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**MEDICAL EXAMINING BOARD**  
**Room N208, 4822 Madison Yards Way, Madison**  
**Contact: Yolanda Y. McGowan (608) 266-2112**  
**July 17, 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 (1-6)**
- B. Approval of Minutes of June 19, 2019 (7-13)**
- C. Conflicts of Interest**
- D. Administrative Matters**
  - 1. Department, Staff, and Board Updates
  - 2. Board Members – Term Expiration Dates
  - 3. Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
  - 4. Screening Panel and Examination Panel Appointments
  - 5. Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
- E. Physician Licensure Processing Measures Proposal – Discussion and Consideration (14-15)**
- F. Legislation and Rule Matters – Discussion and Consideration (16-18)**
  - 1. Legislation and Pending or Possible Rulemaking Projects
- G. Reporting Requirement Under 2017 Wisconsin Act 262 – Discussion and Consideration**
  - 1. Review of October 2018 Report
  - 2. 2-19 Reporting Requirement
- H. Discussion of the Interstate Medical Licensure Compact – Discussion and Consideration**

1. Interstate Medical Licensure Compact Commission – Report from Wisconsin’s Commissioners
- I. Continuing Education Discussion – Discussion and Consideration (19)**
1. Physician Continuing Medical Education (CME) Audit Compliance Report (M.D. 2015-2017 & D.O. 2016-2018)
- J. Newsletter Matters – Discussion and Consideration**
1. Review for Approval: 2019 Summer Newsletter Draft
- K. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration**
1. Article: National Survey Indicates Majority of Physician Misconduct Goes Unreported **(20-22)**
- L. Controlled Substances Board – Timothy Westlake – Discussion
- M. Screening Panel Report
- N. Informational Items
- O. 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

P. Future Agenda Items

Q. 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.).**

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

**1. Review of Administrative Warnings**

**a. 8:30 AM APPEARANCE: L.L.T., Respondent and Respondent's Attorney Jason Franckowiak: L.L.T. 18 MED 235 (23-40)**

**2. Administrative Warnings**

- a. 17 MED 368 – J.B.G. **(41-42)**
- b. 18 MED 391 – C.M.F. **(43-44)**
- c. 18 MED 392 – W.P.F. **(45-46)**
- d. 18 MED 414 – R.Z. **(47-48)**
- e. 18 MED 535 – S.A.S. **(49-50)**
- f. 18 MED 635 – S.L. **(51-52)**

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

- a. 17 MED 072 – Ajmal A. Matloob, M.D. **(53-58)**
- b. 17 MED 336 – Gerard G. Aldler, M.D. **(59-64)**
- c. 18 MED 118 – Amy A. Lloyd, M.D. **(65-70)**
- d. 18 MED 332 – Amani Adbel-Maguid, M.D. **(71-76)**
- e. 18 MED 335 – Douglas Atkins, M.D. **(77-82)**
- f. 18 MED 353 – Richard E. Calvin, M.D. **(83-88)**
- g. 18 MED 370 – William S. Evans, M.D. **(89-94)**
- h. 18 MED 393 – James R. Flesch, M.D. **(95-100)**
- i. 18 MED 398 – Jerry W. Goldberg, M.D. **(101-106)**
- j. 18 MED 413 – Timmons H. Hamrick, M.D. **(107-112)**
- k. 18 MED 433 – Richard P. Keeling, M.D. **(113-118)**
- l. 18 MED 434 – Ann M. Kemp, M.D. **(119-124)**
- m. 18 MED 435 – Farooque S. Khan, M.D. **(125-130)**
- n. 18 MED 440 – Wayne R. Kirkham, M.D. **(131-136)**
- o. 18 MED 454 – Harvey L. Leo, M.D. **(137-142)**
- p. 18 MED 455 – Robert E. Linden, M.D. **(143-148)**

- q. 18 MED 469 – Lauren J. Moore, M.D. **(149-154)**
- r. 18 MED 505 – Mamoon Rasheed, M.D. **(155-160)**
- s. 18 MED 511 – John S. Rogerson, M.D. **(161-168)**
- t. 18 MED 552 – Jeffrey J. Stoddard, M.D. **(167-172)**
- u. 18 MED 554 – Steven E. Swanson, M.D. **(173-178)**
- v. 18 MED 572 – Michael R. Wilcox, M.D. **(179-184)**
- w. 18 MED 592 – Mark A. Barnhardt, D.O. **(185-190)**

**4. Complaints**

- a. 16 MED 207 – J.C.L. **(191-194)**
- b. 17 MED 423 – C.R. **(195-197)**
- c. 17 MED 429 – J.B. **(198-200)**

**5. Case Closing(s)**

- a. 16 MED 423 – J.C. **(201-208)**
- b. 17 MED 460 – J.R. **(209-220)**
- c. 18 MED 026 – K.W. **(221-240)**
- d. 18 MED 259 – J.C.B. **(241-245)**
- e. 18 MED 334 – I.B.A. **(246-248)**
- f. 18 MED 397 – B.N.G. **(249-251)**
- g. 18 MED 418 – J.M.H. **(252-254)**
- h. 18 MED 422 – I.I.H. **(255-257)**
- i. 18 MED 463 – R.M. **(258-260)**
- j. 18 MED 517 – J.K. **(261-263)**
- k. 18 MED 538 – D.W.S. **(264-266)**
- l. 18 MED 566 – P.F.T. **(267-269)**
- m. 18 MED 568 – E.D.T. **(270-272)**
- n. 18 MED 577 – E.B.W. **(273-275-)**
- o. 19 MED 049 – P.A. **(276-278)**
- p. 19 MED 059 – F.S. **(279-281)**
- q. 19 MED 073 – L.A.O. **(282-284)**

**6. Monitoring**

- a. Carol Haughey, P.A. – Requesting Reinstatement of Full Licensure or Reductions in Drug Screens and Access to Controlled Substances **(283-335)**
- b. Jesse Van Bommel, M.D. – Requesting Removal of Limitations **(336-405)**

**S. Deliberation on Proposed Final Decisions and Orders**

- 1. Matthew R. Bauer, D.O., Respondent (DHA Case Number SPS-19-0015/DLSC Case Number 17 MED 331) **(406-414)**

- T. Open Cases
- U. Consulting with Legal Counsel
- V. 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
- W. **RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**
- X. **Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**
- Y. Open Session Items Noticed Above Not Completed in the Initial Open Session
- Z. **Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates**

**ADJOURNMENT**

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE**

**ROOM N207**

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

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

**NEXT MEETING DATE: AUGUST 21, 2019**

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the council's agenda, please call the listed contact person. The council may consider materials or items filed after the transmission of this notice. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112

**MEDICAL EXAMINING BOARD  
MEETING MINUTES  
JUNE 19, 2019**

**PRESENT:** Alaa Abd-Elseyed, 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; Lee Ann Lau, M.D.; David Roelke, M.D.; Kenneth Simons, M.D. (*via Skype*); Timothy Westlake, M.D.; Robert Zoeller, M.D. (*joined via Skype at 8:12 a.m., arrived in person at 8:27 a.m.*)

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

**CALL TO ORDER**

Timothy Westlake, Vice Chairperson, called the meeting to order at 8:00 a.m. A quorum of eleven (11) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** Alaa Abd-Elseyed moved, seconded by David Bryce, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF APRIL 17, 2019**

**MOTION:** David Roelke moved, seconded by Rodney Erickson, to approve the Minutes of April 17, 2019 published. Motion carried unanimously.

**ADMINISTRATIVE MATTERS**

**Board Members – Term Expiration Dates**

**MOTION:** Bradley Kudick moved, seconded by Alaa Abd-Elseyed, to recognize Dr. Erickson for his years of service to the Board and his efforts on behalf of the Board and the State of Wisconsin. Motion carried unanimously.

**LEGISLATION AND RULE MATTERS**

*(Robert Zoeller connected via Skype at 8:12 a.m.)*

**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 Exemptions**

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, to approve the Adoption Orders for Clearinghouse Rules 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. Motion carried unanimously.

**Germane Modification to CR 18-101, Relating to Respiratory Care Practitioners**

**MOTION:** Lee Ann Lau moved, seconded by David Roelke, to approve the requested germane modification to Clearinghouse Rule CR 18-101, relating to respiratory care practitioners, for submission to the Joint Committee for Review of Administrative Rules. Motion carried unanimously.

*(Robert Zoeller arrived in person at 8:27 a.m.)*

## CLOSED SESSION

**MOTION:** Lee Ann Lau moved, seconded by David Roelke, 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.). Timothy Westlake, Vice Chairperson, 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 8:38 a.m.

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

#### Administrative Warnings

**MOTION:** Mary Jo Capodice moved, seconded by Robert Zoeller, to issue an Administrative Warning in the matter of disciplinary proceedings of the following cases:

- |                         |                         |
|-------------------------|-------------------------|
| 1. 18 MED 333 – W.A.    | 22. 18 MED 449 – Y.H.   |
| 2. 18 MED 342 – M.B.    | 23. 18 MED 452 – K.L.   |
| 3. 18 MED 348 – J.B.    | 24. 18 MED 459 – D.K.M. |
| 4. 18 MED 350 – J.B.    | 25. 18 MED 466 – D.M.   |
| 5. 18 MED 357 – J.C.    | 26. 18 MED 472 – R.M.   |
| 6. 18 MED 359 – V.C.    | 27. 18 MED 474 – C.N.   |
| 7. 18 MED 363 – J.J.C.  | 28. 18 MED 481 – T.O.   |
| 8. 18 MED 364 – M.C.    | 29. 18 MED 485 – J.P.   |
| 9. 18 MED 365 – T.D.    | 30. 18 MED 492 – T.C.   |
| 10. 18 MED 369 – R.E.   | 31. 18 MED 504 – A.R.   |
| 11. 18 MED 371 – S.F.   | 32. 18 MED 512 – T.R.   |
| 12. 18 MED 394 – C.F.   | 33. 18 MED 513 – D.Y.   |
| 13. 18 MED 395 – R.F.   | 34. 18 MED 520 – R.S.   |
| 14. 18 MED 396 – V.G.   | 35. 18 MED 526 – S.R.   |
| 15. 18 MED 400 – A.S.G. | 36. 18 MED 530 – G.S.   |
| 16. 18 MED 412 – A.H.   | 37. 18 MED 533 – D.S.   |
| 17. 18 MED 417 – A.H.   | 38. 18 MED 534 – J.S.   |
| 18. 18 MED 419 – J.H.   | 39. 18 MED 540 – J.S.   |
| 19. 18 MED 424 – S.J.   | 40. 18 MED 544 – E.S.   |
| 20. 18 MED 429 – J.N.J. | 41. 18 MED 565 – N.T.   |
| 21. 18 MED 443 – R.K.   |                         |

Motion carried unanimously.

#### ***17 MED 149 – N.P.H.***

**MOTION:** Lee Ann Lau moved, seconded by David Roelke, to issue an Administrative Warning in the matter of N.P.H., DLSC Case Number 17 MED 149. Motion carried unanimously.

**Stipulations, Final Decisions and Orders**

***16 MED 485 – Vincent P. Gibbons, M.D.***

**MOTION:** David Roelke moved, seconded by Padmaja Doniparthi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Vincent P. Gibbons, M.D., DLSC Case Number 16 MED 485. Motion carried.

*(Alaa Abd-Elseyed recused himself and left the room for deliberation and voting in the matter concerning Vincent P. Gibbons, M.D., DLSC Case Number 16 MED 485.)*

***17 MED 282 – Dominic B. Draper, M.D.***

**MOTION:** Robert Zoeller moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Dominic B. Draper, M.D., DLSC Case Number 17 MED 282. Motion carried unanimously.

***17 MED 435 – Dai Takahashi, D.O.***

**MOTION:** Lee Ann Lau moved, seconded by Robert Zoeller, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Dai Takahashi, D.O., DLSC Case Number 17 MED 435. Motion carried unanimously.

***17 MED 461 – Peter A. Mahler, M.D.***

**MOTION:** Bradley Kudick moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Peter A. Mahler, M.D., DLSC Case Number 17 MED 461. Motion carried unanimously.

***18 MED 123 – Joseph M. Baker, D.O.***

**MOTION:** Bradley Kudick moved, seconded by Lee Ann Lau, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Joseph M. Baker, D.O., DLSC Case Number 18 MED 123. Motion carried unanimously.

***18 MED 156 – Arthur A. Arena, M.D.***

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Arthur A. Arena, M.D., DLSC Case Number 18 MED 156. Motion carried unanimously.

***18 MED 686 – Robert D. Kingsbury, M.D.***

**MOTION:** Robert Zoeller moved, seconded by David Bryce, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert D. Kingsbury, M.D., DLSC Case Number 18 MED 686. Motion carried unanimously.

***18 MED 679 – Kirsten D. Peterson, M.D.***

**MOTION:** Robert Zoeller moved, seconded by Alaa Abd-Elseyed, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings Kirsten D. Peterson, M.D., DLSC Case Number 18 MED 679. Motion carried unanimously.

## Case Closings

**MOTION:** David Roelke moved, seconded by Rodney Erickson, to close the following DLSC Cases for the reasons outlined below:

1. 17 MED 172 – I.N. – Insufficient Evidence
2. 17 MED 172 – M.M. – Insufficient Evidence
3. 17 MED 384 – M.N.H. – Prosecutorial Discretion (P1)
4. 17 MED 450 – K.J.W. – No Violation
5. 17 MED 489 – J.M.R. – No Violation
6. 17 MED 516 – E.S. – Insufficient Evidence
7. 18 MED 121 – M.D. – No Violation
8. 18 MED 171 – T.O.B. – No Violation
9. 18 MED 180 – J.C.H. and J.S. – No Violation
10. 18 MED 205 – D.M. – Prosecutorial Discretion (P2)
11. 18 MED 216 – A.A. – Prosecutorial Discretion (P2)
12. 18 MED 244 – A.S. – No Violation
13. 18 MED 262 – W.C.M. – No Violation
14. 18 MED 273 – L.M.G. – No Violation
15. 18 MED 288 – K.K.B. – No Violation
16. 18 MED 289 – Z.S. – Prosecutorial Discretion (P2)
17. 18 MED 300 – M.J.W. – No Violation
18. 18 MED 304 – L.N.E. – No Violation
19. 18 MED 307 – I.B. – No Violation
20. 18 MED 340 – P.B. – No Violation
21. 18 MED 351 – A.F.C. – No Violation
22. 18 MED 352 – C.A.C. – No Violation
23. 18 MED 360 – O.A.C. – No Violation
24. 18 MED 362 – M.C. – No Violation
25. 18 MED 378 – M.B. and M.S. – No Violation
26. 18 MED 416 – D.H.S. – No Violation
27. 18 MED 425 – M.R.J. – No Violation
28. 18 MED 428 – N.J. – No Violation
29. 18 MED 437 – T.A.L. – No Violation
30. 18 MED 445 – G.N. – No Violation
31. 18 MED 448 – H.I.T. – No Violation
32. 18 MED 450 – J.W.R. – No Violation
33. 18 MED 496 – S.N.B. – Lack of Jurisdiction (L2)
34. 18 MED 537 – J.J.K. – No Violation
35. 18 MED 545 – S.L.N. – No Violation
36. 18 MED 596 – K.G. – Insufficient Evidence
37. 18 MED 614 – M.M. – No Violation
38. 18 MED 621 – C.D.L. – No Violation
39. 18 MED 660 – J.J.O and G.H.R. – No Violation
40. 18 MED 676 – C.A.F. – No Violation
41. 18 MED 694 – A.O. – No Violation
42. 18 MED 708 – J.A.C. – No Violation
43. 18 MED 715 – J.A.O. – No Violation
44. 18 MED 717 – G.R.D. – No Violation
45. 18 MED 726 – B.A.B. – No Violation
46. 19 MED 023 – D.C.B. – No Violation
47. 19 MED 058 – M.I. – No Violation

Motion carried unanimously.

***17 MED 004 – E.R.***

**MOTION:** Mary Jo Capodice moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 17 MED 004, against E.R., for No Violation. Motion carried unanimously.

***17 MED 336 – G.G.A.***

**MOTION:** Bradley Kudick moved, seconded by David Bryce, not to close DLSC Case Number 17 MED 336, against G.G.A., and to refer the matter back to DLSC. Motion carried unanimously.

***17 MED 463 – J.J.S.***

**MOTION:** David Roelke moved, seconded by Bradley Kudick, not to close DLSC Case Number 17 MED 463, against J.J.S., and to refer the matter back to DLSC. Motion carried unanimously.

***18 MED 260 – Unknown***

**MOTION:** Robert Zoeller moved, seconded by Alaa Abd-Elsayed, to close DLSC Case Number 18 MED 260, against Unknown, for Insufficient Evidence. Motion carried unanimously.

***18 MED 355 – R.C.***

**MOTION:** David Roelke moved, seconded by Robert Zoeller, not to close DLSC Case Number 18 MED 355, against R.C., and to refer the matter back to DLSC. Motion carried unanimously.

***18 MED 546 – D.K.***

**MOTION:** Robert Zoeller moved, seconded by Bradley Kudick, to close DLSC Case Number 18 MED 546, against D.K., for No Violation. Motion carried unanimously.

***18 MED 616 – R.H.***

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 616, against R.H., for No Violation. Motion carried. Abstained: Simons

***18 MED 623 – J.L.***

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to close DLSC Case Number 18 MED 623, against J.L., for No Violation. Motion carried. Abstained: Simons

***18 MED 705 – T.P.***

**MOTION:** Lee Ann Lau moved, seconded by Rodney Erickson, to close DLSC Case Number 18 MED 705, against T.P., for Prosecutorial Discretion (P1). Motion carried unanimously.

***19 MED 051 – J.B.D.***

**MOTION:** Lee Ann Lau moved, seconded by Bradley Kudick, to close DLSC Case Number 19 MED 051, against J.B.D., for No Violation. Motion carried unanimously.

## Complaints

### ***16 MED 224 – S.M.K.***

**MOTION:** Lee Ann Lau moved, seconded by David Roelke, to find probable cause in DLSC Case Number 16 MED 224, to believe that S.M.K. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat§ 448.02(3)(b). Motion carried.

*(Timothy Westlake recused himself and left the room for deliberation and voting in the matter concerning S.M.K., DLSC Case Number 16 MED 224. Mary Jo Capodice chaired the meeting for the duration of this item.)*

### ***16 MED 271 – W.S.N.***

**MOTION:** David Roelke moved, seconded by Lee Ann Lau, to find probable cause in DLSC Case Number 16 MED 271, to believe that W.S.N. 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.

*(Kenneth Simon recused himself and disconnected from the meeting for deliberation and voting in the matter concerning W.S.N., DLSC Case Number 16 MED 271.)*

## Monitoring

### ***Leonardo Aponte, M.D. Requesting Reinstatement of Full Licensure***

**MOTION:** David Roelke moved, seconded by Robert Zoeller, to deny the request of Leonardo Aponte, M.D. and to make a finding that Dr. Aponte has violated the terms of the Board Order (2/17/2016) which is conduct imperiling the public health, safety, and welfare. The Board authorizes the Monitoring Liaison and Board Counsel to draft an Order imposing additional conditions and limitations as a result of violating the terms of the Order. Motion carried unanimously.

### ***Srinivas Jolepalem, M.D. Violation of Board Order***

**MOTION:** Rodney Erickson moved, seconded by David Roelke, to make a finding that Srinivas Jolepalem, M.D. has violated the terms of the Board Order (1/21/2015) which is conduct imperiling the public health, safety, and welfare. The Board hereby imposes a suspension as a result of violating the terms of the Order. Motion carried unanimously.

*(Yolanda McGowan left the room during deliberation of the matter concerning Srinivas Jolepalem, M.D.)*

## **RECONVENE TO OPEN SESSION**

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

The Board reconvened to Open Session at 10:31 a.m.

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

**MOTION:** David Roelke moved, seconded by Bradley Kudick, 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:** Robert Zoeller moved, seconded by Lee Ann Lau, 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 Michael Carton, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:31 a.m.



ADVOCATE. ADVANCE. LEAD.

5510 Research Park Drive  
P.O. Box 259038  
Madison, WI 53725-9038  
608.274.1820 | FAX 608.274.8554 | [www.wha.org](http://www.wha.org)

June 27, 2019

Kenneth Simons, MD  
Chair, Medical Examining Board of Wisconsin  
Timothy Westlake, MD  
Vice Chair, Medical Examining Board of Wisconsin  
Department of Safety and Professional Services  
PO Box 8366  
Madison, WI 53708-8366

Re: WHA Proposal for MEB to Add Physician Licensure Processing Time Measures as a Standing Agenda Item

Dear Dr. Simons and Dr. Westlake,

In follow up to WHA's proposal during the June 19 Medical Examining Board (MEB) meeting for the Board to consider adding physician licensure application processing time metrics as a standing report item on the Board's agenda, we are sending this letter to offer some additional specificity and background regarding this proposal.

Based on the lively conversation of the Board following our proposal, this appears to be an area of shared interest for the Board, WHA and our mutual physician stakeholders. We appreciate and thank the Board for adding this topic and proposal to the agenda for the Board's July 17 meeting.

### **Background, Intent, and Goals**

In late 2018, WHA finalized a WHA Physician Regulatory Burden Work Plan that reflected input from the WHA Board, the WHA Physician Leaders Council, and other hospital, health system, and physician leaders throughout Wisconsin on their top regulatory burdens impacting physicians. One of the top state regulatory issues identified by physicians and administrators alike was timeliness of physician licensure processing. An outcome of that Work Plan was to work with the MEB and Department of Safety and Professional Services (DSPS) to begin transparently reporting physician licensing processing time measures.

Over the years, WHA has worked with DSPS to ensure physician licensing processing is timely, and those discussions have continued with Secretary Crim and Assistant Deputy Secretary Hereth. While licensure delays are frustrating, WHA also understands that oftentimes licensing delays are caused by delays in receiving supporting information from other state boards, third parties, and applicants. It is also not clear whether lengthy delays are systemic or confined to a relatively few number of cases.

Given those discussions and concerns recently expressed, we believe that a good next step would be for DSPS to begin formally measuring and regularly reporting to the MEB public measures of licensure processing timeliness. Transparently measuring the timeliness of each part of the licensure process could achieve multiple goals:

- 1) Provide the MEB with additional information to help monitor and ensure physician licenses are being processed in a timely way, and identify where problems in the process may exist and where they do not.

- 2) Provide physicians, hospitals, health systems, and the public with a better understanding of the different parts and responsibilities of the licensure process and give them a baseline expectation regarding how long it generally takes for a license to be processed.
- 3) Help identify for all whether very long licensure delays are a norm or a relatively unusual circumstance.

WHA also recognizes measurement burden and the time that it takes staff to gather data and calculate metrics. Currently, DSPS publicly sets an aggregate goal and measures “credentialing time frame for processing” for all DSPS licenses and credentials.<sup>1</sup> Our proposal would expand that measure for physician licensure but seek to limit the additional granularity to actionable and important distinctions.

### **Proposed Measures and Reporting**

Subject to additional refinement by DSPS staff and the MEB, WHA proposes that the MEB formally request that DSPS staff report each quarter to the Board data regarding licensure processing timeliness. Potential metrics could include:

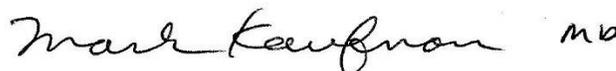
- 1) The number of Compact, non-Compact, and FCVS-supported physician licenses applied for and/or granted/denied.
- 2) The average and 85<sup>th</sup> percentile length of time from DSPS receipt of a license application to ultimate disposition for Compact, non-Compact, and FCVS-supported physician licenses.
- 3) The average and 85<sup>th</sup> percentile length of time that a licensure application in possession of DSPS **is awaiting an action by DSPS** before the license can proceed to the next step in the process.
- 4) The average and 85<sup>th</sup> percentile length of time that a licensure application in possession of DSPS **is awaiting an action by an applicant or third party** before the license can proceed to the next step in the process.
- 5) Number of contacts (phone or email) with questions or inquiries about a physician license application status.
- 6) A non-identifiable summary of top issues resulting in licensure processing delays (e.g., missing form, delay in receiving medical education verification form from applicants’ medical school).

WHA appreciates the partnership it has had with the MEB in recent years on important policy issues including enacting and maintaining the Interstate Medical Licensure Compact and addressing opioid abuse in Wisconsin. We look forward to continuing this partnership as we further explore physician licensure delays together.

Sincerely,



Ann Zenk  
WHA Vice President Workforce and Clinical Practice



Mark Kaufman, MD  
WHA Chief Medical Officer

CC Dan Hereth, Assistant Deputy Secretary  
Yolanda Y. McGowan, Division Administrator

<sup>1</sup> See page 9-12 of the September 17, 2018 DSPS Agency Budget Request. <https://doa.wi.gov/budget/SBO/2019-21%20165%20DSPS%20Budget%20Request.pdf>. The current and ongoing goal for that measure is 7-10 business days.

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

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Dale Kleven</b> <b>Administrative Rules Coordinator</b>		<b>2) Date When Request Submitted:</b>  <b>7/5/19</b> Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting														
<b>3) Name of Board, Committee, Council, Sections:</b>  <b>Medical Examining Board</b>																
<b>4) Meeting Date:</b>  <b>7/17/19</b>	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> <b>Legislative/Administrative Rule Matters:</b> <b>1. Legislation and Pending or Possible Rulemaking Projects</b>  <b>Reporting Requirement Under 2017 Wisconsin Act 262:</b> <b>1. Review of October 2018 Report</b> <b>2. 2019 Reporting Requirement</b>														
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled?</b> <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>														
<b>10) Describe the issue and action that should be addressed:</b>    																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"> <b>11)</b>  <i>Dale Kleven</i> </td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">           Authorization         </td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;"> <i>July 5, 2019</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Signature of person making this request         </td> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">           Date         </td> </tr> <tr> <td style="border-bottom: 1px solid black;">           Supervisor (if required)         </td> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">           Date         </td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">           Executive Director signature (indicates approval to add post agenda deadline item to agenda)         </td> <td style="border-bottom: 1px solid black; text-align: right;">           Date         </td> </tr> </table>				<b>11)</b> <i>Dale Kleven</i>	Authorization	<i>July 5, 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
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<b>Directions for including supporting documents:</b> <b>1. This form should be attached to any documents submitted to the agenda.</b> <b>2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.</b> <b>3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.</b>																

**Kenneth Simons**  
Chairperson

**WISCONSIN MEDICAL EXAMINING BOARD**

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**Timothy Westlake**  
Vice Chairperson



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**Mary Jo Capodice**  
Secretary

## **Wisconsin Medical Examining Board Report on Opioid Abuse – October 2018**

**Scope and purpose of the report:** 2017 Wisconsin Act 262 requires the Medical Examining Board to annually submit a report related to opioid abuse to the Legislature and Governor’s Office. This preliminary report must include proactive efforts taken by the Board to address the issue of opioid abuse and goals for addressing the issue of opioid abuse as it relates to the practice of medicine and surgery in Wisconsin. Future reports must also include actions taken by the Board to achieve the goals identified in previous reports, and whether those goals have been achieved.

### **Proactive efforts taken by the Board to address the issue of opioid abuse:**

#### **Statewide Outreach**

As vice chair of the Medical Examining Board and a member of the Controlled Substances Board and Governor’s Task Force on Opioid Abuse, Dr. Timothy Westlake has worked with the Governor’s Office, the Legislature, the Wisconsin Medical Society, the state’s two medical schools, and hospital and clinic systems to ensure the Board is an effective partner in statewide efforts to enhance the physician workforce’s knowledge concerning the appropriate use and best prescriptive practices with opioids.

Doctor Westlake also was instrumental in Wisconsin’s passage of [Act 60](#) this legislative session—the new law allows law enforcement to pursue cases involving a fentanyl analog not yet specifically included in the state’s controlled substances act.

#### **National Outreach and Leadership**

In May 2018, Dr. Westlake highlighted in testimony before the U.S. House Judiciary Committee the extreme dangers of illegal fentanyl use and urged the federal government to use as an example a Wisconsin law that could help federal law enforcement better prosecute drug crimes involving fentanyl analogues.

Doctor Kenneth Simons, Chair of the Medical Examining Board, serves on the Board of Directors for the Federation of State Medical Boards (FSMB). During his term, the FSMB has undertaken several initiatives related to opioid abuse, including adoption of the Guidelines for the Chronic Use of Opioid Analgesics and publication of several articles in the Journal of Medical Regulation.

#### **Opioid Prescribing Guideline**

In July 2016, the Board issued its Opioid Prescribing Guideline. The Guideline, which encourages providers to implement best practices for responsible prescribing, was developed using the Centers for Disease Control and Prevention’s Guideline for Prescribing Opioids for Chronic Pain and the Wisconsin Department of Workforce Development’s Chronic Opioid Clinical Management Guidelines for Wisconsin Worker’s Compensation Patient Care as primary resources. The Board has continually monitored and periodically updated the Guideline, most recently in April of 2018.

### **Continuing Education Related to Prescribing Controlled Substances**

The Board revised its administrative rules to require both MD and DO physicians to take two of the required 30 hours of continuing medical education via an approved course on the Board's Opioid Prescribing Guideline. Physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are exempted from the requirement. The requirement first applied to renewals in 2017 and 2018 and will sunset with the renewal on November 1, 2019.

### **Goals for addressing the issue of opioid abuse as it relates to the practice of medicine and surgery in Wisconsin:**

#### **Continuing Education Related to Prescribing Controlled Substances**

As the current requirement for continuing medical education related to the Opioid Prescribing Guideline expires after the current biennium, the Board has started the process for a rule revision that would define future requirements for the completion of continuing medical education related to prescribing controlled substances. The Board's goal is to have the rules in place at the beginning of the 2019-2021 biennium.

#### **Enforcement Action**

Currently, if an investigation of a physician's prescriptive practices occurs, it is done in response to a complaint filed against the physician. The Board's goal is to, in partnership with the Controlled Substances Board, begin proactively investigating physicians whose prescriptive practices with controlled substances may be inconsistent with the standard of minimally competent medical practice. The Controlled Substances Board will use reports generated from the Prescription Drug Monitoring Program to refer physicians to the Board for possible investigation.

#### **Opioid Prescribing Guideline**

The Board will continue to monitor the Guideline and make updates as needed to keep it current and relevant to physicians and their patients.

#### **Continued Outreach and Leadership**

It is the Board's goal to continue its active participation in the statewide and national efforts to combat opioid abuse.

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

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

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

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

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

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

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



**For Immediate Release: May 30, 2019**

Contact: Joe Knickrehm, (202) 601-7803

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## **National Survey Indicates Majority of Physician Misconduct Goes Unreported**

*While many Americans believe they have experienced physician misconduct, relatively few report the misconduct or file a complaint*

WASHINGTON, D.C. (May 30, 2019) – The Federation of State Medical Boards (FSMB) has released the results of a survey commissioned to measure the prevalence of physician misconduct and public awareness of the work of state medical boards.

According to the survey, commissioned by FSMB and conducted online by The Harris Poll among over 2,000 US adults, nearly one in five (18 percent) of Americans have had an interaction with a physician who they believe was acting unethically, unprofessionally, or providing substandard care –but only one-third (33 percent) of those who believe they experienced unethical, unprofessional, or substandard care reported the misconduct or filed a complaint. And among those who filed a complaint, only 34% took their complaint to a state medical board – the entity responsible for licensing and disciplining physicians. Nearly 7 in 10 Americans (69%) do not know that a state medical board is the best resource to contact first if you have a complaint about a physician’s competence or conduct.

“The results of The Harris Poll survey show that physician misconduct is being underreported, and a majority of Americans do not know where to file a complaint against a physician,” said FSMB President and CEO Humayun Chaudhry, DO, MACP. “This is an opportunity to further educate consumers about the valuable role state medical boards play in these cases and ensure that if and when a patient is mistreated or harmed by a physician, they know to report that incident to their medical board.”

“The FSMB believes it is essential to create a safe environment for reporting, so patients feel comfortable coming forward to boards, while also empowering every member of a health care team to exercise their duty to report misconduct as well,” he said.

## **Key Findings**

### **Physician Misconduct:**

- Nearly 1 in 5 Americans (18%) have experienced an interaction with a physician who they believe was acting unethically, unprofessionally, or providing substandard care
- Women are twice as likely as men to have experienced physician misconduct (24% vs. 12%)
- Among those who have experienced physician misconduct, only one third (33%) reported the interaction or filed a complaint against the physician
- Among those who have experienced physician misconduct, a larger portion of men than women (41% of men vs. 30% of women) reported the physician misconduct
- Of those who did file a complaint or report the physician, only about one third (34%) notified the state medical board – the entity responsible for licensing and disciplining physicians

### **State Medical Board Awareness:**

- Less than 3 in 10 Americans (27%) say they know how to find out if a physician has ever received a disciplinary action against their medical license
- 51% of Americans do not know that state medical boards are responsible for the licensing and regulating of physicians in the United States

In an effort to increase public awareness about the role of state medical boards, the FSMB recently expanded its free physician search tool, [DocInfo.org](https://www.docinfo.org). The new DocInfo emphasizes the importance of reporting incidents of physician misconduct to state medical boards, and explains when, how and where to file a complaint. DocInfo provides professional background information on every licensed doctor in the United States, including:

- Where they attended medical school
- Which states these are licensed to practice in
- What their medical specialty is
- If they have ever been disciplined by a state medical board (date and type of disciplinary action taken)

**Survey Method:**

This survey was conducted online within the United States by The Harris Poll on behalf of FSMB from October 5-9, 2018 among 2,018 U.S. adults ages 18 and older, among whom 409 have experienced an interaction with a physician who they believed was acting unethically, unprofessionally or providing substandard care, of which 128 filed a complaint/reported said interaction. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated. To learn more about the topline data, key findings and full methodology of The Harris Poll survey, please read the [executive summary](#).

**About the Federation of State Medical Boards**

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing all medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices. To learn more about FSMB, visit [www.fsmb.org](http://www.fsmb.org). You can also follow FSMB on Twitter ([@theFSMB](#)).

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