



MEDICAL EXAMINING BOARD
Room N208, 4822 Madison Yards Way, Madison
Contact: Yolanda Y. McGowan (608) 266-2112
June 19, 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 (1-7)**
- B. Approval of Minutes of May 15, 2019 (8-14)**
- C. Conflicts of Interest**
- D. Administrative Matters**
 - 1. Board, Department, and Staff Updates
 - 2. Board Members – Term Expiration Dates
 - 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 (15)**
 - 1. Adoption Orders: **(16-45)**
 - a. CR 18-072, Relating to Continuing Medical Education for Physicians; CR 18-074, Relating to Perfusionists; and CR 18-078, Relating to Sports Physician Licensure Exemption
 - 2. Germane Modification to CR 18-101, Relating to Respiratory Care Practitioners **(46)**
 - 3. Legislation and Pending or Possible Rulemaking Projects
- F. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
 - 1. FSMB 2019 Medical Regulatory Report
- G. Newsletter Matters – Discussion and Consideration**

- H. Practice Matters – Discussion and Consideration**
 - 1. Request to List Multiple Office Locations on Physician Licenses **(47-51)**
- I. Controlled Substances Board Report – Timothy Westlake – Discussion
- J. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners
- K. Screening Panel Report
- L. Informational Items
- M. 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
- N. Future Agenda Items
- O. 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.).

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

1. Administrative Warnings

- a. 17 MED 149 – N.P.H. **(52-53)**
- b. 18 MED 333 – W.A. **(54-55)**
- c. 18 MED 342 – M.B. **(56-57)**
- d. 18 MED 348 – J.B. **(58-59)**
- e. 18 MED 350 – J.B. **(60-61)**
- f. 18 MED 357 – J.C. **(62-63)**
- g. 18 MED 359 – V.C. **(64-65)**
- h. 18 MED 363 – J.J.C. **(66-67)**
- i. 18 MED 364 – M.C. **(68-69)**
- j. 18 MED 365 – T.D. **(70-72)**
- k. 18 MED 369 – R.E. **(72-73)**
- l. 18 MED 371 – S.F. **(74-75)**
- m. 18 MED 394 – C.F. **(76-77)**
- n. 18 MED 395 – R.F. **(78-79)**
- o. 18 MED 396 – V.G. **(80-81)**
- p. 18 MED 400 – A.S.G. **(82-83)**
- q. 18 MED 412 – A.H. **(84-85)**
- r. 18 MED 417 – A.H. **(86-87)**
- s. 18 MED 419 – J.H. **(88-89)**
- t. 18 MED 424 – S.J. **(90-91)**
- u. 18 MED 429 – J.N.J. **(92-93)**
- v. 18 MED 443 – R.K. **(94-95)**
- w. 18 MED 449 – Y.H. **(96-97)**
- x. 18 MED 452 – K.L. **(98-99)**
- y. 18 MED 459 – D.K.M. **(100-101)**
- z. 18 MED 466 – D.M. **(102-103)**
- aa. 18 MED 472 – R.M. **(104-105)**
- bb. 18 MED 474 – C.N. **(106-107)**
- cc. 18 MED 481 – T.O. **(108-109)**
- dd. 18 MED 485 – J.P. **(110-111)**
- ee. 18 MED 492 – T.C. **(112-113)**
- ff. 18 MED 504 – A.R. **(114-115)**
- gg. 18 MED 512 – T.R. **(116-117)**

- hh. 18 MED 513 – D.Y. **(118-119)**
- ii. 18 MED 520 – R.S. **(120-121)**
- jj. 18 MED 526 – S.R. **(122-123)**
- kk. 18 MED 530 – G.S. **(124-125)**
- ll. 18 MED 533 – D.S. **(126-127)**
- mm. 18 MED 534 – J.S. **(128-129)**
- nn. 18 MED 540 – J.S. **(130-131)**
- oo. 18 MED 544 – E.S. **(132-133)**
- pp. 18 MED 565 – N.T. **(134-125)**

2. Stipulations, Final Decisions and Orders

- a. 16 MED 485 – Vincent P. Gibbons, M.D. **(136-142)**
- b. 17 MED 282 – Dominic B. Draper, M.D. **(143-149)**
- c. 17 MED 435 – Dai Takahashi, D.O. **(150-155)**
- d. 17 MED 461 – Peter A. Mahler, M.D. **(156-161)**
- e. 18 MED 123 – Joseph M. Baker, D.O. **(162-167)**
- f. 18 MED 156 – Arthur A. Arena, M.D. **(168-173)**
- g. 18 MED 686 – Robert D. Kingsbury, M.D. **(174-179)**
- h. 18 MED 679 – Kirsten D. Peterson, M.D. **(180-187)**

3. Case Closing(s)

- a. 17 MED 004 – E.R. **(188-191)**
- b. 17 MED 172 – I.N. **(192-198)**
- c. 17 MED 172 – M.M. **(199-206)**
- d. 17 MED 336 – G.G.A. **(207-215)**
- e. 17 MED 384 – M.N.H. **(216-220)**
- f. 17 MED 450 – K.J.W. **(221-225)**
- g. 17 MED 463 – J.J.S. **(226-232)**
- h. 17 MED 489 – J.M.R. **(233-236)**
- i. 17 MED 516 – E.S. **(237-239)**
- j. 18 MED 121 – M.D. **(240-242)**
- k. 18 MED 171 – T.O.B. **(243-245)**
- l. 18 MED 180 – J.C.H. and J.S. **(246-257)**
- m. 18 MED 205 – D.M. **(258-265)**
- n. 18 MED 216 – A.A. **(266-268)**
- o. 18 MED 244 – A.S. **(269-271)**
- p. 18 MED 260 – Unknown **(272-279)**
- q. 18 MED 262 – W.C.M. **(280-282)**
- r. 18 MED 273 – L.M.G. **(283-285)**
- s. 18 MED 288 – K.K.B. **(286-288)**
- t. 18 MED 289 – Z.S. **(289-292)**
- u. 18 MED 300 – M.J.W. **(293-295)**

- v. 18 MED 304 – L.N.E. **(296-298)**
- w. 18 MED 307 – I.B. **(299-301)**
- x. 18 MED 340 – P.B. **(302-304)**
- y. 18 MED 351 – A.F.C. **(305-307)**
- z. 18 MED 352 – C.A.C. **(308-310)**
- aa. 18 MED 355 – R.C. **(311-316)**
- bb. 18 MED 360 – O.A.C. **(317-319)**
- cc. 18 MED 362 – M.C. **(320-322)**
- dd. 18 MED 378 – M.B. and M.S. **(323-326)**
- ee. 18 MED 416 – D.H.S. **(327-329)**
- ff. 18 MED 425 – M.R.J. **(330-332)**
- gg. 18 MED 428 – N.J. **(333-335)**
- hh. 18 MED 437 – T.A.L. **(336-338)**
- ii. 18 MED 445 – G.N. **(339-341)**
- jj. 18 MED 448 – H.I.T. **(342-344)**
- kk. 18 MED 450 – J.W.R. **(345-347)**
- ll. 18 MED 496 – S.N.B. **(348-350)**
- mm. 18 MED 537 – J.J.K. **(351-353)**
- nn. 18 MED 545 – S.L.N. **(354-356)**
- oo. 18 MED 546 – D.K. **(357-363)**
- pp. 18 MED 596 – K.G. **(364-375)**
- qq. 18 MED 614 – M.M. **(376-378)**
- rr. 18 MED 616 – R.H. **(379-383)**
- ss. 18 MED 621 – C.D.L. **(384-386)**
- tt. 18 MED 623 – J.L. **(387-391)**
- uu. 18 MED 660 – J.J.O and G.H.R. **(392-395)**
- vv. 18 MED 676 – C.A.F. **(396-399)**
- ww. 18 MED 694 – A.O. **(400-402)**
- xx. 18 MED 705 – T.P. **(403-409)**
- yy. 18 MED 708 – J.A.C. **(410-412)**
- zz. 18 MED 715 – J.A.O. **(413-415)**
- aaa. 18 MED 717 – G.R.D. **(416-418)**
- bbb. 18 MED 726 – B.A.B. **(419-422)**
- ccc. 19 MED 023 – D.C.B. **(423-425)**
- ddd. 19 MED 051 – J.B.D. **(426-434)**
- eee. 19 MED 058 – M.I. **(435-437)**

4. Complaints

- a. 16 MED 224 – S.M.K. **(438-463)**
- b. 16 MED 271 – W.S.N. **(464-471)**

5. Monitoring (472-473)

- a. Leonardo Aponte, M.D. – Requesting Reinstatement of Full Licensure **(474-531)**
- b. Srinivas Jolepalem, M.D. – Violation of Board Order **(532-548)**

Q. Open Cases

R. Consulting with Legal Counsel

S. 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

T. RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

W. 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 four (4) (at time of agenda publication) Candidates for Licensure – Dr. Capodice and Dr. Westlake

NEXT MEETING DATE: JULY 17, 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
May 15, 2019**

PRESENT: Alaa Abd-Elsayed, M.D.; David Bryce, M.D.; Mary Jo Capodice, D.O.; Michael Carton (*via Skype*); Padmaja Doniparthi, M.D.; Rodney Erickson, M.D.; Bradley Kudick (*arrived at 8:05 a.m.*); Lee Ann Lau, M.D.; David Roelke, M.D.; Kenneth Simons, M.D.; Timothy Westlake, M.D. (*arrived at 8:05 a.m.*); Robert Zoeller, M.D.

STAFF: Yolanda McGowan, DPD Division Administrator; Jameson Whitney, Legal Counsel; Kimberly Wood, Program Assistant Supervisor-Advanced; and other Department staff

CALL TO ORDER

Kenneth Simons, Chairperson, called the meeting to order at 8:00 a.m. A quorum of ten (10) members was confirmed.

ADOPTION OF AGENDA

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 17, 2019

MOTION: Mary Jo Capodice moved, seconded by David Bryce, to approve the minutes of April 17, 2019 published. Motion carried unanimously.

(Timothy Westlake and Bradley Kudick joined the meeting at 8:05 a.m.)

DISASTER RESPONSE

MOTION: David Bryce moved, seconded by Lee Ann Lau, to authorize the Legislative Liaison to work with the Legislature, on behalf of the Board, to draft legislation related to the Uniform Emergency Volunteer Health Practitioners Act. 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, 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-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; David Roelke-yes; Kenneth Simons-yes; Timothy Westlake-yes; Robert Zoeller-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:53 a.m.

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

Administrative Warnings

15 MED 448 – M.S.F.

MOTION: David Roelke moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of M.S.F., DLSC Case Number 15 MED 448. Motion carried. Opposed: One

15 MED 448 – T.J.S.

MOTION: David Roelke moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of T.J.S., DLSC Case Number 15 MED 448. Motion carried unanimously.

18 MED 235 – L.L.T.

MOTION: Robert Zoeller moved, seconded by Bradley Kudick, to issue an Administrative Warning in the matter of L.L.T., DLSC Case Number 18 MED 235. Motion carried unanimously.

18 MED 634 – J.A.D.

MOTION: Bradley Kudick moved, seconded by Timothy Westlake, to issue an Administrative Warning in the matter of J.A.D., DLSC Case Number 18 MED 634. Motion carried unanimously.

Stipulations, Final Decisions and Orders

15 MED 419 & 15 MED 472 – R. Stephen Callaghan, M.D.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against R. Stephen Callaghan, DLSC Case Numbers 15 MED 419 & 15 MED 472. Motion carried unanimously.

16 MED 283 – Janice Alexander, M.D.

MOTION: David Roelke moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Janice Alexander, M.D., DLSC Case Number 16 MED 283. Motion carried.

(Rodney Erickson recused himself and left the room for deliberation and voting in the matter concerning Janice Alexander, M.D., DLSC Case Number 16 MED 283.)

16 MED 283 – Jennifer McCommons, P.A.

MOTION: Lee Ann Lau moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jennifer McCommons, P.A., DLSC Case Number 16 MED 283. Motion carried.

(Rodney Erickson recused himself and left the room for deliberation and voting in the matter concerning Jennifer McCommons, P.A., DLSC Case Number 16 MED 283.)

16 MED 361 & 17 MED 386 – Jesse J. Van Bommel, M.D.

MOTION: Robert Zoeller moved, seconded by Bradley Kudick, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jesse J. Van Bommel, M.D., DLSC Case Numbers 16 MED 361 & 17 MED 386 and to refer the cases back to DLSC. Motion carried. Abstained: Doniparthi

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning Jesse J. Van Bommel, M.D., DLSC Case Numbers 16 MED 361 & 17 MED 386. Timothy Westlake chaired the meeting for the duration of this item.)

18 MED 100 & 19 MED 034 – Daniel A. Clayton, M.D.

MOTION: David Roelke moved, seconded by Timothy Westlake, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Daniel A. Clayton, M.D., DLSC Case Numbers 18 MED 100 & 19 MED 034. Motion carried.

(Rodney Erickson recused himself and left the room for deliberation and voting in the matter concerning Daniel A. Clayton, M.D., DLSC Case Numbers 18 MED 100 & 19 MED 034.)

18 MED 509 – Stephen S. Dudley, M.D.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Stephen S. Dudley, M.D., DLSC Case Number 18 MED 509. Motion carried unanimously.

18 MED 685 – Chris A. Metzger, M.D.

MOTION: Timothy Westlake moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Chris A. Metzger, M.D., DLSC Case Number 18 MED 685. Motion carried unanimously.

19 MED 009 – Leah N. Ederer, M.D.

MOTION: David Roelke moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Leah N. Ederer, M.D., DLSC Case Number 19 MED 009. Motion carried unanimously.

Case Closings

MOTION: Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to close the following DLSC Cases for the reasons outlined below:

1. 15 MED 448 – K.A.P. and J.M.W. – No Violation
 2. 16 MED 144 – R.V.B. – Prosecutorial Discretion (P2)
 3. 17 MED 086 – A.M. and W.S. – No Violation
 4. 17 MED 194 – T.G. – No Violation
 5. 17 MED 377 – R.C. – No Violation
 6. 17 MED 547 – A.V. – Prosecutorial Discretion (P1)
 7. 18 MED 066 – J.B.S. – No Violation
 8. 18 MED 111 – T.H. – No Violation
 9. 18 MED 191 – R.M.R. – No Violation
 10. 18 MED 193 – N.A.M. – No Violation
 11. 18 MED 222 – S.S. – No Violation
 12. 18 MED 278 – D.R.J. – No Violation
 13. 18 MED 291 – M.S. and J.R.S. – No Violation
 14. 18 MED 338 – A.H.B. – No Violation
 15. 18 MED 341 – R.B. – Lack of Jurisdiction (L2)
 16. 18 MED 387 – B.R.W. – No Violation
 17. 18 MED 399 – P.F.G. – No Violation
 18. 18 MED 423 – F.T.I. – No Violation
 19. 18 MED 444 – M.D.L. – No Violation
 20. 18 MED 460 – D.A.M. – No Violation
 21. 18 MED 471 – M.I.F. – No Violation
 22. 18 MED 483 – J.M.P. – No Violation
 23. 18 MED 508 – R.M.R. – No Violation
 24. 18 MED 518 – R.H.S. – No Violation
 25. 18 MED 531 – J.K.S. – No Violation
 26. 18 MED 548 – M.C. – No Violation
 27. 18 MED 550 – T.L.S. – No Violation
 28. 18 MED 558 – J.P.W. – No Violation
 29. 18 MED 564 – J.M. – No Violation
 30. 18 MED 567 – L.J.T. – No Violation
 31. 18 MED 728 – V.S.R.C. – No Violation
- Motion carried.

(Padmaja Doniparthi was out of the room for this vote.)

17 MED 005 – J.L.

MOTION: Lee Ann Lau moved, seconded by David Roelke, to close DLSC Case Number 17 MED 005, against J.L., for Prosecutorial Discretion (P7). Motion carried.
Opposed: Lau

17 MED 035 – M.M. and E.Q.

MOTION: Robert Zoeller moved, seconded by Bradley Kudick, to close DLSC Case Number 17 MED 035, against M.M. and E.Q., for No Violation. Motion carried.

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning M.M. and E.Q., DLSC Case Number 17 MED 035. Timothy Westlake chaired the meeting for the duration of this item.)

17 MED 363 – M.O.

MOTION: David Roelke moved, seconded by Bradley Kudick, to close DLSC Case Number 17 MED 363, against M.O., for No Violation. Motion carried unanimously.

17 MED 391 – K.W.

MOTION: Timothy Westlake moved, seconded by David Bryce, to close DLSC Case Number 17 MED 391, against K.W., for No Violation. Motion carried unanimously.

18 MED 113 – P.C.

MOTION: David Roelke moved, seconded by David Bryce, to close DLSC Case Number 18 MED 113, against P.C., for No Violation. Motion carried unanimously.

18 MED 249 – A.R.

MOTION: David Roelke moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 249, against A.R., for No Violation. Motion carried.

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning A.R., DLSC Case Number 18 MED 249. Timothy Westlake chaired the meeting for the duration of this item.)

18 MED 258 – M.K.

MOTION: Lee Ann Lau moved, seconded by Padmaja Doniparthi, to close DLSC Case Number 18 MED 258, against M.K., for No Violation. Motion carried unanimously.

18 MED 462 – A.M.

MOTION: Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 18 MED 462, against A.M., for No Violation. Motion carried unanimously.

18 MED 482 – S.M.O.

MOTION: David Roelke moved, seconded by Bradley Kudick, to close DLSC Case Number 18 MED 482, against S.M.O., for No Violation. Motion carried unanimously.

18 MED 549 – S.S.

MOTION: David Roelke moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 549, against S.S., for No Violation. Motion carried unanimously.

18 MED 583 – R.M.

MOTION: Mary Jo Capodice moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 583, against R.M., for No Violation. Motion carried unanimously.

18 MED 590 – C.C.

MOTION: David Roelke moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 590, against C.C., for No Violation. Motion carried.

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning C.C., DLSC Case Number 18 MED 590. Timothy Westlake chaired the meeting for the duration of this item.)

Complaints

16 MED 167 – D.S.

MOTION: David Roelke moved, seconded by Bradley Kudick, to find probable cause to believe that D.S., DLSC Case Number 16 MED 167, 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.

(Alaa Abd- Elsayed and Timothy Westlake recused themselves and left the room for deliberation and voting in the matter concerning D.S., DLSC Case Number 16 MED 167.)

Monitoring

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

MOTION: David Roelke moved, seconded by Alaa Abd-Elsayed, to deny the request of Juan Preciado-Riestra, M.D. for full licensure. **Reason for Denial:** Lack of Compliance with Board Order (10/21/2015). Motion carried unanimously.

MOTION: Timothy Westlake moved, seconded by Robert Zoeller, to grant the request of Juan Preciado-Riestra, M.D. for termination of treatment, permission to reapply for a DEA COR and permission to prescribe, dispense, administer, or order controlled substances. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Lee Ann Lau moved, seconded by Alaa Abd-Elsayed, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:13 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: David Roelke moved, seconded by Lee Ann Lau, 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: Padmaja Doniparthi moved, seconded by Robert Zoeller, 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 Alaa Abd-Elsayed, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:14 a.m.

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

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 6/7/19 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 6/19/19	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative/Administrative Rule Matters: 1. Adoption Orders: CR 18-072, Relating to Continuing Medical Education for Physicians; CR 18-074, Relating to Perfusionists; and CR 18-078, Relating to Sports Physician Licensure Exemption 2. Germane Modification to CR 18-101, Relating to Respiratory Care Practitioners 3. Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 2. The Board is asked to consider a germane modification to CR 18-101, relating to respiratory care practitioners, which has been requested by the Wisconsin Society for Respiratory Care. The germane modification is to SECTION 8 of the rules, which would be revised to include the Joint Review Committee for Respiratory Care as a recognized approver of courses of instruction in respiratory care under s. Med 20.03 (1) (f).			
11) Authorization			
<i>Dale Kleven</i>		<i>June 7, 2019</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 18-072)

ORDER

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

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.13, Stats.

Statutory authority:

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

Explanation of agency authority:

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

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

Related statute or rule:

Section 440.035 (2m), Stats., allows the Medical Examining Board to issue guidelines regarding best practices in prescribing controlled substances. Section 448.08 (2) (a) 58., Stats., provides the credential renewal date for a physician, other than a physician who possesses the degree of doctor of osteopathy, is November 1 of each odd numbered year.

Plain language analysis:

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

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

None.

Comparison with rules in adjacent states:

Illinois:

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

Iowa:

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

Michigan:

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

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

Minnesota:

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

Summary of factual data and analytical methodologies:

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

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

The 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 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 Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

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

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 at 8:00 a.m. on December 19, 2018, to be included in the record of rule-making proceedings.

TEXT OF RULE

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

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

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

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

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

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

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

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

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

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

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

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

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

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

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 August 23, 2018</p>
<p>3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 13</p>	
<p>4. Subject Continuing medical education for physicians</p>	
<p>5. Fund Sources Affected <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</p>	<p>6. Chapter 20, Stats. Appropriations Affected 20.165(1)(hg)</p>
<p>7. Fiscal Effect of Implementing the Rule <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</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 (if checked, complete Attachment A)</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 require a physician who holds a U.S. Drug Enforcement Administration number to complete 2 of the 30 required hours of continuing medical education from a Board-approved educational course or program related to the opioid prescribing guidelines issued by the Board. As this requirement expires after the renewal date occurring on November 1, 2019, the proposed rules define requirements for the completion of continuing education hours related to prescribing controlled substances for the renewal date occurring on November 1, 2021.</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. The Department estimates one-time administrative costs of \$65.42. These costs may be absorbed in the agency budget.</p>	
<p>15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is extending an initiative to address prescription drug abuse. Not implementing the rule would be inconsistent with the statewide initiative to address this issue.</p>	
<p>16. Long Range Implications of Implementing the Rule The long range implication of implementing the rule is increased physician awareness of prescription drug abuse.</p>	

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

17. Compare With Approaches Being Used by Federal Government
None

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 establish continuing medical education requirements for physicians licensed in Illinois (68 Ill. Adm. Code 1285.110). The rules do not require continuing education related to prescribing opioids.

Iowa:

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

Michigan:

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

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

Minnesota:

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

19. Contact Name

Dale Kleven

20. Contact Phone Number

(608) 261-4472

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

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 18-074)

ORDER

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

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 440.03 (4m), Stats.

Statutory authority:

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

Explanation of agency authority:

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

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

Related statute or rule:

None.

Plain language analysis:

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

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

- Revisions to s. Med 22.04 (3), (4), and (6) are made to, as required under s. 448.05 (6) (a), Stats., specify the passing score for the Perfusion Basic Science Examination, the Clinical Applications in Perfusion Examination, the statutes and rules examination, and the oral examination.
- Section Med 22.04 (9) is revised to clarify the requirement to complete further professional training or education before retaking an exam after a third failure does not apply to the Perfusion Basic Science Examination or the Clinical Applications in Perfusion Examination.
- Section Med 22.07 (5m) is created to void the application of an applicant who uses a recording device when reviewing an examination, and requires the applicant to reapply for licensure. A provision is created under s. Med 22.04 (5) that will allow the Board to require an applicant who has violated s. Med 22.07 (5m) to complete an oral examination.
- Section Med 22.10 (5) is revised to comply with s. 440.03 (4m), Stats., as created by 2017 Wisconsin Act 59. Under this provision, the Board may require a credential holder to submit proof of completing continuing education programs or courses only if a complaint is made against the credential holder.
- Other provisions throughout ch. Med 22 have been updated to provide clarity and conform to current standards for drafting style and format.

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

None.

Comparison with rules in adjacent states:

Illinois:

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

Iowa:

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

Michigan:

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

Minnesota:

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

Summary of factual data and analytical methodologies:

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

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

The 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 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 Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

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

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 at 8:00 a.m. on December 19, 2018, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 22.01 is amended to read:

Med 22.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5) (b)₂, ~~and 227.11 (2), Stats., and ss. 448.02, 448.04, 448.05, 448.13₂ and 448.40, Stats.~~

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

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

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

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

SECTION 3. Med 22.03 (intro.) and (1) are amended to read:

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

(1) A completed application on a form provided by the board.

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

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

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

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

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

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

Med 22.03 (Note) Application forms are available ~~on request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708~~ from the department of safety and professional services at (608) 266-2112 or from the department's website at www.dsps.wi.gov.

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

SECTION 10. Med 22.04 (3), (4), and (5) are amended to read:

Med 22.04 (3) An applicant for licensure as a perfusionist ~~under s. Med 22.03 (3) (b)~~, shall pass both the ~~perfusion basic science examination~~ Perfusion Basic Science Examination and the ~~clinical application in perfusion examination~~ Clinical Applications in Perfusion Examination of the American Board of Cardiovascular Perfusion. The board adopts the passing scores of the examination provider.

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

(5) (intro.) ~~An applicant who meets the criteria under s. Med 22.03 (3) (b),~~ The council may be required require an applicant to complete an oral examination if the applicant any of the following circumstances apply:

(a) ~~Has~~ The applicant has a medical condition which impairs or limits the applicant's ability to practice perfusion with reasonable skill and safety.

(b) ~~Uses~~ The applicant uses chemical substances so as to impair the applicant's ability to practice perfusion with reasonable skill and safety.

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

(d) ~~Has~~ The applicant has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

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

(f) ~~Has~~ The applicant has practiced ~~over~~ perfusion for more than 1,200 hours ~~in~~ during the last 3 years 3-year period preceding the date of application, but practice was limited.

(g) ~~Has~~ The applicant has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(h) ~~Has~~ The applicant has been diagnosed as suffering from pedophilia, exhibitionism, or voyeurism.

(i) ~~Has~~ The applicant has, within the past 2 years, engaged in the illegal use of controlled substances.

(j) ~~Has~~ The applicant has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

SECTION 11. Med 22.04 (5) (k) is created to read:

Med 22.04 (5) (k) The applicant has violated s. Med 22.07 (5m).

SECTION 12. Med 22.04 (6), (9), and (10) are amended to read:

Med 22.04 (6) The council shall conduct oral examinations ~~and interviews~~. At the request of the council, the board shall provide a medical consultant to ~~the council to provide assistance~~ assist in evaluating applicants examined under s. ~~Med 22.03 (3) sub. (5) (a) and or (b)~~. The passing score for an oral examination is 75 percent.

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

(10) ~~If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the~~ An oral examination concerning the circumstances described in sub. (5) (a) or (b) shall be limited to a determination whether, at the time of application, ~~the applicant's disability appears to pose an actual risk to the health, safety, or welfare of patient or public arising~~ arises from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

SECTION 13. Med 22.05 (1) (intro.), (a), (b), and (c) are amended to read:

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

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

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

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

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

SECTION 15. Med 22.05 (1) (e) is amended to read:

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

SECTION 16. Med 22.05 (1) (f) is repealed.

SECTION 17. Med 22.05 (1m) is created to read:

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

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

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

SECTION 18. Med 22.05 (2) and (3) (a) are amended to read:

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

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

SECTION 19. Med 22.06 (1), (2) (intro.), (a), (d), and (e), (3), and (5) are amended to read:

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

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

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

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

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

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

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

SECTION 20. Med 22.07 (1) to (5) are amended to read:

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

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

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

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

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

SECTION 21. Med 22.07 (5m) is created to read:

Med 22.07 (5m) (a) An applicant may not use any device capable of recording audio, photographic, or video content, or capable of viewing or playing back such content, during a review. A violation of this subsection shall void the applicant's application and require the applicant to reapply for licensure.

(b) A violation of this subsection constitutes knowingly engaging in fraud, misrepresentation, or dishonesty in applying for or procuring a license.

SECTION 22. Med 22.07 (6) is renumbered Med 22.07 (6) (intro.) and amended to read:

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

SECTION 23. Med 22.07 (6) (a) to (d) are created to read:

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

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

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

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

SECTION 24. Med 22.07 (7) and (8) are amended to read:

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

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

SECTION 25. Med 22.08 (2) is amended to read:

Med 22.08 (2) The board shall review the claim, make a determination of the validity of the objections, and notify the applicant in writing of the board's decision and any resulting grade changes to the applicant's exam score.

SECTION 26. Med 22.08 (Note) is repealed.

SECTION 27. Med 22.09 (4) is amended to read:

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

SECTION 28. Med 22.10 (1) (title) and (am) are created to read:

Med 22.10 (1) (title) DEFINITIONS.

(am) "AC-PE" means the Accreditation Committee-Perfusion Education.

SECTION 29. Med 22.10 (2) and (3) are amended to read:

Med 22.10 (2) CERTIFICATION STATEMENT. Each licensee shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that ~~he or she has~~, in the 2 years preceding the renewal due date, ~~completed~~ at least 30 continuing education units of acceptable continuing education were completed. At least 10 continuing education units ~~must~~ shall be completed in Category I activities.

(3) LIMITATION ON CLAIMING CONTINUING EDUCATION UNITS. ~~No additional~~ Additional continuing education units ~~are~~ may not be given for subsequent presentations of the same content.

SECTION 30. Med 22.10 (4) (title) is created to read:

Med 22.10 (4) (title) CATEGORIES OF CONTINUING EDUCATION.

SECTION 31. Med 22.10 (4) (a) to (c) and (5) are amended to read:

Med 22.10 (4) (a) ~~Category I~~ Category I. ABCP-approved perfusion meetings and related activity, including all of the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 32. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date October 17, 2018
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 22	
4. Subject Perfusionists	
5. Fund Sources Affected <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	6. Chapter 20, Stats. Appropriations Affected 20.165(1)(hg)
7. Fiscal Effect of Implementing the Rule <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	
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 (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
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	
11. Policy Problem Addressed by the Rule A comprehensive review of ch. Med 22 was conducted to ensure the rules are consistent with current standards for drafting style and format and applicable Wisconsin statutes. As a result, the following updates have been made: <ul style="list-style-type: none"> • Sections Med 20.03 and 22.04 are revised to remove requirements for applications submitted prior to January 1, 2004. • Revisions to s. Med 22.04 (3), (4), and (6) are made to, as required under s. 448.05 (6) (a), Stats., specify the passing score for the Perfusion Basic Science Examination, the Clinical Applications in Perfusion Examination, the statutes and rules examination, and the oral examination. • Section Med 22.04 (9) is revised to clarify the requirement to complete further professional training or education before retaking an exam after a third failure does not apply to the Perfusion Basic Science Examination or the Clinical Applications in Perfusion Examination. • Section Med 22.07 (5m) is created to void the application of an applicant who uses a recording device when reviewing an examination, and requires the applicant to reapply for licensure. A provision is created under s. Med 22.04 (5) that will allow the Board to require an applicant who has violated s. Med 22.07 (5m) to complete an oral examination. • Section Med 22.10 (5) is revised to comply with s. 440.03 (4m), Stats., as created by 2017 Wisconsin Act 59. Under this provision, the Board may require a credential holder to submit proof of completing continuing education programs or courses only if a complaint is made against the credential holder. • Other provisions throughout ch. Med 22 have been updated to provide clarity and conform to current standards for drafting style and format. 	
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.	

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

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.

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. The Department estimates one-time administrative costs of \$1,518.17, which may be absorbed in the agency budget.

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

The benefit to implementing the rule is reflecting current standards for drafting style and format and applicable Wisconsin statutes. If the rule is not implemented, it will continue to contain outdated references.

16. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is updated references and conformity with the Wisconsin Statutes.

17. Compare With Approaches Being Used by Federal Government

None

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

Iowa:

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

Michigan:

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

Minnesota:

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

19. Contact Name

Dale Kleven

20. Contact Phone Number

(608) 261-4472

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
-

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 18-078)

ORDER

An order of the Medical Examining Board to create ch. Med 25, relating to sports physician licensure exemption.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.03 (2m), Stats.

Statutory authority:

Sections 15.08 (5) (b) and 448.03 (2m) (e), Stats.

Explanation of agency authority:

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

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

Related statute or rule:

None.

Plain language analysis:

The rules create ch. Med 25 to implement the sports physician licensure exemption under s. 448.03 (2m), Stats., as created by 2017 Wisconsin Act 341. Specifically, s. Med 25.02 (3) provides the requirements for requesting the extension the Board may grant under s. 448.03 (2m) (c) 1. b., Stats. The remainder of the chapter provides physicians and others with clear and concise guidance concerning the exemption’s conditions and limitations.

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

None.

Comparison with rules in adjacent states:

Illinois:

Illinois statutes provide a licensure exemption for health care professionals licensed to practice in another state or country (20 ILCS 2105/2105-360). The exemption applies if the following conditions are met:

- The health care professional has an oral or written agreement with an athletic team to provide health care services to the athletic team members, coaching staff, and families traveling with the athletic team for a specific sporting event to take place in Illinois.
- The health care professional may not provide care or consultation to any person residing in Illinois other than the athletic team members, coaching staff, and families traveling with the athletic team, unless the care is covered under the Good Samaritan Act.

The exemption from licensure remains in force while the health care professional is traveling with the athletic team, limited to 10 days per individual sporting event. Upon prior written request from the health care professional, the Illinois Department of Financial and Professional Regulation may grant an extension of the exemption for up to 20 days per sporting event.

A health care professional exempt from licensure under these provisions is not authorized to practice at a health care clinic or facility, including an acute care facility.

Iowa:

Rules of the Iowa Board of Medicine provide a licensure exemption for physicians and surgeons from out of state who hold a current, active license in good standing in another United States jurisdiction and who accompany one or more individuals into Iowa for the purpose of providing medical care to the individuals on a short-term basis (653 IAC 9.2 (2) f.).

Michigan:

Michigan statutes provide a licensure exemption for individuals authorized to practice a health profession in another state or territory of the United States who are appointed by the United States Olympic Committee to provide health services exclusively to team personnel and athletes at a training site or event [MCL 333.16171 (i)]. The exemption applies to the individual while performing the duties assigned in the course of the sanctioned training program or event and for the time period specified by the United States Olympic Committee.

An exemption is also provided for individuals currently authorized to practice a health profession in another state and providing health services for an athletic team [MCL 333.16171 (j)]. The exemption is subject to the following conditions:

- The individual may provide only those health services permitted if the individual were licensed to practice in Michigan.

- The athletic team must be from the same state that authorized the individual to practice the health profession.
- The individual must provide health services under the terms of a written agreement with the athletic team.
- The individual may only provide health services while the athletic team is traveling to or from or participating in a sporting event in Michigan.
- Health services may only be provided to a member of the athletic team; a member of the athletic team's coaching, communications, equipment, or sports medicine staff; a member of a band or cheerleading squad that is accompanying the athletic team; or the athletic team's mascot.
- The individual may not provide health services at a health care facility or agency located in Michigan.

Minnesota:

Minnesota statutes provide a licensure exemption for a physician licensed to practice medicine in another state who is in Minnesota for the sole purpose of providing medical services at a competitive athletic event [2017 Minn. Stat. Section 147.09 (12)]. The physician may practice medicine only on participants in the athletic event. A physician must first register with the Minnesota Board of Medical Practice on a form developed by the Board for that purpose. The physician must provide evidence satisfactory to the Board of a current unrestricted license in another state.

Summary of factual data and analytical methodologies:

The rules were developed by reviewing the provisions of 2017 Wisconsin Act 341 and obtaining input and feedback from the Medical Examining Board.

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

The 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 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 Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

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

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 at 8:00 a.m. on January 16, 2019, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter Med 25 is created to read:

CHAPTER MED 25

SPORTS PHYSICIAN LICENSURE EXEMPTION

Med 25.01 Authority and scope. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5) (b) and 448.03 (2m) (e), Stats., and implement the sports physician licensure exemption under s. 448.03 (2m), Stats.

Med 25.02 Exemption for medical services provided to a sports team.

(1) QUALIFICATION FOR EXEMPTION. A physician who is licensed in good standing to practice medicine and surgery in another state may practice medicine and surgery in this state without a license granted by the board if the physician has a written agreement with a sports team to provide care to team members and coaching staff traveling with the team for a specific sporting event to take place in this state.

(2) EXEMPTION PERIOD. An exemption under this section is valid only while the physician is traveling with the sports team, and, except as provided under sub. (3), is subject to a limit of 10 days per sporting event.

(3) EXTENSION. The board may extend an exemption under this section for up to 20 days. As provided under s. 448.03 (2m) (c) 1. b., Stats., the total extensions granted a physician under this subsection may not exceed 30 days in a given calendar year. The board shall grant a request for extension that is submitted to the board at least 10 days prior to the expiration date under sub. (2) and includes all of the following:

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

(b) Evidence of the written agreement between the applicant and the sports team.

(c) Evidence the applicant is licensed and currently eligible to practice medicine and surgery in another state.

Note: An application for extension may be obtained from the department of safety and professional services at (608) 261-2112 or from the department's website at <http://dsps.wi.gov>.

(4) DISPLAY OF QUALIFICATIONS. When practicing under this section, a physician shall display upon request a copy of the written agreement between the physician and the sports team and indicia of current and active licensure in the state in which the physician is licensed.

Med 25.03 Exemption for medical services provided at the request of a national sport governing body.

(1) QUALIFICATIONS FOR EXEMPTION. A physician who is licensed in good standing to practice medicine and surgery in another state may practice medicine and surgery in this state without a license granted by the board if the physician meets all of the following criteria:

(a) The physician has an invitation from a national sport governing body to provide services to team members and coaching staff at a national sport training center in this state or to provide services to athletes and coaching staff at an event or competition in this state that is sanctioned by the national sport governing body.

Examples: Examples of a national sport governing body are the National Collegiate Athletic Association and the United States Olympic Committee.

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

(c) The services to be provided by the physician are within the physician's training and expertise.

(2) EXEMPTION PERIOD. An exemption under this section is valid during the time certified by the national sport governing body, subject to a limit of 30 days per exemption.

(3) DISPLAY OF QUALIFICATIONS. When practicing under this section, a physician shall display upon request evidence of the invitation from the national sport governing body and indicia of current and active licensure in the state in which the physician is licensed.

Med 25.04 Practice limitations. As provided under s. 448.03 (2m) (b), Stats., a physician may not do any of the following while practicing under s. Med 25.02 or 25.03:

(1) Provide care or consultation to any person residing in this state, other than an athlete, team member, or member of a coaching staff specified under s. Med 25.02 (1) or 25.03 (1) (a).

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

(3) Prescribe drugs.

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

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

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 July 27, 2018</p>
<p>3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 25</p>	
<p>4. Subject Sports physician licensure exemption</p>	
<p>5. Fund Sources Affected <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</p>	<p>6. Chapter 20, Stats. Appropriations Affected 20.165(1)(hg)</p>
<p>7. Fiscal Effect of Implementing the Rule <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</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 (if checked, complete Attachment A)</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 The proposed rules create ch. Med 25 to implement the sports physician licensure exemption under s. 448.03 (2m), Stats., as created by 2017 Wisconsin Act 341. Specifically, s. Med 25.03 (2) provides the requirements for requesting the extension the Board may grant under s. 448.03 (2m) (c) 1. b., Stats. The remainder of the chapter provides physicians and others with clear and concise guidance concerning the exemption's conditions and limitations.</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. The Department estimates one-time administrative costs of \$1,933.56. These costs may be absorbed in the agency budget.</p>	
<p>15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefit to implementing the rule is providing the requirements for requesting the extension the Board may grant under s. 448.03 (2m) (c) 1. b., Stats., as well as clear and concise guidance concerning the exemption's conditions and limitations. If the rule is not implemented, the exemptions conditions, limitations, and requirements for requesting an extension will remain unclear.</p>	

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

16. Long Range Implications of Implementing the Rule

The long range implication of implementing the rule is clarity and specific requirements for requesting an extension of the sports physician licensure exemption.

17. Compare With Approaches Being Used by Federal Government

None

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

Illinois:

Illinois statutes provide a licensure exemption for health care professionals licensed to practice in another state or country (20 ILCS 2105/2105-360). The exemption applies if the following conditions are met:

- The health care professional has an oral or written agreement with an athletic team to provide health care services to the athletic team members, coaching staff, and families traveling with the athletic team for a specific sporting event to take place in Illinois.
- The health care professional may not provide care or consultation to any person residing in Illinois other than the athletic team members, coaching staff, and families traveling with the athletic team, unless the care is covered under the Good Samaritan Act.

The exemption from licensure remains in force while the health care professional is traveling with the athletic team, limited to 10 days per individual sporting event. Upon prior written request from the health care professional, the Illinois Department of Financial and Professional Regulation may grant an extension of the exemption for up to 20 days per sporting event.

A health care professional exempt from licensure under these provisions is not authorized to practice at a health care clinic or facility, including an acute care facility.

Iowa:

Rules of the Iowa Board of Medicine provide a licensure exemption for physicians and surgeons from out of state who hold a current, active license in good standing in another United States jurisdiction and who accompany one or more individuals into Iowa for the purpose of providing medical care to the individuals on a short-term basis (653 IAC 9.2 (2) f.).

Michigan:

Michigan statutes provide a licensure exemption for individuals authorized to practice a health profession in another state or territory of the United States who are appointed by the United States Olympic Committee to provide health services exclusively to team personnel and athletes at a training site or event [MCL 333.16171 (i)]. The exemption applies to the individual while performing the duties assigned in the course of the sanctioned training program or event and for the time period specified by the United States Olympic Committee.

An exemption is also provided for individuals currently authorized to practice a health profession in another state and providing health services for an athletic team [MCL 333.16171 (j)]. The exemption is subject to the following conditions:

- The individual may provide only those health services permitted if the individual were licensed to practice in Michigan.
 - The athletic team must be from the same state that authorized the individual to practice the health profession.
 - The individual must provide health services under the terms of a written agreement with the athletic team.
 - The individual may only provide health services while the athletic team is traveling to or from or participating in a sporting event in Michigan.
 - Health services may only be provided to a member of the athletic team; a member of the athletic team's coaching, communications, equipment, or sports medicine staff; a member of a band or cheerleading squad that is accompanying the athletic team; or the athletic team's mascot.
 - The individual may not provide health services at a health care facility or agency located in Michigan.
-

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

Minnesota:

Minnesota statutes provide a licensure exemption for a physician licensed to practice medicine in another state who is in Minnesota for the sole purpose of providing medical services at a competitive athletic event [2017 Minn. Stat. Section 147.09 (12)]. The physician may practice medicine only on participants in the athletic event. A physician must first register with the Minnesota Board of Medical Practice on a form developed by the Board for that purpose. The physician must provide evidence satisfactory to the Board of a current unrestricted license in another state.

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
-

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

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

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

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

Med 20.03 (1) (f) ~~Satisfactory evidence that~~ Evidence the applicant is a graduate of a school with a course of instruction in respiratory care approved by the ~~commission~~ Commission on accreditation ~~Accreditation of allied health education programs for~~ Respiratory Care of the American medical association or the Joint Review Committee for Respiratory Care.

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

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

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

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

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

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

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

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

Med 20.04 (4m) The board designates the council as its agent for conducting oral examinations. At the request of the council, the board shall provide a medical consultant ~~to the council to provide assistance~~ assist in evaluating applicants examined under sub. (4) (a) and (b). The passing score for an oral examination is 75 percent.

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

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



PUBLIC AGENDA REQUEST FORM

Instructions:

1. Fill out this form, and then save to your device.
2. Return to the "[Suggest an Agenda Item](#)" page and select the appropriate Board or Council from the Board/Council list.
3. Attach your completed "Public Agenda Request" form and send.

First Name: Kyle

Last Name: Sampson

Association/Organization: King & Spalding LLP

Address Line 1: 1700 Pennsylvania Ave., NW

Address Line 2: _____

City: Washington

State: D.C.

Zip: 20006

Phone Number: (202) 737-0500

Email: ksampson@kslaw.com

Subject: Request that Wisconsin MEB List Multiple Office Locations on Physician Licenses

Issue to Address: See Attached

KING & SPALDING

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Partner
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April 17, 2019

Via Electronic Mail

Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705
DSPSAdminRules@Wisconsin.gov

Re: Request that the Board List Multiple Office Locations on Physician Licenses

To Whom It May Concern:

On behalf of a client, I am writing to request that you bring the following matter to the attention of the members of the Wisconsin Medical Examining Board (“Board”) as soon as possible.

Request

Currently, the Board lists only one premises on a physician’s license, preventing manufacturers and wholesale distributors from effectively supplying prescription drugs to the physician’s other office locations. This imposes a significant burden on physicians with multiple office locations that are distant from each other. On behalf of a client, **I hereby request that the Board allow physicians to list multiple premises on their licenses.** To the extent this request requires the Board to adopt or amend a rule, the board has such authority. *See, e.g., Wis. Stat. § 15.08(5).*

Background

Wisconsin distribution law provides that a wholesale distributor (1) may not deliver prescription drugs to a person that is not known to the distributor unless the distributor has verified with the Medical Examining Board (“MEB”) that the person is licensed to receive prescription drugs; and (2) may distribute prescription drugs only to the premises listed on the person’s license.¹ Failure to comply is a class H felony and could result in an order to cease

¹ *See Wis. Stat. § 450.072(2)(a)-(b).*

distributing prescription drugs in the state.² In practice, this means that prescription drugs can only be delivered to the single premises listed on a physician's license.

Problem and Scope

Many physicians in Wisconsin practice at multiple locations. Under the current law, physicians can only receive prescription drugs at one premises (the location listed on their license), even when they legally practice at two premises. This creates an extra burden on physicians who choose to practice at multiple locations because they are required to receive prescription drugs at one location, account for the product, and then distribute the product to their other practices.

Additionally, this problem affects mid-level practitioners who may not work at the location listed on a physician's license. In Wisconsin, for example, a physician assistant (PA) may prescribe or inject toxin or filler in accordance with guidelines established by a supervising physician.³ While the law requires a physician to supervise the PA, this does not require the physician's physical presence.⁴ Thus, the PA can prescribe and administer prescription drugs, like toxin or fillers, at a location separate from the location listed on the supervising physician's license. This allows a physician to have several office locations, each of which is staffed by a PA who injects aesthetic agents under the physician's supervision. However, the benefit of staffing offices with PAs is reduced because of the administrative burden of not being able to accept prescription drugs at multiple locations.

Ultimately, manufacturers and wholesale distributors can "distribute a prescription drug only to the *premises listed on the person's license* or authorization."⁵ This creates an extra burden on physicians. There is no law or rule that prevents the Wisconsin Department of Safety and Professional Services or the MEB from allowing physicians to list more than one practice address on their license. Allowing multiple premises would reduce the burden on many physicians who practice at multiple locations.

Impact If Board Allows Additional Premises on Licences

If the Board grants this request, the Board will reduce a significant burden on physicians, which would promote multiple-site practices (or at least not discourage them as the Board is currently doing). Multiple-site practices allow physicians to see patients within a greater geographic area. This promotes patient care because it increases convenient access to qualified medical professionals. Further, this change would create nominal, if any, additional costs to the state because this change likely would only require the Board to update the licensing forms.

² Wis. Stat. § 450.074.

³ Wis. Stat. § 448.21(3).

⁴ Wis. Medical Examining Board § 8.01(2).

⁵ Wis. Stat. § 450.072(2)(a)-(b) (emphasis added).

Please do not hesitate to contact me at (202) 626-9226 or ksampson@kslaw.com if you have any questions or need additional information. Thank you for your prompt attention to this matter.

Sincerely,

D. Kyle Sampson |LRW

Kyle Sampson



Code Change Proposal Form

Department of Safety and Professional Services

Division of Policy Development

Code section number: Licensing Provisions

Topic: Request that the Board List Multiple Office Locations on Physician Licenses

A. Proposed change:

I hereby request that the Board list multiple office locations on the licenses of Wisconsin-licensed physicians.

B. Justification: (Use page 2 or attach a separate page.)

1. Describe the problem this proposed change would address. Include information to substantiate that a problem exists.
2. What is the extent of the problem?
How often does it occur and who does it affect?
3. What will happen if this change is not made?
4. What costs, in terms of time and money, are associated with implementing this change?

Name of person submitting form: Kyle Sampson

Organization: King & Spalding

Address: 1700 Pennsylvania Ave, NW Washington, D.C. 20006

Phone Number: 1 202 626 9226

Email Address: ksampson@kslaw.com

**Send completed form to:
DPSAdminRules@Wisconsin.gov**

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