalation anesthesiology and volatile liquid anesthetics: Focus on isoflurane, desflurane and sevoflurane” Pharmacotherapy 25(12):1773-88, 2005. PMID: 16305297
10. Stucke, AG, Riess, ML, **Connolly, LA**. “Hemoglobin M (Milwaukee) affects arterial oxygen saturation and makes pulse oximetry unreliable.” Anesthesiology,:104:887-8, 2006. PMID: 16571987
11. El-Orbany, M, **Connolly, LA**. “Rapid Sequence Induction and Intubation: Current Controversy.” Anesthesia and Analgesia,110:1318-1325, 2010. PMID: 20237045 (112 citation 2017)
12. Hong J, Zimmerman MA, Selim M, Kim J, Regner K, Saeian K, Zanowski S, Martin A, **Connolly LA**, Lauer K, Woehlck H. “Outcome analysis of continuous intraoperative renal replacement therapy in the highest acuity liver transplant recipients: A single-center experience” Surgery, 2016 Dec 20. PMID: 28011008
13. Zimmerman MA, Selim M, Kim J, Saeian K, Cinquegrani MP, **Connolly LA**, Lauer KK, Woehlck HJ, Hong, JC. “Impact of a Transplantation Critical Care Model on Short-Term Outcomes Following Liver Transplantation in High Acuity Patients: A Single-Center Experience” Transplantation Proceedings, (submitted).

designates resident as primary author

#### **BOOK CHAPTERS & REVIEWS:**

1. Lauer K, **Connolly LA**. Anesthesia for minimally invasive surgery. Laparoscopic and Thoracoscopic Surgery Mosby,1994.
2. **Connolly, L.A.** Unstable C-spine, Atlanto-axial Subluxation Complications in Anesthesia Atlee editor W.B. Saunders Company, 1998.
3. **Connolly, L.A.** Unstable C-spine, Atlanto-axial Subluxation Complications in Anesthesia Atlee editor W.B. Saunders Company, 2005 ISBN: 978-141602215-2
4. \*Linn, KA, **Connolly, L.A.** “Preoperative Evaluation and Anesthetic Considerations” Clinical Review of Bariatric Surgery Goldblatt editor Catalyst Publishers, 2011 <http://go.osu.edu/bariatricsurgery>
5. Gollapudy, S, **Connolly, L.A.** Unstable C-spine Complications in Anesthesia Fleisher editor, Elsevier, in progress 2017

- Gollapudy, S, **Connolly, L.A.** “Intracranial Aneurysms: Rebleeding” Complications in Anesthesia Fleisher editor, Elsevier, in progress 2017

#### **EDITORIALS, LETTERS TO EDITOR:**

- Woehlck, H.J., Cinquegrani, M.P., **Connolly, L.A.** “Is coronary artery disease equivalent to ischemia?” Anesthesiology 94(1): 161, 2001 PMID: 11135736
- Woehlck, H.J., **Connolly, L.A.** “Alternative Methods of Orbitotracheal Intubation”, Letter to the Editor, Anesthesiology 98:1304, 2003. PMID: 12717170
- Woehlck, H, Otterson, MF, Yun, H, **Connolly, LA**, , et al “Using the Visual Analog Scale” Letter to Editor, Anesthesiology 100:1621-1622, 2004. PMID: 15166593
- Woehlck, H, Mc ueen, AM, **Connolly, LA**, “Off-hours unavailability of drugs during emergency situations with automated drug dispensing machines” Letter to Editor, Can J Anesth 54: 403-404, 2007. PMID: 17470900
- Riess, ML, Woehlck, HJ, **Connolly, LA**, “Two millimeters per inch” Letter to Editor, Journal of Clinical Anesthesia 21:72, 2009. PMID: 19232948
- Riess, ML, Woehlck, HJ, **Connolly, LA**, “Body Mass Index: An Illogical Correlate of Obesity”, Anesthesiology 111:920–1, 2009. PMID: 20029254

#### **PEER REVIEWED ABSTRACTS**

- Munshi C, **Connolly LA**: Comparison of laser resistant wrapping of red rubber endotracheal tubes subjected to CO<sub>2</sub> and KTP laser. Anesth Analg 76(25):S279, 1993.
- Munshi CA, **Connolly LA**. Comparison of Xomed Treace Laser Shield II and Sheridan Laser Trach laser resistant endotracheal tubes subjected to carbon dioxide laser. Anesthesiology 81(3A):A492, 1994.
- Connolly LA**, Coon RL, Clifford PS. “**Pressor response elicited by obstructed breaths.**” FASEB Journal 9(4):A897, 1995.
- Connolly LA**, Coon RL, Clifford PS. “**Obstructed breathing causes tracheal constriction.**” ATS Conference, May 1995, Am J Resp Crit Care Med 151(4):A816, 1995.
- Feroah T, Woodson BT, **Connolly L**. “**Pressure area relationship of the retroglossal segment of the upper airway.**” Am J Resp Crit Care Med 151(4):A371, 1995.
- Connolly LA**. Pulmonary complications following free flap reconstructive surgery. Anesth Analg 82(2S): S71,1996.
- Woehlck, H.J., Dunning, M.B., **Connolly, L.A.** Reduction in the incidence of carbon monoxide exposures in humans undergoing general anesthesia. Anesthesiology 85(3A):A1017, 1996.
- Woehlck, HJ, **Connolly, LA**, Dunning MB. Acute smoking increases myocardial ischemia during general anesthesia in humans. Anesthesiology 87(3A):A1020, 1997
- Woehlck, HJ, **Connolly, LA**, Colpaert K. “Interference of HIPAA Regulations with Research on Preoperative Smoking Habits and Effects.” Anesthesiology 103: A1201, 2005.

10. **Connolly, LA**, Colpaert KD, Berens, R. “**Compliance in a self-reporting quality improvement system.**” Anesthesiology **103: A1101, 2005.**
11. Riess, ML, Stucke, AG, **Connolly, LA.** “Hemoglobin M (Milwaukee) affects arterial oxygen saturation and makes pulse oximetry unreliable.” Anesthesiology 103:A921, 2005.
12. **Connolly, LA** , Lauer, K, Colpaert KD “**Increases in Body Mass Index Correlate to Increasing Perioperative Event**” Anesthesiology **105:A992,2006**
13. Davis, SN, Heidi Smith, H , Woehlck, H , **Connolly, LA** “**Cost savings through implementation of low-flow inhalation in general anesthesia**” ACCP Annual Meeting (October 19–22, 2008) in Louisville, KY
14. M. Selim<sup>1</sup> , M. Zimmerman , J. Kim , K. Regner , D. C. Cronin , K. Saeian , **L. A. Connolly** , K. K. Lauer , H. J. Woehlck , J. C. Hong “**Outcome Analysis of Intraoperative Hemodialysis in the Highest Acuity Liver Transplant Recipients**”, ASC20161353, 11<sup>th</sup> Annual Academic Surgical Congress, Feb. 2016, Jacksonville, FL
15. Zimmerman MA, Selim M, Kim J, Pearson T, Eriksen C, Wong M, Saeian K, Boettcher B, Cinquegrani MP, **Connolly LA**, Lauer KK, Woehlck HJ, Hong, JC. “ Impact of a specialized transplant critical care model on short-term outcomes following liver transplantation in high acuity patients”, Society of University Surgeons (SUS), 13<sup>th</sup> Annual Academic Surgical Congress, Jan. 2018, Jacksonville, FL

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

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:		2) Date When Request Submitted:  9/21//2018	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
3) Name of Board, Committee, Council, Sections:  Medical Examining Board			
4) Meeting Date:  10/17/2018	5) Attachments: x Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Informational Item: Centers for Disease Control Report, "Health, United States, 2017 With Special Feature on Mortality"	
7) Place Item in: x Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing?  No.	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  This report is for informational purposes:  <a href="https://www.cdc.gov/nchs/data/hus/hus17.pdf">https://www.cdc.gov/nchs/data/hus/hus17.pdf</a>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

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

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  Laurie Forrer License/Permit Program Associate		<b>2) Date When Request Submitted:</b> 10/5/18  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> 10/17/18	<b>5) Attachments:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Two Person Oral Exams – 1 Candidate for Licensure	
<b>7) Place Item in:</b> <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled? If yes, who is appearing?</b> <input checked="" type="checkbox"/> Yes by the Candidate  <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>  <b>Start time: 10:00 am</b>  Please conduct an oral exam with the 1 candidate to determine if the license can be granted.			
<b>11) Authorization:</b>			
Laurie Forrer		8/2/18	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add item to agenda post agenda deadline)		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 Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			