



MEDICAL EXAMINING BOARD
Room N208, 4822 Madison Yards Way, Madison
Contact: Yolanda Y. McGowan (608) 266-2112
May 15, 2019

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 April 17, 2019 (6-11)**
- C. Conflicts of Interest**
- D. Administrative Matters**
 - 1. Board, Department, and Staff Updates
 - 2. Board Members – Term Expiration Dates
 - a. Alaa Abd-Elseyed – 07/01/2020
 - b. David Bryce – 07/01/2021
 - c. Mary Jo Capodice – 07/01/2018
 - d. Michael Carton – 07/01/2020
 - e. Padmaja Doniparthi – 07/01/2021
 - f. Rodney Erickson – 07/01/2019
 - g. Bradley Kudick – 07/01/2020
 - h. Lee Ann Lau – 07/01/2020
 - i. David Roelke – 07/01/2021
 - j. Kenneth Simons – 07/01/2018
 - k. Timothy Westlake – 07/01/2020
 - l. Robert Zoeller – 07/01/2019
 - m. Vacant Public Member
 - 3. Screening Panel and Examination Panel Appointments
 - 4. Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- E. Legislation and Rule Matters – Discussion and Consideration**
 - 1. Legislation and Pending or Possible Rulemaking Projects
- F. Licensure Fee Study Report – Discussion and Consideration**
- G. Disaster Response – Discussion (12-19)**

- H. Federation of State Medical Boards (FSMB) Matters
- I. Controlled Substances Board Report – Timothy Westlake
- J. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners
- K. Newsletter Matters
- L. Screening Panel Report
- M. Informational Items
- N. Discussion and Consideration of 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. Division of Legal Services and Compliance (DLSC) 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
- O. Future Agenda Items
- P. 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.).

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

1. Administrative Warnings

- a. 15 MED 448 – M.S.F. **(20-22)**
- b. 15 MED 448 – T.J.S. **(23-25)**
- c. 18 MED 235 – L.L.T. **(26-27)**
- d. 18 MED 634 – J.A.D. **(28-29)**

2. Stipulations, Final Decisions and Orders

- a. 15 MED 419 & 15 MED 472 – R. Stephen Callaghan, M.D. **(30-36)**
- b. 16 MED 283 – Janice Alexander, M.D. **(37-42)**
- c. 16 MED 283 – Jennifer McCommons, P.A. **(43-48)**
- d. 16 MED 361 & 17 MED 386 – Jesse J. Van Bommel, M.D. **(49-58)**
- e. 18 MED 100 & 19 MED 034 – Daniel A. Clayton, M.D. **(59-65)**
- f. 18 MED 509 – Stephen S. Dudley, M.D. **(66-71)**
- g. 18 MED 685 – Chris A. Metzger, M.D. **(72-79)**
- h. 19 MED 009 – Leah N. Ederer, M.D. **(80-85)**

3. Case Closing(s)

- a. 15 MED 448 – K.A.P. and J.M.W. **(86-114)**
- b. 16 MED 144 – R.V.B. **(115-122)**
- c. 17 MED 005 – J.L. **(123-125)**
- d. 17 MED 035 – M.M. and E.Q. **(126-141)**
- e. 17 MED 086 – A.M. and W.S. **(142-152)**
- f. 17 MED 194 – T.G. **(153-157)**
- g. 17 MED 363 – M.O. **(158-169)**
- h. 17 MED 377 – R.C. **(170-173)**
- i. 17 MED 391 – K.W. **(174-177)**
- j. 17 MED 547 – A.V. **(178-182)**
- k. 18 MED 066 – J.B.S. **(183-185)**
- l. 18 MED 111 – T.H. **(186-188)**
- m. 18 MED 113 – P.C. **(189-193)**
- n. 18 MED 191 – R.M.R. **(194-197)**
- o. 18 MED 193 – N.A.M. **(198-200)**
- p. 18 MED 222 – S.S. **(201-203)**
- q. 18 MED 249 – A.R. **(204-211)**
- r. 18 MED 258 – M.K. **(211-215)**
- s. 18 MED 278 – D.R.J. **(216-218)**
- t. 18 MED 291 – M.S. and J.R.S. **(219-222)**
- u. 18 MED 338 – A.H.B. **(223-225)**
- v. 18 MED 341 – R.B. **(226-228)**
- w. 18 MED 387 – B.R.W. **(229-231)**
- x. 18 MED 399 – P.F.G. **(232-234)**

- y. 18 MED 423 – F.T.I. **(235-237)**
- z. 18 MED 444 – M.D.L. **(238-240)**
- aa. 18 MED 460 – D.A.M. **(241-243)**
- bb. 18 MED 462 – A.M. **(244-246)**
- cc. 18 MED 471 – M.I.F. **(247-249)**
- dd. 18 MED 482 – S.M.O. **(250-252)**
- ee. 18 MED 483 – J.M.P. **(253-255)**
- ff. 18 MED 508 – R.M.R. **(256-258)**
- gg. 18 MED 518 – R.H.S. **(259-261)**
- hh. 18 MED 531 – J.K.S. **(262-264)**
- ii. 18 MED 548 – M.C. **(265-267)**
- jj. 18 MED 549 – S.S. **(268-271)**
- kk. 18 MED 550 – T.L.S. **(272-274)**
- ll. 18 MED 558 – J.P.W. **(275-277)**
- mm. 18 MED 564 – J.M. **(278-280)**
- nn. 18 MED 567 – L.J.T. **(281-283)**
- oo. 18 MED 583 – R.M. **(284-289)**
- pp. 18 MED 590 – C.C. **(290-296)**
- qq. 18 MED 728 – V.S.R.C. **(297-305)**

4. Complaints

- a. 16 MED 144 – R.V.B. **(306-308)**
- b. 16 MED 167 – D.S. **(309-339)**

5. Monitoring

- a. Juan Preciado-Riestra, M.D. – Requesting Reinstatement of Full Licensure or Termination of Treatment, Permission to Reapply for a DEA COR and Permission to Prescribe, Dispense, Administer, or Order Controlled Substances **(340-408)**

R. Open Cases

S. Consulting with Legal Counsel

T. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC 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

U. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

X. 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 Five (5) (at time of agenda publication) Candidates for Licensure – Dr. Timothy Westlake and Dr. Robert Zoeller

NEXT MEETING DATE: JUNE 19, 2019

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
APRIL 17, 2019**

PRESENT: Alaa Abd-Elseyed, M.D.; Mary Jo Capodice, D.O.; Michael Carton (*joined via teleconference at 8:15 a.m.*); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D.; Bradley Kudick; David Roelke, M.D.; Kenneth Simons, M.D.; Robert Zoeller, M.D.

EXCUSED: Lee Ann Lau, M.D. and Timothy Westlake, M.D.

STAFF: Yolanda McGowan, DPD Division Administrator; Dale Kleven, Rule Coordinator; Kate Stolarzyk, Bureau Assistant; and other Department staff

CALL TO ORDER

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

ADOPTION OF AGENDA

Amendment to the Agenda

- *Removing item S.2.f. "18 MED 235 – L.L.T." under Administrative Warnings*

MOTION: Bradley Kudick moved, seconded by Alaa Abd-Elseyed, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 20, 2019

MOTION: Mary Jo Capodice moved, seconded by Padmaja Doniparthi, to approve the minutes of March 20, 2019 published. Motion carried unanimously.

(Michael Carton joined via teleconference at 8:15 a.m.)

ELECTIONS, APPOINTMENTS, REAPPOINTMENTS, CONFIRMATIONS, AND COMMITTEE, PANEL AND LIAISON APPOINTMENTS

MOTION: David Roelke moved, seconded by Bradley Kudick, to reappoint Lynn Waldera to the Respiratory Care Practitioners Examining Council as a Respiratory Care Practitioner Member for a term to expire on July 1, 2020. Motion carried unanimously.

CLOSED SESSION

MOTION: David Roelke moved, seconded by Robert Zoeller, 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, the Chair, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Alaa Abd-Elseyed-yes; Mary Jo Capodice-yes; Michael Carton-yes; Padmaja Doniparthi-yes; Rodney

Erickson-yes; Bradley Kudick-yes; David Roelke-yes; Kenneth Simons-yes; Timothy Westlake-yes; Robert Zoeller-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:37 a.m.

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

Nishant Saran, M.D.

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

MOTION: Robert Zoeller moved, seconded by Alaa Abd-Elseyed, to grant the license to practice medicine and surgery to Nishant Saran, M.D., once all requirements are met. Motion carried unanimously.

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

Recusal of Board from 18 MED 147 and 19 MED 026

MOTION: David Roelke moved, seconded by Bradley Kudick, to delegate Al Rohmeyer, Department Chief Legal Counsel, the authority to preside over and resolve DLSC Case Numbers 18 MED 147 and 19 MED 026. Motion carried unanimously.

Administrative Warnings

17 MED 537 – R.E.S.

MOTION: Bradley Kudick moved, seconded by Padmaja Doniparthi, to issue an Administrative Warning in the matter of R.E.S., DLSC Case Number 17 MED 537. Motion carried unanimously.

18 MED 094 – C.E.L.

MOTION: Robert Zoeller moved, seconded by Alaa Abd-Elseyed, to issue an Administrative Warning in the matter of C.E.L., DLSC Case Number 18 MED 094. Motion carried unanimously.

18 MED 186 – W.G.D.

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to issue an Administrative Warning in the matter of W.G.D., DLSC Case Number 18 MED 186. Motion carried unanimously.

18 MED 210 – R.A.H.

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to issue an Administrative Warning in the matter of R.A.H., DLSC Case Number 18 MED 210. Motion carried unanimously.

18 MED 213 – E.C.R.

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to issue an Administrative Warning in the matter of E.C.R., DLSC Case Number 18 MED 213. Motion carried unanimously.

Stipulations, Final Decisions and Orders

15 MED 374 – Thomas E. Goodrich, M.D.

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas E. Goodrich, M.D., DLSC Case Number 15 MED 374. Motion carried unanimously.

16 MED 139 – John D. Whelan, M.D.

MOTION: David Roelke moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against John D. Whelan, M.D., DLSC Case Number 16 MED 139. Motion carried unanimously.

17 MED 146 – Roderick D. Koehler, M.D.

MOTION: David Roelke moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Roderick D. Koehler, M.D., DLSC Case Number 17 MED 146. Motion carried unanimously.

17 MED 266 – Thomas M. Naughton, M.D.

MOTION: Mary Jo Capodice moved, seconded by Rodney Erickson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thomas M. Naughton, M.D., DLSC Case Number 17 MED 266. Motion carried unanimously.

17 MED 372 – Sobia Kirmani-Moe, M.D.

MOTION: Rodney Erickson moved, seconded by Alaa Abd-Elsayed, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sobia Kirmani-Moe, M.D., DLSC Case Number 17 MED 372. Motion carried unanimously.

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning Sobia Kirmani-Moe, M.D., DLSC Case Number 17 MED 372.)

18 MED 001 – Barbara J. Gonzales, M.D.

MOTION: David Roelke moved, seconded by Michael Carton, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Barbara J. Gonzales, M.D., DLSC Case Number 18 MED 001. Motion carried unanimously.

18 MED 224 – Brandon J. Rebholz, M.D.

MOTION: Alaa Abd-Elsayed moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Brandon J. Rebholz, M.D., DLSC Case Number 18 MED 224. Motion carried unanimously.

Case Closings

MOTION: Rodney Erickson moved, seconded by Bradley Kudick, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 14 MED 251 – W.S.N. – Lack of Jurisdiction (L2)
2. 15 MED 424 – M.T. – Lack of Jurisdiction (L2)
3. 16 MED 478 – K.B. – Prosecutorial Discretion (P1)
4. 17 MED 061 – D.S. & L.D. – No Violation

Motion carried unanimously.

MOTION: Alaa Abd-Elsayed moved, seconded by Mary Jo Capodice, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 17 MED 185 – N.H. – Insufficient Evidence
2. 17 MED 379 – L.S. – Insufficient Evidence
3. 17 MED 418 – V.I. – No Violation

Motion carried unanimously.

17 MED 176 – M.P.

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 17 MED 176, against M.P., for no violation. Motion carried unanimously.

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning M.P., DLSC Case Number 17 MED 176.)

18 MED 012 – C.L.

MOTION: Mary Jo Capodice moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 012, against C.L., for insufficient evidence. Motion carried unanimously.

18 MED 197 – Unknown

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 18 MED 197, against Unknown, for no violation. Motion carried unanimously.

18 MED 198 – Unknown

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 18 MED 198, against Unknown, for insufficient evidence. Motion carried unanimously.

18 MED 241 – J.O.

MOTION: Bradley Kudick moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 18 MED 241, against J.O., for no violation. Motion carried unanimously.

18 MED 499 – A.B.

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 18 MED 499, against A.B., for insufficient evidence. Motion carried unanimously.

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 18 MED 625 – E.R. – No Violation
2. 18 MED 630 – B.S. – No Violation
3. 19 MED 008 – Unknown – No Violation

Motion carried unanimously.

Monitoring

Jong Kim, M.D. – Violation of Board Order

MOTION: Padmaja Doniparthi moved, seconded by David Roelke, to suspend the license of respondent, Jong Kim, M.D., pursuant to the provisions of the Order in DLSC Case Number 13 MED 131. **Reason for Suspension:** Violation of Board Order. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Alaa Abd-Elsayed moved, seconded by Bradley Kudick, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 9:50 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

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

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

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

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

ADJOURNMENT

MOTION: Alaa Abd-Elsayed moved, seconded by Padmaja Doniparthi, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:00 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Rod Erickson		2) Date When Request Submitted: 2/2019	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 4/17/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Disaster Response - Discussion	
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: Background Material: <ol style="list-style-type: none"> 1) Uniform Emergency Volunteer Health Practitioners Act (Attachment) 2) FSMB Resolution Proposal – Emergency Licensure Following a National Disaster (Attachment) 3) North Carolina Rule – Physician Practice and Limited License for Disasters and Emergencies (Attachment) 			
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	

Uniform Emergency Volunteer Health Practitioners Act

Situation

In the event of a natural or manmade catastrophe with a large number of casualties and loss of infrastructure disruption, many states including Wisconsin have limited ability to respond.

- No mechanism to bring in practitioners not licensed in Wisconsin
- Available resources very limited
 - National Guard limited (federal oversight)
 - Medical Reserve Corps limited (state oversight)
 - Disaster Medical Assistance Team (DMAT) limited (federal oversight)

Background

In the aftermath of Hurricane Katrina, it became apparent existing organizations and infrastructures were inadequate to provide prompt, effective emergency medical care. Multiple barriers existed.

- Volunteers were willing to come to the aid of communities
 - Not clear what roles they could fulfill
 - No licensing mechanism
 - No license, no liability protection
- Lack of infrastructure
 - Volunteer practitioners may have no place to provide services
- No easy expedient way to license
 - No oversight or jurisdiction
 - No limits: time, place, practice

Assessment

To address these deficiencies something was needed to provide states with the ability to access health manpower, especially licensed practitioners from outside jurisdictions rapidly, safely, and efficiently. One response has been the Uniform Emergency Volunteer Health Practitioners Act.

In 2006, the National Conference of Commissioners on Uniform State Laws adopted a model bill to address the issue of health care practitioners providing care **during a declared emergency** in states where they may not be licensed to practice. The UEVHPA was developed in response to the significant legal and licensing barriers to volunteer physicians and health care practitioners who would like to provide care in times of a declared emergency.

- Defines who may practice: professionals have registered with a public or private registration system
- Provides licensure: permits those professionals to enter the state and provide services without having to seek a license in the state
- Provides access to services: increasing access to care during a critically difficult situation where licensure boards may be swamped with requests
- Helps define liability
- May be integrated into larger emergency response system including medical reserve corps

The Purpose of the UEVHPA

The UEVHPA establishes legal guidelines to allow volunteers to provide assistance during a time of declared emergency by recognizing other states' licenses for physicians and health care

practitioners. Whereas federal provisions for interstate cooperation do not extend to most private practitioners, the UEVHPA calls for the creation of a registration system that out-of-state practitioners may use either before or during a disaster. Upon successful registration, practitioners are expressly permitted to contribute their professional skills to existing organized disaster efforts. In addition, the Act addresses issues of workers' compensation coverage and civil liability protections for physicians and other licensed health care practitioners.

Why the UEVHPA Is Important to Physicians

Physicians are uniquely qualified to assist during disasters. Physicians with training in trauma and critical care, play a major role in the health care community's response to most disaster situations. Properly trained volunteers are critical in such circumstances.

By enacting the UEVHPA, state legislatures can have a positive impact on disaster response effectiveness. Removing barriers that prohibit licensed surgeons and other qualified responders from traveling across state lines to voluntarily administer medically necessary care during disasters will ensure the citizens of their state have access to high-quality surgical services in the event of a crisis.

Recommendation

Propose legislation for an Emergency Volunteer Health Practitioners Act

Establishes the Uniform Emergency Volunteer Health Practitioners Act which

- Applies to volunteer health practitioners (out of state/in-state) registered with the volunteer health practitioner registration system defined in the bill and who provide health or veterinary services in this state for a host entity while an emergency declaration is in effect.

Purpose

Authorizes the Department of Health or Department of Safety and Professional Services to regulate the use of in-state/out-of-state licensed volunteer health & veterinary practitioners **during a Governor's declared emergency.**

- Authorizes registered volunteer health & veterinary practitioners licensed in other states to practice in the state during a declared emergency.
- Establishes standards for volunteer health practitioner registration.

Key points

- Requires: Volunteer Health Professionals to register with DHS/DSPS before or during an emergency
- Deployment Trigger: Requires Governor (*state, regional or national*) to issue State of Emergency Proclamation.
- Out-of-State: Volunteer Health Professionals licensed in good standing and registered by DHS/DSPS may practice in WI during a declared emergency.

DHS/DSPS may:

- Limit, restrict, or otherwise regulate
- Duration of Practice
- Geographical areas
- Types of Practitioners

Licensing Boards may:

- Sanction out-of-state practitioners for conduct occurring in WI during the emergency

- A Volunteer Health Practitioner that is injured or dies during deployment is deemed an employee of the state – L&I coverage *
- Liability protection for acts or omission while providing services *

Benefits **

- Provides a pathway for in-state/out-of-state providers.
- Provides authorities for DHS/DSPS to manage & deploy state-level volunteer programs.
- Complements MRCs – Local volunteer program
- Allows local MRC members to register with DHS/DSPS for in-state deployment.
- Provides worker compensation liability protection.
- Provides authorities to deploy in-state DHS/DSPS registered volunteers as state employees for purposes of supporting an EMAC/PNEMA request.

[uniform emergency volunteer healthcare practitioners act uniform ...
www.ifrc.org/docs/idrl/367EN.pdf](http://www.ifrc.org/docs/idrl/367EN.pdf)

States that have enacted UEVHPA model legislation include:

- Arkansas (2009)
- Colorado (2007)
- District of Columbia (2010)
- Georgia (2016)
- Illinois (2010)
- Indiana (2008)
- Kentucky (2007)
- Louisiana (2009)
- Maine (2018)
- Nevada (2011)
- New Mexico (2008)
- North Dakota (2009)
- Oklahoma (2009)
- Oregon (2009)
- Tennessee (2007)
- Texas (2013)
- Utah (2008)
- Washington (2018)
- West Virginia (2017)

**Federation of State Medical Boards
House of Delegates Meeting
April 27, 2019**

Subject: Emergency Licensure Following a Natural Disaster

Introduced by: North Carolina Medical Board

Approved: January 2019

Whereas, hurricanes and other natural disasters can cause mass injuries that are beyond a state's ability to manage with currently licensed physicians, and

Whereas, in those situations, state medical and osteopathic boards ("boards") must be able to quickly process emergency license applications in a way that does not compromise public safety, and

Whereas, FSMB Policy 240.4 "License Portability During a Public Health Emergency" (April 2006) states ". . . the FSMB [will] study issues relative to license portability during an emergency including, but not limited to, joining with other organizations or entities to determine the best manner to provide necessary medical care and maintain licensure autonomy for the individual states", and

Whereas, FSMB Policy 240.6 "Disaster Preparedness and Licensing" (April 2002) states "The FSMB will cooperate with federal and state legislators, agencies, and organizations in facilitating the movement of properly licensed physicians among FSMB member licensing jurisdictions in support of necessary emergency medical response", and

Whereas, although good policies, they did not result in model emergency licensure laws and rules, and

Whereas, many boards, particularly those in hurricane-prone states, would benefit from model emergency licensure laws and rules.

Therefore, be it hereby

Resolved, that the Federation of State Medical Boards convene a workgroup to develop model emergency licensure laws and rules and submit its recommendations to the House of Delegates at the 2020 FSMB Annual Meeting.

1 21 NCAC 32B .1706 is proposed for adoption under temporary procedures as follows:

2
3 **21 NCAC 32B .1706 PHYSICIAN PRACTICE AND LIMITED LICENSE FOR DISASTERS AND**
4 **EMERGENCIES**

5
6 (a) The Board shall, pursuant to G.S. 90-12.5, waive requirements for licensure except to the extent set
7 forth below and after the Governor of the State of North Carolina has declared a disaster or state of
8 emergency, or in the event of an occurrence for which a county or municipality has declared a state of
9 emergency, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter
10 130A of the General Statutes. There are two ways for physicians to practice under this rule:

11 (1) Hospital to Hospital Credentialing: A physician who holds a full, unlimited and
12 unrestricted license to practice medicine in another U.S. state, territory or district and has
13 unrestricted hospital credentials and privileges in any U.S. state, territory or district may
14 come to North Carolina and practice medicine at a hospital that is licensed by the North
15 Carolina Department of Health and Human Services upon the following terms and
16 conditions:

17 (A) the licensed North Carolina hospital shall verify all physician credentials and
18 privileges;

19 (B) the licensed North Carolina hospital shall keep a list of all physicians coming to
20 practice and shall provide this list to the Board within ten (10) days of each
21 physician practicing at the licensed North Carolina hospital. The licensed North
22 Carolina hospital shall also provide the Board a list of when each physician has
23 stopped practicing medicine in North Carolina under this section within ten (10)
24 days after each physician has stopped practicing medicine under this section;

25 (C) all physicians practicing under this section shall be authorized to practice
26 medicine in North Carolina and shall be deemed to be licensed to practice
27 medicine in the State of North Carolina and the Board shall have jurisdiction over
28 all physicians practicing under this section for all purposes set forth in or related
29 to Article 1 of Chapter 90 of the North Carolina General Statutes, and such
30 jurisdiction shall continue in effect even after any and all physicians have stopped
31 practicing medicine under this section;

32 (D) a physician may practice under this section for the shorter of (a) thirty (30) days
33 from the date the physician has started practicing under this section or (b) a
34 statement by an appropriate authority is made that the emergency or disaster
35 declaration has been withdrawn or ended and, at such time, the license deemed
36 to be issued shall become inactive, and

1 (E) physicians practicing under this section shall not receive any compensation
2 outside of their usual compensation for the provision of medical services during a
3 disaster or emergency.

4 (2) Limited Emergency License: A physician who holds a full, unlimited and unrestricted
5 license to practice medicine in another U.S. state, territory or district may apply for a
6 limited emergency license on the following conditions:

7 (A) the applicant must complete a limited emergency license application;

8 (B) the Board shall verify that the physician holds a full, unlimited and unrestricted
9 license to practice medicine in another U.S. state, territory or district;

10 (C) in response to the specific circumstances presented by a declared disaster or
11 state of emergency and in order to best serve the public interest, the Board may
12 limit the physician's scope of practice;

13 (D) the Board shall have jurisdiction over all physicians practicing under this section
14 for all purposes set forth in or related to Article 1 of Chapter 90 of the North
15 Carolina General Statutes, and such jurisdiction shall continue in effect even
16 after such physician has stopped practicing medicine under this section or the
17 Limited Emergency License has expired;

18 (E) this license shall be in effect for the shorter of (a) thirty (30) days from the date it
19 is issued or (b) a statement by an appropriate authority is made that the
20 emergency or disaster declaration has been withdrawn or ended and, at such
21 time, the license issued shall become inactive; and

22 (F) physicians holding limited emergency licenses shall not receive any
23 compensation outside of their usual compensation for the provision of medical
24 services during a disaster or emergency.

25
26 History Note: Authority G.S. 90-12.5; G.S. 90-13.2(e); G.S. 90-14(a); GS 166A-45
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